

OH - 2008



Mark as shown: Please use a pen or a thin marker. This form will be processed automatically.
Correction: Please follow the examples shown to help optimize the reading results.

1. General Questions

1.1 Site Location Number

10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

1.2 Survey Number

1000th	<input type="checkbox"/>									
100th	<input type="checkbox"/>									
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

1.3 I have family members, friends, or professionals who give me a lot of support.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly Disagree		

1.4 My sex/gender is:

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No answer
<input type="checkbox"/> Transgender (MTF)	<input type="checkbox"/> Transgender (FTM)	

1.5 My sexual orientation is:

<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Gay/Lesbian/Homosexual	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Not Sure	<input type="checkbox"/> No Answer	

1.6 My racial/ethnic background is:

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American/Alaska Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> More than one race

1.7 My age is:

<input type="checkbox"/> 13-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64
<input type="checkbox"/> 65 or older		

1.8 At any point, did you feel you were treated poorly at this agency?

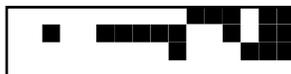
<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

1.9 If yes to question 1.8, what reason(s) do you feel may have caused you to be treated poorly ? (Mark all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Age
<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Drug Use	<input type="checkbox"/> My difficulty speaking English
<input type="checkbox"/> Immigration Status	<input type="checkbox"/> Other Reasons	

1.10 If "Other Reasons" was marked in question 1.9, please explain in the box provided below.

(Please turn over and complete the other side)



1. General Questions [Continue]

- 1.11 The language that I speak is: English Spanish Other
- 1.12 Because of a language barrier, I have problems understanding agency staff when I come in for or request services. Yes, Always Yes, sometimes No, Never
- 1.13 I know that translation services, including services for the visually and hearing impaired, are available to me at this agency if I ask for it before my appointment. Yes, I know No, I did not know
- 1.14 I have completed this survey: By myself, with no help With some help from a staff person With someone reading the survey to me and filling it out for me.
- 1.15 I understand the reason I am required to provide certain documents to the agency and how that is related to the funding for the services I receive. Yes No
- 1.16 Do you know who to contact if you have a problem with or complaint about any of your services at this agency? Yes No, I don't know
- 1.17 Have you received a copy of the agency's grievance procedure? Yes No

(Please continue to the next page)



2. Oral Health Care

2.1 Site Location Number

10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.2 Survey Number

1000th	<input type="checkbox"/>									
100th	<input type="checkbox"/>									
10th	<input type="checkbox"/>									
1th	<input type="checkbox"/>									
	x0	x1	x2	x3	x4	x5	x6	x7	x8	x9

2.3 This agency has provided oral health care to me for:

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years
<input type="checkbox"/> More than 5 years		

2.4 I entered care in the dental clinic by:

<input type="checkbox"/> Referral by my health care provider	<input type="checkbox"/> Seeking out the service myself
--	---

2.5 When I need an appointment for routine dental care, I am able to schedule one soon enough for my needs.

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	

2.6 When I need an appointment for emergency dental care, I am able to schedule one soon enough for my needs.

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	

2.7 If I have a question about my dental care, I know how to contact someone to discuss it with me.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

2.8 The dental staff is friendly and helpful.

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	

2.9 The dental staff explains my treatment to me.

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	

2.10 The dental staff provides adequate instruction about home care after procedures.

<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	

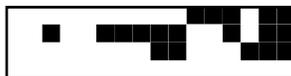
2.11 If I have a complaint about my dental care, I am aware of what I can do to try to resolve it.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
------------------------------	-----------------------------	-----------------------------------

2.12 I would recommend this dental clinic to my friends with similar needs who are eligible for this service.

<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> Definitely Not
<input type="checkbox"/> Not Sure		

(Please turn over and complete the other side)



2. Oral Health Care [Continue]

2.13 I primarily visit the dental clinic for which of the following reasons:

Routine Care

Emergency Care

2.14 Overall, I am satisfied with the oral health care services I received over the past 12 months.

Strongly Agree
 Strongly Disagree

Agree

Disagree

2.15 If I could add or change something to make the clinic a better place for me and for other patients, it would be:

Thank you for completing the survey.

