

Date: _____
Interviewer initials: _____

Participant ID: _____
Health Center: _____

Questionnaire I: To be given to parents of children eligible for SDF treatment.

The purpose of this research survey is to evaluate parental perceptions of silver diamine fluoride treatment for dental caries in children. It is being conducted by (fill in name of health center here), an affiliate of NYU Lutheran Department of Dental Medicine. You are invited to participate in this research project because you are the parent or caregiver to a child aged 0-14 years old coming in for a dental visit today.

Your participation in this research survey is voluntary. You may choose not to participate. If you decide to participate in this research survey, please answer the following questions. If you decide not to participate in this survey, your child's care will not be affected.

Your responses to this survey will be confidential and we do not collect identifying information such as your name, email address or IP address. The survey questions will be about you and your child's demographic information as well as oral health questions.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only.

If you have any questions about this survey, feel free to speak with (name of resident conducting research). This research has been reviewed according to NYU School of Medicine Institutional Review Board procedures for research involving human subjects.

Completing the following survey indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are at least 18 years of age

If you do not wish to participate in the research study, please do not complete the survey.

Thank you for participating in this study about your child's visit today. This survey is 22 questions and will ask you about yourself and a little about a treatment for your child's dental caries, some questions about yourself and your family.

1) What is **your** age? _____ years

2) What is **your** gender? 1 Male 2 Female 3 Other

3) What is your relationship to the child being seen today?

1 Parent 2 Legal Guardian 3 Relative (not guardian) 4 Other caretaker
5 Refuse

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- 4) Are you Hispanic or Latino?
1. No
 2. Yes, Mexican, Mexican American, Chicano/a
 3. Yes, Puerto Rican
 4. Yes, Cuban
 5. Yes, other Hispanic, Latino/a origin
 6. Refuse
- 5) Which one of these groups would you say best represents your race?
- | | |
|--|---|
| 1. <input type="checkbox"/> White | 6. <input type="checkbox"/> Filipino |
| 2. <input type="checkbox"/> Black or African American | 7. <input type="checkbox"/> Japanese |
| 3. <input type="checkbox"/> American Indian or Alaska Native | 8. <input type="checkbox"/> Other Asian |
| 4. <input type="checkbox"/> Asian Indian | 9. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| 5. <input type="checkbox"/> Chinese | 10. <input type="checkbox"/> Don't know/Not sure |
- 6) How many people currently live in your household, including yourself? 1. ___ ___
- 7) How many children less than 18 years of age live in your household? 1. ___ ___
- 8) What is the highest level of education that you have completed?
- | | |
|--|--|
| 1. <input type="checkbox"/> No formal education | 6. <input type="checkbox"/> Some college |
| 2. <input type="checkbox"/> Elementary (primary school) education | 7. <input type="checkbox"/> College graduate |
| 3. <input type="checkbox"/> Middle school (junior high school) education | 8. <input type="checkbox"/> Some graduate school or more education |
| 4. <input type="checkbox"/> Some high school | 9. <input type="checkbox"/> Don't know/Not sure |
| 5. <input type="checkbox"/> High school graduate/ equivalency (GED) | 10. <input type="checkbox"/> Refuse |

Today your dentist spoke with you about a treatment for your child's caries, called silver diamine fluoride or SDF. It is a treatment for the cavities in your child's tooth or teeth. This treatment is used often by dentists on children, but it leaves a permanent dark mark on the tooth where the treatment is placed. The next few questions are about how you feel about treatment with SDF and whether you will agree to this treatment for your child.

- 9) Do you know of any other child who has had silver diamine fluoride (SDF) treatment (such as a child in your family, friend or relative)?
- 1 No 2 Yes 3 Don't know
- 10) Has your child been treated for caries before?
- 1 No 2 Yes 3 Don't know

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11) After your child's dentist has described silver diamine fluoride to you, how likely are you to choose this method to treat your child's treatment today?

1. Very unlikely 2. Somewhat unlikely 3. Not sure 4. Somewhat likely 5. Very likely

12) This treatment leaves a permanent dark mark on the tooth, how much is this concern for you?

1. Extremely concerned 2. Very concerned 3. Moderately concerned 4. Slightly concerned 5. Not concerned

13) If the dark mark is not a concern, what is the primary reason why?

1. The dark mark will not be visible when my child smiles.
2. The dark mark is temporary until my child is seen for their procedure.
3. The dark mark does not concern me or my child.
4. I don't like the dark mark, but I feel the treatment is the best.

14) How do you feel about your child receiving SDF treatment today?

1. Very uncomfortable 2. Somewhat uncomfortable 3. Neutral 4. Somewhat comfortable 5. Very comfortable

15) How much do you feel you understand about the SDF treatment that was offered to your child today?

1. I do not know anything about it
2. I don't know enough about it to fully understand it
3. I'm not sure whether or not I know enough about this
4. I know something about it, but I want to know more about it
5. I know a lot about it

The next few questions ask about your language habits at home.

16) What is your native language?

1. English 2. Spanish
3. Tagalog 4. Ilocano
5. Chukeese 6. Other: _____

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17) In general, what language(s) do you read and speak?

1. Only English
2. English better than your native language
3. Both equally
4. Your native language better than English
5. Only your native language

18) What language do you usually speak at home?

1. Only English
2. English better than your native language
3. Both equally
4. Your native language better than English
5. Only your native language

19) In what language do you usually think?

1. Only English
2. English better than your native language
3. Both equally
4. Your native language better than English
5. Only your native language

20) In what language do you usually speak with your friends?

1. Only English
2. English better than your native language
3. Both equally
4. Your native language better than English
5. Only your native language

21) Were you born in the United States?

1. Yes 2. No

22) If you were not born in the United States, how many years have you lived here? 1.
_____ years

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Questionnaire I: Chart review

CR1: Patient's age (months): _____

CR2: Patient's gender: _____

CR3: Patient's insurance:

1. Private
2. Medicaid (CHIP)
3. No insurance
4. Other: _____

CR4: ASA level:

1. I
2. II
3. III

CR5: Co-morbidities: 1. _____ 2. _____ 3. _____
_____ 4. _____ 5. _____

CR6: DMFT or dmft total score: _____

CR7: SDF treated caries location(s):

Tooth1: _____ Surface1: _____	Tooth2: _____ Surface2: _____	Tooth3: _____ Surface3: _____	Tooth4: _____ Surface4: _____
Tooth5: _____ Surface5: _____	Tooth6: _____ Surface6: _____	Tooth7: _____ Surface7: _____	Tooth8: _____ Surface8: _____
Tooth9: _____ Surface9: _____	Tooth10: _____ Surface10: _____	Tooth11: _____ Surface11: _____	Tooth12: _____ Surface12: _____

CR8: Is OR treatment needed?

1. Yes
2. No

CR9: Is sedation needed?

1. Yes
2. No

CR10: a. When is the OR visit: _____ or b. Sedation visit? _____

CR11: Did the parent accept SDF treatment today?

1. Yes
2. No