Template questionnaire for parents/carers

Questionnaires can be used to gain the views of parents/carers on supervised toothbrushing and can be used as part of the monitoring or evaluation of an individual club running in one setting or of a whole programme across multiple settings. Surveys can either be conducted 1) to show a comparison of results before the start of the toothbrushing and after a specific length of time, say one term or one year or 2) be used as a one-off. Questionnaires can be administered by setting staff to parents/carers either paper-based or electronically using a QR code and an online platform.

**Example questionnaire**

1. How do **you** feel about tooth brushing with your child at home? (*Please circle*)

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
|  |  |  |
| Can be difficult | OK most of the time | Simple and easy |

1. How does **your child** feel about tooth brushing at home? (*Please circle*)

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
|  |  |  |
| They do not like doing it | Takes a bit of effort but they do it | They enjoy it |

1. How long has your child been brushing their teeth at [nursery/school/childminder]? (*Please tick*)

|  |  |
| --- | --- |
| A few weeks |  |
| One term |  |
| 1-2 terms |  |
| One year or more |  |

1. Does your child talk about brushing their teeth at [nursery/school/childminder]?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Please provide examples:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think your child brushing their teeth at [nursery/school/childminder] will help them brush at home? (*Please tick*)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Any other comments?

**Additional questions to consider:**

*Toothbrushing at home:*

1. Does your child have their own toothbrush at home? (*Please tick*)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Who brushes your child’s teeth at home? (*Please tick*)

|  |  |
| --- | --- |
| An adult |  |
| Child |  |
| Together |  |

1. When do your child’s teeth get cleaned at home? (*Please tick*)

|  |  |
| --- | --- |
| In the morning |  |
| At bedtime |  |
| Morning and bedtime |  |
| Other (Please state when) |  |

*Other oral health activities:*

1. Did you receive oral Health advice and/or a toothbrushing pack from your health visitor? (*Please tick*)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
|  |  |

1. Do you know how to find a dentist for you and your family? (*Please tick*)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Have you taken your child to the dentist for a check-up yet? (*Please tick*)

|  |  |
| --- | --- |
| Yes |  |
| No |  |