



Study 10: Development of a patient-based provider intervention for early caries (Patient Survey)

INSTRUCTIONS: Based on the brochure and treatment you received, please tell us your opinion about your treatment for dental decay. Your answers are very important to us.

Please complete this survey before you leave your dental office and place your completed survey in the designated box. Please include the coupon so that we can send your gift card. Please circle the **NUMBER** that best indicates how much you agree or disagree with each statement.

Completed form should be mailed to:

Andrea Mathews
Dental PBRN Program Manager
SDB Box 39 1919 7th Avenue South
Birmingham, Alabama 35294-0007



Form Completion Date:

(Please write in the date that you are filling out this form.)

Month

Date

Year

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am satisfied with how my dentist presented all the options for the treatment of my tooth decay.	1	2	3	4	5
2. I am satisfied with the quality of tooth decay treatment that I received.	1	2	3	4	5
3. I am satisfied with the amount of trust that I can place in my dentist.	1	2	3	4	5
4. I am satisfied with how thorough my dentist was.	1	2	3	4	5
5. I am satisfied with the treatment information and handouts provided.	1	2	3	4	5
6. I am satisfied that my dentist understood my concerns.	1	2	3	4	5
7. I am satisfied with the amount of information about my dental treatment that I received from my dentist.	1	2	3	4	5
8. I feel free to make decisions about my dental problems.	1	2	3	4	5
9. I am satisfied with the skill of my dentist.	1	2	3	4	5
10. I am satisfied that I was able to ask questions about my dental treatment.	1	2	3	4	5
11. I am satisfied with the cost of my treatment.	1	2	3	4	5
12. I am satisfied that my dentist respects me as a person.	1	2	3	4	5
13. I try to take my dentist's advice.	1	2	3	4	5
14. The dentist seemed to know what he was doing during my visit.	1	2	3	4	5
15. I will make changes to my lifestyle if they prevent getting a filling.	1	2	3	4	5
16. The dentist should make the important dental decisions, not me.	1	2	3	4	5
17. I am concerned about feeling pain when I go for dental care.	1	2	3	4	5

Please CONTINUE on the next page





	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
18. I am satisfied with the friendliness of my dentist.	1	2	3	4	5
19. Patients should know the cost of their treatment before the treatment begins.	1	2	3	4	5
20. I avoid going to the dentist because I dislike pain.	1	2	3	4	5
21. In general, the fees dentists charge are too high.	1	2	3	4	5
22. I will choose the best treatment for my tooth decay, regardless of the possibility of feeling pain.	1	2	3	4	5
23. Dentists should do more to reduce pain.	1	2	3	4	5
24. Dentists avoid unnecessary patient expenses.	1	2	3	4	5
25. My dentist tried to limit my fear and anxiety.	1	2	3	4	5
26. I will choose the best treatment for my tooth decay regardless of cost.	1	2	3	4	5
27. The dentist respected my opinion about my tooth decay treatment.	1	2	3	4	5
28. I will choose the same treatment for tooth decay on another tooth.	1	2	3	4	5
29. I am satisfied with the treatment I received.	1	2	3	4	5
30. I prefer a filling because it is a quick fix for my tooth decay.	1	2	3	4	5
31. I believe that a treatment to prevent a filling is better than getting a filling.	1	2	3	4	5