

Oral Health Screening Survey

Thank you for participating in the Oral Health Screenings. Your feedback on the screenings is important to us. Please take a moment to complete this 3-minute survey.

Using a scale of 1 to 5, (**1=Strongly Disagree and 5=Strongly Agree**), please tell us if you 'agree' or 'disagree' with the following statements:

1. Please enter your school's name:

2. The planning of the oral health screening event was thorough and clear.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I found the oral health and referral information helpful for our school staff.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I feel that the students have an increased understanding of how to take care of their mouth.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I was satisfied with my overall experience working with the screening team.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I was satisfied with my overall experience working with the oral health education team.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I was satisfied with the screening event.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I was satisfied with the oral health education.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I would like to partner with the screening and oral health education team on a future screening and oral health education event.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
1	2	3	4	5	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please let us know how we can improve on the screening and oral health education event, if any:

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