

Parental Information Needs Assessment Tool



USE THIS HANDOUT TO ASSESS PARENTS' NEEDS FOR CHILDREN'S TOOTH DECAY PREVENTION INFORMATION.

FACTORS	YES	NO
Access and use of dentists and dental clinics		
Do you have a dentist you regularly visit for cleanings and checkups?		
*Does your child have a dentist he or she sees regularly for cleanings and checkups?		
Does your child have dental insurance?		
<i>If parents respond "NO" to at least one question, provide information to connect parents to a local dental clinic/provider, including contact information to reach the clinic/provider and information about dental health insurance or method of payment. See Handouts 3.1, 3.4, and 3.6.</i>		
Dental health problems**		
*Have you had a cavity in the last year?		
*Does your child complain of tooth pain?		
*Have you noticed white or brown spots on your child's teeth?		
*Has your child been diagnosed with cavities?		
*Does your child have dental fillings?		
<i>these factors place a child at high risk for tooth decay. If parents respond "YES" to at least one question, provide information to connect parents to a local dental clinic/provider, including contact information to reach the clinic/provider and information about dental health insurance or method of payment. See Handouts 3.1, 3.4, and 3.6..</i>		
Dental health habits		
Does your child have his or her own toothbrush?		
Do you brush your child's teeth twice a day?		
Does your child brush with fluoridated toothpaste?		
Do you floss your child's teeth twice a day?		
Do you brush and floss with your child?		
<i>If parents respond "NO" to at least one question, provide information about brushing and flossing. See Handouts 2.3 and 2.4 and refer parents to the brushing and flossing instructional videos on the Dientes Fuertes, Vida Sana program website (www.dientesfuertes.com/videos).</i>		

HANDOUT 5.2



FACTORS	YES	NO
Nutrition		
Does your child use a baby bottle or sippy cup?		
*If child uses a baby bottle or sippy cup, does your child fall asleep with the bottle filled with juice, milk, or other sugary beverages?		
Does your child use a pacifier?		
Does your child drink tap water?		
*Does your child have more than three sugary snacks and beverages throughout the day?		
If parents respond "YES" to at least one question, provide information about nutrition for healthy teeth. See Handouts 2.1 and 2.2.		

*Factors marked with an asterisk indicate high risk for DEVELOPING tooth decay. **Highlighted responses** indicate factors that PROTECT against tooth decay.

**If parents report that their child has facial swelling, pain, and fever, the child may have an infection that requires urgent dental care. Other dental problems that may require urgent care include a cracked or broken tooth and getting a tooth knocked out. If you encounter these issues, encourage parents to call their child's dental provider, or if they do not have one, connect parents to a dental provider or urgent care clinic. If a parent believes that a dental problem may cause death or permanent damage, the parent should call 9-1-1 or take the child to the emergency room. Examples of conditions that may require an emergency room visit include severe injury to the face, including a broken jaw or serious cuts to the face and mouth, bleeding that won't stop, and difficulties breathing or swallowing.