

# Children's Oral Health and Barriers to Seeking Care: Perspectives of Caregivers Seeking Pediatric Hospital Dental Treatment

Santé buccodentaire des enfants et obstacles dans la recherche de soins : point de vue des parents ou tuteurs légaux à la recherche de traitements dentaires pédiatriques en milieu hospitalier

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## Appendix 1

1

How old is your/this child?

Please write your answer here:

2

What is your/this child's gender?

Please write your answer here:

3

What is your/this child's race/ethnicity?

Please choose **all** that apply:

Asian

Black/African Canadian

First Nations/Aboriginal

Inuit

White/Caucasian

Other:

4

How would you rate your/this child's dental health?

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

5

Who referred your child to the IWK dental clinic?

Please choose **only one** of the following:

- Dentist
- Medical doctor

If you are unsure, Shauna or a member of the IWK dental team can find out for you

6

Before today's appointment, has your/this child ever been to a dentist?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "2"))

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

7

How old was your/this child the **FIRST** time s/he ever went to a dentist?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "1")) or ((6.NAOK == "A1"))

Please write your answer here:

8

Why did your/this child go to the dental office for their **FIRST** visit?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "1")) or ((6.NAOK == "A1"))

Please choose **only one** of the following:

Check-up, examination or cleaning

Something was wrong, bothering or hurting

Don't know/don't remember

Other:

9

Did your/this child have cavities or abscesses at their **FIRST** dental visit?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "1")) or ((6.NAOK == "A1"))

Please choose **only one** of the following:

Yes

No

Don't know/don't remember

**10**

Does your/this child have regular check-ups and cleanings?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "1")) or ((6.NAOK == "A1"))

Please choose **only one** of the following:

Yes

No

**11**

Has your/this child been to a dentist while waiting for this appointment?

**Only answer this question if the following conditions are met:**

° ((5.NAOK == "1")) or ((6.NAOK == "A1"))

Please choose **only one** of the following:

Yes

No

12

Why did your/this child visit the dentist while waiting for this appointment?

Only answer this question if the following conditions are met:

° ((5.NAOK == "1") and (11.NAOK == "Y")) or ((11.NAOK == "Y") and (6.NAOK == "A1"))

Please choose **all** that apply:

Check-up and/or cleaning

Fluoride

Dental pain

Fillings or extractions

Other:

13

Was there ever a time that you found it difficult or were unable to take your/this child to the dentist?

Please choose **only one** of the following:

Yes

No

**14**

Which of the following has made it difficult or prevented you from taking your/  
this child to the dentist?

**Only answer this question if the following conditions are met:**

° ((13.NAOK == "Y"))

Please choose **all** that apply:

- Could not afford it
- Dentist does not accept MSI – MEDICAL SERVICES INSURANCE
- No insurance or uncertain of insurance coverage
- No way to get there (transportation problems)
- There were other things to be taken care of
- Could not miss work
- Appointments take too long
- Didn't know where to go/no dentist available
- Difficulty getting an appointment
- My child is uncooperative or too young for treatment
- Don't like/trust/believe in dental professionals
- I didn't know it was important or that there was a problem
- I/we speak a different language
- Other:

15

Out of the reasons that you have chosen above, what is the **MAIN** reason that made it difficult or prevented you from taking your/this child to the dentist?

**Only answer this question if the following conditions are met:**

° ((13.NAOK == "Y"))

Please choose **only one** of the following:

- Could not afford it
- Dentist does not accept income assistance insurance (Quickcard/Greenshield)
- No insurance or uncertain of insurance coverage
- No way to get there (transportation problems)
- There were other things to be taken care of
- Could not miss work
- Appointments take too long
- Didn't know where to go/No dentist available
- Difficulty getting an appointment
- Nervous of dental treatment
- Don't like/trust/believe in dental professionals
- I didn't know it was important or that there was a problem
- I/we speak a different language
- Other reason:

**16**

Why was your/this child sent to the IWK dental clinic?

Please choose **all** that apply:

- Too much or too difficult dental work to be done
- Dental office does not regularly treat young children
- My child could not cooperate
- Dental office does not accept MSI – MEDICAL SERVICES INSURANCE
- Needs sedation, general anesthetic, or to go to sleep for dental treatment
- Other reason:

**17**

Has your/this child ever had a toothache (pain)?

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember



**18**

Did your/this child miss school because of a toothache?

**Only answer this question if the following conditions are met:**

° ((17.NAOK == "1"))

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

**19**

Did you or another caregiver miss work because of your/this child's toothache?

**Only answer this question if the following conditions are met:**

° ((17.NAOK == "1"))

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

**20**

What best describes your/this child's dental insurance:

Please choose **all** that apply:

- Private insurance – such as through an employer or an individual/family policy you purchased on your own
- Dual private insurance
- Public insurance (MSI – Medical Services Insurance)
- No dental insurance

**21**

In Nova Scotia, do you think the availability of dental services for your/this child is:

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

**22**

If you could choose, where would you like your/this child to go for dental care?

Please choose **only one** of the following:

- Private dental clinic
- Community-based clinic
- Children's school-based clinic
- Primary healthcare-based clinic
- Mobile clinic
- Other:

**23**

Before today, who has talked to you about the age at which a child should start going to the dentist for check-ups?

Please choose **all** that apply:

- Dentist
- Dental hygienist
- Family doctor
- Nurse
- Prenatal class instructor
- No one has talked to me about this
- Other:

**24**

Before today, who has talked to you about how and when to brush and floss your/this child's teeth?

Please choose **all** that apply:

- Dentist
- Dental hygienist
- Family doctor
- Nurse
- Prenatal class instructor
- No one has talked to me about this
- Other:

25

Before today, who has talked to you about the foods and drinks that cause cavities in children's teeth?

Please choose **all** that apply:

- Dentist
- Dental hygienist
- Family doctor
- Nurse
- Prenatal class instructor
- No one has talked to me about this
- Other:

26

Have you ever learned about oral/dental health through advertising?

Please choose **all** that apply:

- Television
- Radio
- Internet
- Social media
- Print
- None of above
- Other:

27

What age do you think that children should **START** going to the dentist for check-ups?

Please write your answer here:

28

What type of dental insurance do you have for **YOURSELF**?

Please choose **all** that apply:

- Private insurance – such as through an employer or an individual/family policy you purchased on your own
- Dual private insurance
- Employment Support and Income Assistance Dental Program (Quickcard/Greenshield)
- Military personal dental care coverage
- Indigenous status dental care coverage
- Veterans dental care coverage
- Federal prison dental care coverage
- Refugee dental care coverage
- No dental insurance

29

How important is dental care/health to you?

Please choose **only one** of the following:

- Very important
- Important
- Somewhat important
- Somewhat unimportant
- Unimportant
- Very unimportant
- No opinion

30

How important is medical care/health to you?

Please choose **only one** of the following:

- Very important
- Important
- Somewhat important
- Somewhat unimportant
- Unimportant
- Very unimportant
- No opinion

**31**

How would you rate **YOUR** dental health?

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

**32**

Have **YOU** ever experienced a toothache?

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

**33**

Did you miss time from work because of **YOUR** toothache?

**Only answer this question if the following conditions are met:**

° ((32.NAOK == "1"))

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

34

Have you ever been to the dentist for **YOURSELF**?

Please choose **only one** of the following:

- Yes
- No
- Don't know/don't remember

35

About how long has it been since **YOU** had a dental cleaning or check-up?

**Only answer this question if the following conditions are met:**

° ((34.NAOK == "A1"))

Please choose **only one** of the following:

- 6 months or less
- More than 6 months, but not more than 1 year ago
- More than 1 year, but not more than 3 years ago
- More than 3 years ago
- Never had a dental cleaning
- Don't know/don't remember

36

Was there ever a time that **YOU** found it difficult or were unable to see a dentist?

Please choose **only one** of the following:

- Yes
- No



37

Which of the following has made it difficult or prevented **YOU** from seeing a dentist?

**Only answer this question if the following conditions are met:**

° ((36.NAOK == "Y"))

Please choose **all** that apply:

- Could not afford it
- Dentist does not accept income assistance insurance (Quickcard/Greenshield)
- No insurance or uncertain of insurance coverage
- No way to get there (transportation problems)
- There were other things to be taken care of
- Could not miss work
- Appointments take too long
- Didn't know where to go/No dentist available
- Difficulty getting an appointment
- Nervous of dental treatment
- Don't like/trust/believe in dental professionals
- I didn't know it was important or that there was a problem
- I speak a different language
- Other reason:

38

Out of the reasons that you have chosen above, what is the **MAIN** reason that has made it difficult or prevented **YOU** from seeing a dentist?

**Only answer this question if the following conditions are met:**

° ((36.NAOK == "Y"))

Please choose **all** that apply:

- Could not afford it
- Dentist does not accept income assistance insurance (Quick card/Green shield)
- No insurance or uncertain of insurance coverage
- No way to get there (transportation problems)
- There were other things to be taken care of
- Could not miss work
- Appointments take too long
- Didn't know where to go/No dentist available
- Difficulty getting an appointment
- Nervous of dental treatment
- Don't like/trust/believe in dental professionals
- I didn't know it was important or that there was a problem
- I speak a different language
- Other reason:

39

Do you feel that your dental care providers have ever treated you or your family differently in any way because of any of the following:

Please choose **all** that apply:

- Immigrant status
- Race/ethnicity
- Education level
- Income level
- Insurance status
- I don't think dental care providers treat people differently
- Other:

40

In Nova Scotia, do you think the availability of dental services for **YOURSELF** is:

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

41

Did you immigrate to Canada?

Please choose **only one** of the following:

Yes

No

42

How many years ago did you immigrate to Canada?

**Only answer this question if the following conditions are met:**

° ((41.NAOK == "Y"))

Please write your answer here:

43

What is your gender?

Please write your answer here:

44

What is your relationship to the child visiting the IWK today?

Please choose **only one** of the following:

Parent

Legal Guardian

Grandparent

Other:

45

How many children 16 years old and younger are in your family?

Please write your answer here:

46

How many people are in your family?

Please write your answer here:

47

Describe your household:

Please choose **only one** of the following:

2-parent

Single parent

Extended family

Other:

**48**

What is your marital status?

Please choose **only one** of the following:

- Single
- Married
- Common-law
- Divorced

**49**

What is the population of the community, town or city that you live in?

Please choose **only one** of the following:

- Rural (1,000 or less)
- 1,000–29,999
- 30,000–99,999
- 100,000–499,999
- I don't know

50

What is **YOUR** education level?

Please choose **only one** of the following:

- Did not complete high school
- Completed high school or graduate-equivalent diploma
- Completed college (including community college, technical school)
- Completed university (undergraduate degree)
- Completed postgraduate education, doctoral or post-doctoral education

51

How old are **YOU**?

Please choose **only one** of the following:

- 19 or younger
- 20 to 25
- 26 to 30
- 31 to 35
- 36 to 40
- 41 to 45
- 46 to 50
- 50 or older

52

What is your best estimate of your **TOTAL** household income received by all household members **BEFORE** taxes and deductions?

Please choose **only one** of the following:

- Less than \$5,000
- \$5,000–\$9,999
- \$10,000–\$14,999
- \$15,000–\$19,999
- \$20,000–\$24,999
- \$25,000–\$29,999
- \$30,000–\$34,999
- \$35,000–\$39,999
- \$40,000–\$44,999
- \$45,000–\$49,999
- \$50,000–\$54,999
- \$55,000–\$59,999
- \$60,000–\$64,999
- \$65,000–\$69,999
- \$70,000–\$74,999
- \$75,000–\$79,999
- \$80,000–\$84,999
- \$90,000–\$94,999
- \$95,000–\$99,999
- \$100,000 or more