

# Oral Health Care Access Survey

Voices for Vermont's Children with our Oral Health Equity partners would like to learn from you about your overall health care and dental care access. Completing this survey is voluntary and confidential, and we greatly appreciate your willingness to answer the questions. Parents or caregivers with children may choose to complete the survey on behalf of a child.

**After competing the survey, you may choose to click on the provided link to be entered into a drawing for a \$100 cash card.** Depending on the survey response up to five may be awarded to participants. The drawing will occur on October 20th, winners will be contacted the week following.

Please note that there are a number of questions that have been added to help identify spam responses. We appreciate your understanding.

If you have questions, would like more information, or want to see the results of the survey, please feel free to contact [Michelle Fay](#) or [Carlen Finn](#) at [Voices for Vermont's Children](#).

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\* Indicates required question



## Overall Health Status

These questions will help us understand your experience with accessing health care and how it has impacted your health. Later, we'll ask similar questions focused on oral health and dental care.

1. How would you rate your overall health? \*

Mark only one oval.

1 2 3 4 5

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Poor      Excellent

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2. Do you receive annual medical check-ups and receive care when you don't feel well? \*

Mark only one oval.

1 2 3 4 5

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Never      Always

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3. If you've had a hard time receiving health care (including dental care) in the last 3 years, what got in the way? (Select all that apply) \*

Check all that apply.

- Does not apply to me - I've never had a problem accessing the health care I need.
- Not affordable
- Can't find a health care provider near me.
- Providers near me do not accept my insurance, including Medicare and Medicaid.
- Insurance doesn't cover the services I need
- Language
- Cultural awareness/respect
- Couldn't take time off from work.
- I didn't have transportation.
- Other: \_\_\_\_\_

4. If you've had more or different challenges with getting dental care compared other types of care, what were they?

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8. Do you have access to dental care on a regular basis? (Do you receive preventive cleanings at least once/year and receive treatment when you have tooth/gum pain?) \*

Mark only one oval.

1 2 3 4 5

Never      Always

9. How does your oral health impact your life? For example does it impact your relationships, work, or overall health?

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10. Can you describe an experience related to oral health (ie dentist, hygienist, etc), where you left feeling very supported/happy with how the experience turned out?

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11. How did you hear about this survey? \*  
(We are asking this to help us weed out the spam responses- please be as clear as possible)

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12. Anything else you would like to share?

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### Demographic Questions

These questions will help us understand how different identities may face unique challenges in receiving dental care. They are optional and confidential.

13. What is your age?

*Mark only one oval.*

- Under 18
- 19-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

14. With which gender do you identify? (Select all that apply)

*Mark only one oval.*

- Female/woman
- Male/man
- Trans Woman
- Trans Man
- Genderqueer or nonconforming
- Nonbinary
- Prefer to self-identify (enter below)
- Other: \_\_\_\_\_

15. Do you consider yourself to be: (Select all that apply) •

*Check all that apply.*

- Straight/heterosexual
- Lesbian, gay, bisexual, queer, questioning
- Prefer to self-identify as (enter below)
- Other: \_\_\_\_\_

16. With which race/ethnicity do you identify? (Select all that apply)

*Check all that apply.*

- Asian American or Asian
- Black
- Hispanic or Latinx
- Indigenous/American Indian/Alaska Native
- Middle Eastern or North African
- Pacific Islander or Native Hawaiian
- White
- Prefer to self-identify or provide more specific information (enter below)
- Other: \_\_\_\_\_

17. Are you a person with a disability/a disabled person?

*Mark only one oval.*

- Yes
- No
- I prefer to self-identify as (enter below)
- Other: \_\_\_\_\_

18. What social class do you identify with?

*Mark only one oval.*

- Wealthy
- Upper-middle or Professional
- Middle-class
- Working-class
- Low-income or Poor
- Prefer to self-identify (enter below)
- Other: \_\_\_\_\_

19. Which county do you live in? \*

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**THANK YOU! After you submit you'll be given a link to enter a drawing for a \$100 cash card. Your entry will be kept separate from your survey response to maintain confidentiality.**

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