Summary of Cognitive Interviews for CAHPS Dental Care Project

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Dental CAHPS (or D-CAHPS) is a small-scale effort to develop instruments to capture reports and ratings of consumers’ dental care experiences. This research is led by Dr. Jim Crall in collaboration with RAND, and with initial support from the University of Connecticut.

The D-CAHPS team’s primary goal is to produce a parallel set of CAHPS instruments to be used to assess the dental care experiences of consumers. As with CAHPS, the instruments will contain Core items appropriate for a broad range of consumers and dental care delivery systems. The instruments will include supplemental items relevant to specific populations, insurance, or systems of care.

Our initial item development efforts focused on a publicly insured population: children who receive dental care via MediCal or the Healthy Families programs (California’s Medicaid and SCHIP programs). This population was selected for two reasons. First, out of a general interest in the dental care experiences of children covered by Medicaid. Second, RAND’s initial CAHPS development work focused on MediCal/AFDC populations. The D-CAHPS effort allows RAND to draw from prior experience and expertise with this population. The purpose of this document is to report the key findings from cognitive interviews conducted in June 2001. The purpose of the cognitive interviews was to elicit consumer feedback on key terms used in the questionnaire, and to explore how consumers categorized different types of dental visits.
Nine cognitive interviews were conducted during June 2001 with mothers of a child who had received dental care through MediCal or the California Healthy Families program. Interviews were conducted over a two-week period in Santa Monica, California (see Appendix for interview protocol). Of the nine participants, six were African-American, one was White, and two were Latina/Hispanic. The average age of the participants at the time of the interview was 32.7 years (with the youngest at age 26 and the oldest at age 39). Five of the participants reported an education level of “some college or 2-year degree,” two had completed high school, and two and attended some high school but did not complete or attain a GED.

These participants were administered a preliminary version of a CAHPS® child survey designed to assess experiences with dental care, ratings of dental care providers, and rating of the dental plan. In answering the survey questions, each participant reported on the care experiences of her child with the most recent visit for dental care. The data collected represented nine children of whom six were African-American, one was Latino/Hispanic, and two were biracial. These children (five boys and four girls) had a cumulative total of 25 visits for dental care in the twelve months prior to the interview (an average of 2.8 visits per child). The average age of these children was 6.5 years at the time of the interview (with the youngest at age 4 and the oldest at age 13). One child was autistic and another child had a developmental disability.

**Cognitive Testing Goals**

The purpose of cognitive testing was to build on the development efforts of two focus groups conducted with 18 parents in February 2001. During the focus groups a draft item set was reviewed and discussed by group participants. The focus group findings flagged the following issues for exploration in one-on-one cognitive interviews:

- Explore the terms individuals use to describe and name dentists, dental specialists and dental assistants.
- Collect qualitative data on how individuals categorize different types of visits (fillings vs. check-ups) and phrases that best describe and distinguish between visits for urgent and non-urgent dental care.
- Test items on additional topics of interest identified by stakeholders or the literature (pain management, access to special services such as braces and other orthodontic care or “retainers”).
- Determine the appropriate reference period for dental care items.

The cognitive interview included follow-up probes to collect information on the words or terms describing dental providers, probes to collect data on the kinds of care participants classified as regular or routine, as urgent, and where care such as fillings fit into these classifications. Additional items were added on pain management and need for dental appliances. After discussion with stakeholders and review of data provided by staff at the Managed Risk Medical Insurance Board (MRMIB), we decided to use a twelve month reference period. The data and anecdotal information from focus group participants indicated that a six-month reference period would greatly reduce the number of individuals with at least one visit for dental care.
Also included in the testing item set were probes designed to test alternative wording to the CAHPS® “problem” items. These test items ask about “difficulty” and follow-up probes were used to elicit feedback from participants on the differences and similarities in how they interpreted the “problem” and “difficulty” versions of various items.

**Primary Dental Provider**

The CAHPS® core survey uses the term “personal doctor or nurse” to describe the health provider who knows the patient best. This term was identified by the CAHPS® developers as the best one to use in English and Spanish to communicate the concept of a regular or usual provider of health care (regardless of provider assignments made by some managed care plans). While focus group participants endorsed the term “personal dentist” comments from stakeholders and other reviewers of the item set led us to explore this phrase further in the cognitive interviews.

Six children have one dentist that they go to for care. Of the remaining three children, one has a regular place of care (a dental clinic) and the remaining two have no regular or usual place of dental care. When probed about the best word or phrase to describe their child’s dentist one participant selected the term “personal dentist,” one participant selected the term “main dentist” and three participants selected the term “usual dentist” (the probe did not apply to three respondents and the data is missing for one respondent). Following questions asked participants to think of their child’s dentist as “your child’s personal dentist.” Three participants classified the personal dentist as a general or family dentist (“[I] think she is a general dentist but she specializes in kids. [Office] has stuffed animals and special stuff for kids.” “He sees adults and children both.” “He treats anybody”), and three participants classified the personal dentist as a pediatric dentist (“[The dentist] specializes in only children. It says it on the office door and they have a playground for all the kids.” “[Dentist] works at children's hospital and only sees children under 18.” ““Children's dental is the name of the dentist's office.”).

When asked to compare “how much of a problem” it was to get a personal dentist with “how much difficulty did you have getting a personal dentist” most participants did not see problem and difficulty as comparable. Half the participants thought the term “problem” communicated something more serious than the term “difficulty” (“Problem sounds more serious. Like it is ongoing.”). At least one participant noted that something could be difficult without being a problem if you get the desired result from your efforts.

We added a screening or filter item before the question on how often the personal dentist talks with the parent about the child’s dental health or dental problems. The screening item was designed to filter out parent’s who dropped children off for a dental visit rather than entering the office or clinic. All of the cognitive interview participants with a regular dentist accompanied their child on at least one (if not all) dental visits. When asked how often the dentist talked with the parent about the child’s dental health or dental problems four participants said “always” and one participant said “sometimes”. Interview participants were probed about the number of visits they counted in their “always” or “sometimes” answer. Of the four participants who responded “always” three reported a number that matched total visits, one reported a number that was one-half the total visits. The participant who responded “sometimes” reported a number that matched total visits. Because the comparison was not made during the interview, we’re not sure how to interpret these data, but given the general trend in responses we are not concerned about the item wording or performance overall.
The average value for the global rating of the personal dentist was 7.4 (the minimum was 3 and the maximum was 10). When probed the participant who gave a rating of 3 based the rating on the dentist’s physical treatment of her daughter ("He mistreated her. He grabbed her and upset her. She had a bruise on her face and a scratch on her side. [It] is so hard to find a dentist who takes MediCal. I don't know how to find a dentist that is better."). Four participants who rated the personal dentist 7 or higher, based the rating on the dentist’s personal rapport or interaction with their child ("[Dentist rated a 7] because she hasn't really built a relationship with [me and my daughter]. She is not very helpful to me as a parent. She didn't ask how often I brush [my daughter's] teeth, didn't recommend that I floss [my daughter's] teeth. Because we are different cultures I think it is sometimes hard to communicate.” [Dentist rated a 10] because he takes personal time with [my son] and tells or explains to me and [my son] how to brush his teeth and stuff like that.). The remaining participant took the practice setting into account when given a rating of 10 ("The whole setting is great. When I first met dentist [my] first impression of him and the nurses was positive. And I would recommend him to anyone that has children.").

**Specialist Care**

Only two participants reported need for specialist care in the twelve months prior to the interview. In one case the specialist care was a generalist referral to a pediatric dentist that required MediCal approval and the other was a referral to a specialist to treat child’s gum disease. In both cases, participants reported problems and delays in care. These participants rated specialist care a 3 and a 5. One participant based her rating (5) on the specialist’s lack of communication and failure to discuss a procedure with her, and the other participant based her rating (3) on deficiencies in the specialist’s interpersonal skills in talking with her child.

**Calling Dental Offices**

Six participants had called a dental office or clinic for help in the twelve months prior to the interview. The reasons for calling included pain, blisters, loose teeth, problems with a referral, general questions about child’s teeth, and noticeable cavities or tooth decay.

**Dental Care in the Last 12 Months**

Prior focus group findings indicated that visits for fillings or to treat tooth decay were not viewed as visits for regular or routine dental care. As a result of the focus groups, we probed interview participants to collect information on type of dental care they viewed as regular and routine, the type of dental care they viewed as urgent and what to call a visit to treat a cavity. Regular or routine dental care visits were described as visits for:

- Semi-annual or annual check-ups,
- Education on how to brush and care for child’s teeth,
- Follow-up on prior dental treatment(s),
- Tooth cleaning and tartar removal,
- X-rays,
- Coating the teeth to prevent future cavities (sealants),
- To see if there are cavities or tooth decay,
- Checking fillings to make sure they aren’t loose.
Eight participants did not mention fillings or cavity treatment as regular or routine care; one participant included filling cavities as regular or routine care. When asked, participants used these terms to describe a visit to treat a cavity:

- An appointment for treatment,
- Special meeting or follow-up meeting,
- Dental problem,
- Visit for a cavity,
- Visit to treat mouth pain,
- Special visit or treatment,
- Dental work,
- Treatment for a dental problem.

When asked to describe a dental problem or injury requiring care right away, participants used these terms:

- Broken or cracked tooth,
- Infection in gums,
- Something that “just comes up,”
- A cavity or hole in a tooth,
- Gum disease,
- A temporary crown falls off,
- Mouth pain,
- Swelling or soreness,
- Bleeding gums,
- Some kind of infection,
- A fall that injures mouth, teeth or gums.

The children represented by the interview participants needed dental care right away for a dental problem or injury a total of nine times. Three children had two visits for urgent dental care, three children and one visit for urgent dental care, and three children had no visits for urgent dental care. None of these children received any dental care in an emergency room in the twelve months prior to the interview.

One of the goals of the cognitive interview was to identify the words or terms parents use to name dental providers. Focus group findings indicated that the term dental hygienist is not universally used or understood. The cognitive interview survey describes dental providers as “…a general dentist, a pediatric or children’s dentist, a specialist dentist (like an orthodontist), a dental hygienist, or anyone else your child sees for care in a dental office or clinic.”

When asked to label or name dental providers, interview participants identified “dentists” “dental assistants” “the doctor” “the nurse” “nurses” “x-ray techs.” Most participants identified the person who cleans a child’s teeth as a dentist, a dental assistant, or a nurse; only one participant mentioned the term “dental hygienist.” The person who takes x-rays of a child’s mouth was identified as an x-ray technician or dental assistant.

When asked to compare “how much of a problem” it was to get needed dental care with “how much difficulty did you have getting” needed dental care the most common response...
pattern was “not a problem” and “no difficulty at all.” One who answered “a big problem” gave the answer “a little difficulty.” Two participants identified their experience as being “between a big and small problem” and “between a lot and a little difficulty.” Other participants paired “small problem” with “a little difficulty.” When asked to compare “how much of a problem” delays in dental care while waiting for approval were with “how much difficulty did you have with delays” in dental care while waiting for approval most participants respondent “not a problem” and “no difficulty.” Two respondents reported “a big problem” and “a lot of difficulty.” In general, participants describe the word “problem” to indicate a situation or event that is more serious than “difficulty.” One participant felt that problem and difficulty meant the same thing; and another participant felt “difficulty” communicated a more serious concern than a “problem.”

Questions on dental provider communication with the child (hard time speaking with or understanding, explain things in a way child understands, spend enough time with child) were difficult for mothers to answer if they were not present in the exam or treatment room. Four participants reported that they were never or sometimes present in the exam or treatment room during dental care. Information from focus group and cognitive interview participants is that in some dental practices parents wait in the waiting room while dental providers examine and/or treat a child, while in other dental practices parents are present in exam and treatment rooms for all or most of a dental visit.

The average rating of dental care in the twelve months prior to the interview was 6.9 (minimum of 3, maximum of 10). Five participants averaged their rating across multiple dentists or dental clinics (dentist and specialist, or two different general dentists), one participant repeated the rating for the personal dentist (he was the sole provider who treated her child), two participants rated care from the dentist and dental assistants in the personal dentist’s office. Only one participant failed to include all dental providers in her rating. This participant did not include the dental specialist in her rating, limiting the rating to her child’s personal dentist.

Items on dental pain, getting care for dental pain as soon as wanted, and advice for pain management were included in the cognitive interview protocol. Six participants reported a child had mouth gum or tooth pain during the twelve months prior to the interview. The average number of episodes reported was 3.8. Most participants reported one or two episodes of pain. One participant reported ten episodes (during a period in which problems with a referral delayed treatment of the pain), and two participants reported “lots” of pain over a single episode lasting several days. Half the participants reported getting care for dental pain as soon as they wanted. Five participants reported that their child’s dentist or another dental provider had given them advice in the past on how to treat mouth, gum or tooth pain. The items on pain also included two questions which used a strongly agree/agree/not sure/disagree/strongly disagree response format (“My child’s dentist should do more to reduce pain” and “My child is not concerned about feeling pain when he/she goes for dental care.”) Two participants did not understand the questions and were unable to answer, one participant gave conflicting answers, and the remaining six participants answered the questions with no indications of difficulty.

**Dental Plan**

Six participants report that they are enrolled in dental plans that require them to choose providers from a list.

Only two participants called customer service in the twelve months prior to the interview. One reported that it was “a big problem” and “a lot of difficulty” to get the help she needed ("No
one knew anything"); the other participant reported that it was a “big problem” and “a little difficulty” to get the help she needed.

The average rating of the dental plan was 7 (minimum of 2, maximum of 10). One participant rated the plan a 2 “[Because] every time I had questions or wanted changes no one could help me.” A participant who gave her plan a 6 said “Sometimes it is difficult to get an appointment or find a place that accepts [MediCal].” A 7 rating was assigned by another participant because “[The plan] is good, but not the best it can be. There is always room to get better.”

**About Your Child and You**

One child is of mixed race, after reviewing the response options with the interviewer this child’s mother selected African-American. A second participant also reported her child is of mixed race (she selected American Indian and Latino). A third participant identified her child as Latino and could not select a response to the item “What is your child’s race?”

One participant found the question “Are you listed as the child’s payee or guardian on Medi-Cal records?” difficult to answer as she is listed as the guardian but her spouse is listed as the child’s payee. Another participant indicated that she did not know what the term “payee” meant.

**Summary of Key Findings**

While focus group participants endorsed the term “personal dentist” the findings from the cognitive interviews and the comments of stakeholders raise questions as to whether this is the best term to use for a survey of dental care. One alternative may be to ask about a regular place of care, and whether a child sees the same dentist or different dentists at each visit.

While some consumers of dental care may be very sophisticated about the types of providers they visit (hygienists, periodontists, endodontists), item wording needs to promote understanding by a full range of consumers (including those who divide dental providers into two main categories: dentists and dental assistants).

The cognitive interview findings support the focus group findings: visits to treat cavities are not “regular or routine” dental care. As a result, the survey should ask specifically about visits to fill or treat a cavity, separately from items on regular/routine dental care, and urgent dental care.

The comparison of “problem getting” with “difficulty getting” is inconclusive. For some consumers, “difficulty” may be more meaningful that “problem” while for others it may be the reverse. Clearly these cognitive interviews indicate that “problem” and “difficulty” are not interchangeable. Further exploration and testing of any and all alternatives to the current “problem” format is of value to the development of CAHPS® to the extent that alternatives demonstrate improvement in capturing and reporting the experience of consumers.

**Suggested Next Steps for Survey Development**

A revised instrument should be field tested or shared with potential users or survey sponsors willing to administer the survey as a “work in progress.”

The current survey contains a twelve-month reference period. This seems to be the best reference period to insure an adequate sample with experience to report.
Your Child’s Dental Care

June 2001

Caseid: ________________
Interviewer: ______________
Date: _________________
SURVEY INTRODUCTION

♦ Anything you tell me will be kept confidential. Medi-Cal and your child’s dentist will not know the names of anyone we interview.

♦ We are doing these interviews to test a survey on how parent’s feel about their child’s dental care.

♦ Sometimes the questions I ask you may seem odd or silly. I ask them to help us understand where and how to make the survey better.

♦ The questions I have are all about your child who had dental care covered by Medi-Cal (or Healthy Families). Think about the child who had the most recent visit to a dentist or dental clinic that was covered by Medi-Cal (or Healthy Families). What is that child’s first name? For this interview, please think only about (CHILD NAME) and his/her teeth and dental care.
1. Our records show that your child is now in Medi-Cal. Is that right?

1 ☐ Yes
2 ☐ No

YOUR CHILD’S PERSONAL DENTIST

The next questions ask about your child’s dental care. When you answer the next questions, do not include orthodontic care (like braces or retainers).

2. Does your child have one dentist that he/she goes to for dental care?

1 ☐ Yes
2 ☐ No ➔ Go To Question 2A

IF YES: Which of these terms describes that dentist best

Personal dentist
Main dentist
Usual dentist

GO TO QUESTION 3

2A. Does your child have one office or dental clinic that he/she goes to for dental care?

1 ☐ Yes ➔ Go To Question 8
2 ☐ No

2B. Has it been a problem for you to find a dental clinic or office for your child?

1 ☐ Yes
2 ☐ No ➔ Go To Question 8

IF YES TO 2B: What kinds of problems have you had?

GO TO QUESTION 8

3. Think of that dentist as your child’s personal dentist as you answer these questions.

Is this person a general dentist, a pediatric or children’s dentist, a specialist dentist, or some other kind of dentist?

1 ☐ General or family dentist
2 ☐ Pediatric dentist (children's dentist)
3 ☐ Specialist dentist
4 ☐ Some other kind of dentist

How did you decide on your answer?

GO TO QUESTION 8

4. In the last 12 months, did you go into the office or clinic with your child when he/she visited his/her personal dentist?

1 ☐ Yes
2 ☐ No ➔ Go To Question 6
5. In the last 12 months, when your child visited his/her personal dentist, how often did the dentist talk with you about your child’s dental health or dental problems?

- □ Never
- □ Sometimes
- □ Usually
- □ Always

In the last 12 months, on how many visits did your child’s dentist talk with you about your child’s dental health or problems?

_____________________________
_____________________________

6. We want to know your rating of your child’s personal dentist. (If your child has more than one personal dentist, choose the person your child sees most often.) Use any number from 0 to 10 where 0 is the worst personal dentist possible and 10 is the best personal dentist possible. How would you rate your child’s personal dentist now?

- □ 0 Worst personal dentist possible
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ 8
- □ 9
- □ 10 Best personal dentist possible

Why did you give your child’s dentist a (NUMBER)?

_____________________________
_____________________________

7. Did your child have the same personal dentist before he/she joined Medi-Cal?

- □ Yes → Go To Question 9
- □ No

8. Since your child joined Medi-Cal, how much of a problem, if any, was it to get a personal dentist for your child you are happy with?

- □ A big problem
- □ A small problem
- □ Not a problem

Since your child joined Medi-Cal how much difficulty did you have getting a personal dentist for your child you are happy with?

- □ A lot
- □ A little
- □ None at all

When it comes to getting a personal dentist for your child is having a problem getting a dentist the same thing as having difficulty getting a dentist? (IF HAD A PROBLEM OR HAD ANY DIFFICULTY: Would you describe your experience as a problem or as a difficulty?)

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GETTING DENTAL CARE
FROM A SPECIALIST

9. **Dental specialists** are dentists like oral surgeons, orthodontists (braces), pediatric or children’s dentists, and others who specialize in one area of dental care.

In the last 12 months, **did you or a general dentist** think your child needed to see a dental specialist?

1. Yes
2. No → Go To Question 14 on Next Page

**IF YES:** Why did your child need to see a specialist?

10. In the last 12 months, **did your child** see a dental specialist?

1. Yes
2. No → Go To Question 14

11. In the last 12 months, **did your child** see a dental specialist?

1. Yes
2. No → Go To Question 14

12. **We want to know your rating of the specialist your child saw most often** in the last 12 months.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. **How would you rate your child’s specialist?**

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

When it comes to getting a referral for specialist care for your child is having a problem getting a referral the same thing as having difficulty getting a referral? (IF HAD A PROBLEM OR HAD ANY DIFFICULTY: Would you describe what happened as a problem or as a difficulty?)
13. In the past 12 months, was the specialist your child saw most often the same dentist as your child’s personal dentist?

1 □ Yes  
2 □ No  
3 □ My child doesn’t have a personal dentist.

14. In the last 12 months, did you call a dentist’s office or clinic during regular office hours to get help or advice for your child?

1 □ Yes  
2 □ No  ➔ Go to Question 16

IF YES: Why did you call?

________________________________________________________________________

15. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

1 □ Never  
2 □ Sometimes  
3 □ Usually  
4 □ Always

How many times did you call?________

16. A dental provider can be a general dentist, a pediatric or children’s dentist, a specialist dentist (like an orthodontist), a dental hygienist, or anyone else your child sees for care in a dental office or clinic.

In the last 12 months, did you make any appointments for your child with a dental provider for regular or routine dental care?

1 □ Yes  
2 □ No  ➔ Go to Question 18

IF YES: What did you need the appointment for? ASK EVERYONE: What (other) kinds of care is “regular or routine care?”

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IF R DID NOT MENTION CAVITY AS REG OR ROUTINE CARE: What would you call a visit to treat a cavity?

________________________________________________________________________

________________________________________________________________________
17. In the last 12 months, how often did your child get an appointment for regular or routine dental care as soon as you wanted?
   1 □ Never
   2 □ Sometimes
   3 □ Usually
   4 □ Always

18. In the last 12 months, did your child have a dental problem or injury that needed care right away from a dentist’s office or dental clinic?
   1 □ Yes
   2 □ No ➔ Go to Question 20

IF YES: What was the problem or injury? ASK EVERYONE: What kinds of things do you think of as “dental problem or injury?”

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19. In the last 12 months, when your child needed care right away for a dental problem or injury, how often did your child get care as soon as you wanted?
   1 □ Never
   2 □ Sometimes
   3 □ Usually
   4 □ Always

How many times in the last 12 months did your child need care for a problem or injury?

_____________________________
_____________________________

20. In the last 12 months, how many times did your child go to an emergency room for dental care?
   0 □ None
   □ Number of times (Write in)

21. In the last 12 months, how many times did your child go to a dentist’s office or dental clinic?
   □ None ➔ Go to Question 36
   1 □ 1
   2 □ 2
   3 □ 3
   4 □ 4
   5 □ 5 to 9
   6 □ 10 or more
Other than a dentist, who else provides dental care for your child during a visit? (What do you call that person? What does he/she do?)

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_____________________________
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22. In the last 12 months, how much of a problem, if any, was it to get dental care for your child that you or a dentist believed necessary?

1 □ A big problem
2 □ A small problem
3 □ Not a problem

In the last 12 months, how much difficulty did you have getting dental care for your child that you or a dentist believed necessary?

A lot
A little
None at all

What kinds of problems or difficulty getting care did you have? (IF HAD A PROBLEM OR HAD ANY DIFFICULTY: Would you describe what happened as a problem or as a difficulty?)

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_____________________________
_____________________________
_____________________________

23. In the last 12 months, how much of a problem, if any, were delays in your child’s dental care while you waited for approval from your child’s dental plan?

1 □ A big problem
2 □ A small problem
3 □ Not a problem

In the last 12 months, how much difficulty did you have with delays in your child’s dental care while you waited for approval from his/her dental plan?

A lot
A little
None at all

What kinds of problems or difficulty getting approval did you have? (IF HAD A PROBLEM OR HAD ANY DIFFICULTY: Would you describe what happened as a problem or as a difficulty?)

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24. In the last 12 months, how often did your child wait in the dentist’s office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

1 □ Never
2 □ Sometimes
3 □ Usually
4 □ Always
25. In the last 12 months, how often did office staff at your child’s dentist’s office or dental clinic treat you and your child with **courtesy and respect**?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

26. In the last 12 months, how often were office staff at your child’s dentist’s office or dental clinic as **helpful** as you thought they should be?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

27. In the last 12 months, how often did your child’s dentists or other dental providers listen **carefully to you**?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

28. In the past 12 months, how often did you have a hard time speaking with or understanding your child’s dentists or other dental providers because you spoke different languages?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

29. In the last 12 months, how often did your child’s dentists or other dental providers explain things in a way you could understand?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

30. In the last 12 months, how often did your child’s dentists or other dental providers show respect for what you had to say?

   1. Never
   2. Sometimes
   3. Usually
   4. Always

31. Is your child old enough to talk with dentists about his/her dental care?

   1. Yes
   2. No ➔ Go to Question 34

32. In the last 12 months, how often did your child have a hard time speaking with or understanding his/her dentists or other dental providers because they spoke different languages?

   1. Never
   2. Sometimes
   3. Usually
   4. Always
33. In the last 12 months, how often did dentists or other dental providers explain things in a way your child could understand?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

34. In the last 12 months, how often did dentists or other dental providers spend enough time with your child?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

34A. In the last 12 months, how often were you in the room with your child while the dentist examined his/her teeth, or gave treatment (like filling a cavity)?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

34B. In the last 12 months, how often did you want to be in the room with your child while the dentist examined his/her teeth, or gave treatment (like filling a cavity)?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

IF ANSWERS TO 34A AND 34B INDICATED PARENT WANTED TO BE IN THE ROOM BUT WASN'T ALWAYS ABLE TO, ASK: Are you OK with not being in the room with your child during a dental visit? (Does it create any problems for you?)

35. We want to know your rating of all your child’s dental care in the last 12 months from all dentists and other dental providers. Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate all your child’s dental care?
   1. 0  Worst dental care possible
   2. 1
   3. 2
   4. 3
   5. 4
   6. 5
   7. 6
   8. 7
   9. 8
   10. 9

How did you decide on (NUMBER)?

   ____________________________________________
Who do you think of as “dental providers?”

36. In the last 12 months, did your child have any mouth, gum, or tooth pain?

1. Yes  
2. No  ➔ Go to Question 38

37. When your child had pain, were you able to get dental care as soon as you wanted?

1. Yes  
2. No

38. Has your child’s dentist or another dental provider ever given you advice on what to do if your child has mouth, gum, or tooth pain?

1. Yes  
2. No

What kind of advice did you get? Was that advice helpful to you?

39. My child’s dentist should do more to reduce pain.

1. Strongly Agree  
2. Agree  
3. Not sure  
4. Disagree  
5. Strongly Disagree

40. My child is not concerned about feeling pain when he/she goes for dental care

1. Strongly Agree  
2. Agree  
3. Not sure  
4. Disagree  
5. Strongly Disagree

41. In the past 12 months, did your child visit a dentist or other dental provider for a check-up?

1. Yes  
2. No  ➔ Go To Question 43
42. Did your child get an appointment for that visit for a dental check-up as soon as you wanted?

1 ☐ Yes
2 ☐ No

43. Some states pay dental plans to care for people covered by Medi-Cal. With these dental plans, you may have to choose your child’s dentist from the plan list or take your child to a dental clinic or dental center on the plan list.

Is your child covered by a dental plan like this?

1 ☐ Yes
2 ☐ No ➔ Go to Question 50

44. What is the name of your child’s dental plan? (Write in)

__________________________

1 ☐ I am not sure of the plan name

45. Is this the dental plan you use for all or most of your child’s dental care?

1 ☐ Yes
2 ☐ No

46. How many months or years in a row has your child been in this dental plan?

1 ☐ Less than 6 months
2 ☐ 6 up to 12 months
3 ☐ 1 to 2 years
4 ☐ More than 2 years, but less than 5 years
5 ☐ 5 or more years

47. Did you choose your child’s dental plan or were you told which plan your child was in?

1 ☐ I chose my child’s plan.
2 ☐ I was told which plan my child was in.

48. You can get information about your child’s dental plan services in writing, by telephone, or in-person. Did you get any information about your child’s dental plan before you signed him/her up for it?

1 ☐ Yes
2 ☐ No ➔ Go to Question 50

49. How much of the information you were given before you signed your child up for the plan was correct?

1 ☐ All of it
2 ☐ Most of it
3 ☐ Some of it
4 ☐ None of it
50. In the last 12 months, did you look for any information in written materials from your child’s dental plan?

1□ Yes
2□ No  ➔ Go to Question 52

51. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

1□ A big problem
2□ A small problem
3□ Not a problem

How much difficulty did you have finding or understanding information in the written materials?

A lot
A little
None at all

53. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child’s dental plan’s customer service?

1□ A big problem
2□ A small problem
3□ Not a problem

How much difficulty did you have getting the help you needed from customer service?

A lot
A little
None at all

52. In the last 12 months, did you call the dental plan’s customer service to get information or help for your child?

1□ Yes
2□ No  ➔ Go to Question 54

54. In the last 12 months, did you have to fill out any paperwork for your child’s dental plan?

1□ Yes
2□ No  ➔ Go to Question 56

55. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child’s dental plan?

1□ A big problem
2□ A small problem
3□ Not a problem
56. We want to know your rating of all your experience with your child’s dental plan.
Use any number from 0 to 10 where 0 is the worst dental plan possible, and 10 is the best dental plan possible. How would you rate your child’s dental plan now?

- 0  Worst dental plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10  Best dental plan possible

How did you decide on (NUMBER)?____
________________________________
________________________________

57. In the last 12 months, did your child need any special dental appliances like a retainer, braces, or headgear?

- 1  Yes
- 2  No  Go to Question 59

58. In the last 12 months, how much of a problem, if any, was it to get the special dental appliances your child needed through your child’s health plan?

- 1  A big problem
- 2  A small problem
- 3  Not a problem

How much difficulty did you have getting the special dental appliances your child needed?

- A lot
- A little
- None at all

ABOUT YOUR CHILD AND YOU

59. In general, how would you rate your child’s overall dental health now?

- 1  Excellent
- 2  Very Good
- 3  Good
- 4  Fair
- 5  Poor

ASK: How did you decide on (ANSWER)?________
________________________________
________________________________

________________________________
60. Does your child have any kind of emotional, developmental, or behavior problems that affect his/her ability to get routine dental care?

1 □ Yes
2 □ No

61. What is your child’s age now?

0 □ Less than one year old

________ YEARS OLD (Write in)

62. Is your child male or female?

1 □ Male
2 □ Female

63. Is your child of Hispanic or Latino origin or descent?

1 □ Hispanic or Latino
2 □ Not Hispanic or Latino

64. What is your child’s race? Please mark one or more.

1 □ White
2 □ Black or African-American
3 □ Asian
4 □ Native Hawaiian or other Pacific Islander
5 □ American Indian or Alaska Native

65. What is your age now?

1 □ 18 to 24
2 □ 25 to 34
3 □ 35 to 44
4 □ 45 to 54
5 □ 55 to 64
6 □ 65 to 74
7 □ 75 or older

66. Are you male or female?

1 □ Male
2 □ Female

67. What is the highest grade or level of school that you have completed?

1 □ 8th grade or less
2 □ Some high school, but did not graduate
3 □ High school graduate or GED
4 □ Some college or 2-year degree
5 □ 4-year college graduate
6 □ More than 4-year college degree

68. How are you related to the child?

1 □ Mother or father
2 □ Grandparent
3 □ Aunt or uncle
4 □ Older brother or sister
5 □ Other relative
6 □ Legal guardian

69. Are you listed as the child’s payee or guardian on Medi-Cal records?

1 □ Yes
2 □ No
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<th>Did we leave out anything about your child's dental care that you think we should know?</th>
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<th>What kinds of problems have you had in trying to get the dental care your child needs?</th>
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