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

SHAUNA HACHEY, JOANNE CLOVIS AND KIMBERLEY LAMARCHE

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
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
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: ____________________
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
Did you immigrate to Canada?
Please choose only one of the following:

- Yes
- No

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:

What is your gender?
Please write your answer here:

What is your relationship to the child visiting the IWK today?
Please choose only one of the following:

- Parent
- Legal Guardian
- Grandparent
- Other: [Blank]
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
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