



## Waiting Room Survey to Assess Patient Dental Needs

### Children 0-18

1. Has your child seen a dentist or other dental provider for any dental check-ups or dental problems in the past year?

- Yes       No       Don't know/Not sure

2. Has there been a time when you have tried to get dental care for your child but could not get it?

- Yes       No       Don't know/Not sure

3. Today, what is your child's main source of dental insurance?

- Medicaid  
 Children's Health Plan Plus (CHP+)  
 Colorado Indigent Care Program (CICP)  
 Private health insurance, specify \_\_\_\_\_  
 None /No health insurance  
 Don't know/Not sure  
 Other, please specify \_\_\_\_\_

4. How likely would you be to bring your child to a dental provider located in this medical practice?

- Very unlikely  
 Unlikely  
 Somewhat likely  
 Very likely  
 Don't know/Not sure



**Adult > 18 years of age**

1. Have you seen a dentist or other dental provider for any dental check-ups or dental problems in the past year?  
 Yes       No       Don't know/Not sure
  
2. Has there been a time when you have tried to get dental care but could not get it?  
 Yes       No       Don't know/Not sure
  
3. Today, what is your main source of dental insurance?  
 Medicaid  
 Private dental insurance, specify \_\_\_\_\_  
 Children's Health Plan Plus (CHP+)  
 Colorado Indigent Care Program (CICP)  
 None/No health insurance  
 Don't know/Not sure  
 Other, please specify \_\_\_\_\_
  
4. How likely would you be to go to a dental provider located in this medical practice?  
 Very unlikely  
 Unlikely  
 Somewhat likely  
 Very likely  
 Don't know/Not sure

