Thank you for agreeing to participate! The information we gather will help us better treat your child and others. The following survey contains questions about your child’s media preference and the use of preparatory aids and social stories. There are 12 total questions. Please answer them as best you are able.

1. What type of media does your child like using at home? (Mark all that apply)
   - Books, magazines, comics, or paper
   - Computer
   - Television
   - iPad or other Tablets
   - None
   - Other, Please specify: ________________________________________

2. Has your child used a Social Story or other visual preparation aid in the past?
   - Yes
   - No → Skip to question 6

The next four questions apply to children that have used Social Stories or other aids.

3. What type of media did they view the Social Story or other aid on?
   - Books, magazines, comics, or paper
   - Computer
   - Television
   - iPad or other Tablets
   - Other ________________________
4. What type of images did the Social Story or other aid use?
   - ☐ Photographs
   - ☐ Comics or drawings
   - ☐ Videos
   - ☐ Other ___________________

5. Was the social story used for a medical or dental procedure? (Check all that apply)
   - ☐ Yes
   - ☐ No
   - ☐ Other ___________________

The following questions apply to your choices for a dental preparation aid

6. What type of media do you prefer for your child's dental preparation aid
   - ☐ Books, magazines, comics, or paper
   - ☐ Computer
   - ☐ Television
   - ☐ iPad or other Tablets
   - ☐ Other, please describe: ____________________________________________
7. What type of images would you like your dental preparation aid to have?
   - [ ] Photographs
   - [ ] Comics or drawings
   - [ ] Videos
   - [ ] Other, please describe: _______________________________________________________

8. Would you like your dental preparation aid to be in color or black and white?
   - [ ] Color
   - [ ] Black and White

9. In total, how many times do you think you will use the dental preparatory aid?
   ____________________________

10. When do you plan on using the dental preparation aid? (check all apply)
    - [ ] Day of the appointment
    - [ ] Day before the appointment
    - [ ] Week before
    - [ ] More than 1 week before the appointment
    - [ ] Not sure yet

11. Some families find that using the preparatory aid together is more valuable, and others that having their child use it alone is best. What do you think will be most useful for your child?:
    - [ ] I or another caregiver will use the aid with my child
    - [ ] My child will use the aid on their own
    - [ ] Not sure yet
12. Do you think it would be useful to have a video or pictures of your child in the dental chair to prepare for future appointments?

☐ Yes

☐ No

☐ Don’t Know