We would like to invite you to participate in a web-based online survey that will help us to better understand the barriers that people face when trying to access dental care. Your participation will educate the Oral Health Alliance researchers so they better understand the barriers in your community to help improve children's access to dental care.

This is a research project being conducted by the Florida Institute for Health Innovation (FIHI). Please read the following before participating:

*Your participation in this survey is voluntary.
*You may refuse to take part in the research or exit the survey at any time.
*If you are not comfortable answering a question or you do not wish to answer you can select 'decline to answer.'
*Your responses to this survey will be anonymous.
*There are no risks involved in participating in the survey.
*There are no direct benefits to participating in the survey.
*Your participation or lack of participation will not affect the dental services available to you or your child.
*The survey should take approximately 10 minutes to complete.

If you have any questions or concerns please contact Christine Hom with the Florida Institute for Health Innovation by email at chom@flhealthinnovation.org or by phone at (561) 838-4444.

If you want to talk with someone independent of the research team for questions or concerns about the research you can contact the Florida Department of Health Institutional Review Board. An Institutional Review Board is a group of people who review research to ensure participants are protected and the research is conducted in an ethical way. You can contact the IRB at: 850-245-4585

By selecting 'Yes, I agree' you understand this section and volunteer to participate in the survey.

* 1. * You have read the above information
   * You voluntarily agree to participate
   * You are 18 years of age or older

   □ Yes, I agree.

   □ No, I disagree.
* 2. Would you like to answer a survey about your child's dental care?

○ Yes

○ No
3. How many children between the ages of 3 to 14 live in your home?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+
- Decline to answer

4. Surveyor: Thinking about your children, choose one between the ages of 3 to 14 to answer the following questions.

Does your child have a dentist that he/she visits regularly?

- Decline to answer
- Yes
- No
* 5. Does your child have any form of health insurance?
   - Decline to answer
   - Yes
   - No
6. What type of insurance does your child have?

- [ ] Private Insurance
- [ ] Medicaid
- [ ] Medicare
- [ ] Kidcare/CHIP
- [ ] Decline to answer
Oral Health Alliance Consumer Engagement Survey

* 7. Thinking about your child's last dental visit, how do you feel you were treated?

- Very Well
- Well
- Neither well nor poorly
- Poorly
- Very Poorly
- Decline to answer

* 8. Do you have a dentist you visit regularly?

- Yes
- No
- Decline to answer

* 9. How did you find a dentist for your child?

- A Medicaid provider list online
- Medicaid provider list handbook
- Through private insurance
- Through the yellow pages
- An internet search
- Asking family and friends
- My child's doctor
- Through Social Services
- Through my child's school
- Other
- Decline to answer
10. How old was your child when he/she first went to the dentist?

- Newborn - 2
- 3-5
- 6-8
- 9-11
- 12-14
- Do not remember
- Decline to answer

11. How often does your child visit the dentist?

- Every 3 months
- Every 6 months
- Once a year
- Every 2 years
- When my child has a problem or mouth pain
- Decline to answer

12. In the past have you ever cancelled an appointment for any of the following reasons? (Check all that apply)

- I couldn't find transportation
- No one in the office spoke my language
- It was too expensive
- The wait at the office was too long
- The time was not convenient for me
- Decline to answer
* 13. At your child's last dental appointment, how happy were you with the dental care provided?

- Very happy
- Somewhat happy
- Neutral
- Somewhat disappointed
- Very disappointed
- Decline to answer

* 14. Did your dentist ever use a papoose for your child during their visit?

Papoose: a restraint to keep your child from moving during dental work or a dental exam.

- Yes
- No
- Decline to answer

* 15. Surveyor: Please think about your child's last dental visit when answering the following questions.

Did the dentist listen to everything you had to say?

- Yes, everything
- Most
- Some
- A little
- No
- Not applicable
- Decline to answer

* 16. Did you understand everything the dentist said?

- Yes, everything
- Most
- Some
- A little
- No
- Not Applicable
- Decline to answer

* 17. Did you have questions about your child's dental care that you wanted to ask but didn't?

- Yes
- No
- Decline to answer
18. Did you trust the dentist treating your child?
- Yes
- No
- Decline to answer

19. Has your child's dentist ever discussed any of the following with you? (Check all that apply)
- Decline to answer
- Cavities
- Flossing
- Caries
- Oral Hygiene
- Sealants
- Malocclusion
- None
20. Does your child have any form of health insurance?

- Decline to answer
- Yes
- No
Oral Health Alliance Consumer Engagement Survey

* 21. What type of insurance do you have?

- [ ] Private insurance
- [ ] Medicaid
- [ ] Medicare
- [ ] Kidcare/CHIP
- [ ] Other
- [ ] Decline to answer

* 22. Do you have a dentist you visit regularly?

- [ ] Yes
- [ ] No
- [ ] Decline to answer

* 23. Has your child ever been to the dentist?

- [ ] Yes
- [ ] No
- [ ] Decline to answer

* 24. Please state how much you agree with the following statement.

Dental health is an important part of my child's overall health.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Do not agree or disagree
- [ ] Disagree
- [ ] Strongly Disagree
- [ ] I'm not sure
- [ ] Decline to answer
25. How do you rate your child's overall health?

- Excellent
- Very good
- Good
- Not good or bad

- Poor
- Very poor
- Decline to answer
- Not sure

26. How do you rate your child's dental health?

- Excellent
- Very good
- Good
- Not good or bad

- Poor
- Very poor
- Decline to answer
- Not sure

27. What are some of the reasons your child doesn't visit the dentist? (Check all that apply)

- The dentist is too far
- I have trouble finding transportation
- No one in the office speaks my language
- It is too expensive
- The waits are too long at the office
- The office is not open when I can go
- I cannot get an appointment

- Not enough time to take my child to the dentist
- I cannot find a dentist for my child
- My child does not have dental insurance
- I cannot find a dentist who takes my child's insurance
- My child does not need dental care
- Other
- Decline to answer

28. Where do you find dental health information for your child?

- My child's doctor
- Online
- Family/Friends
- My child's teachers

- My child's school
- I do not know where to find this information
- Other
- Decline to answer
* 29. Parent gender?

- Male
- Female
- Decline to answer
30. In which county do you live?

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* 31. What is your age?

- 18-24 years old
- 25-35 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older
- Decline to answer

* 32. What is your annual combined household income?

- Less than $20,000
- 20,000 to 34,999
- 35,000 to 49,999
- 50,000 to 74,999
- 75,000 to 99,999
- 100,000 to 149,999
- 150,000 or more
- Decline to answer

* 33. What is the last grade you completed?

- Some grammar school
- Grammar school (up to 6th grade)
- Middle school (up to 8th grade)
- Some high school (up to 11th grade)
- High School Diploma or GED
- Some College/University
- Technical or Associate Degree
- Undergraduate Degree
- Advanced Degree
- No education
- Prefer not to answer
* 34. How do you identify your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Haitian/Creole
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other
- Decline to answer

* 35. What is your current employment status?

- Full Time
- Part Time (one job)
- Part Time (multiple jobs)
- Student
- Unemployed for less than one year
- Unemployed for one year or more
- Retired
- Decline to answer

* 36. What is your current relationship status?

- Single
- Married
- Widowed
- Divorced
- Separated
- Civil Union
- Never Married
- Domestic Partnership
- Decline to answer

* 37. In what language do you communicate the most?

- Spanish
- English
- Creole
- Portuguese
- Russian
- Other
- Decline to answer
Thank you very much for your participation in this survey!

Again, if you have any questions or concerns, please contact Christine Hom at chom@flhealthinnovation.org or 561.838.4444