Appendix E

Consumer Survey

We are hoping to increase the availability of dental care in New Hampshire. We need your help to make sure we understand your needs. This survey should take less than 5 minutes to complete. Thanks for your help!

1. **Are you able to receive the dental care you and your family need?**

   Yes No

2. **If yes, where do you and/or your family get dental care? (check as many as apply)**
   a. Private dentist's office
   b. Community Health Center
   c. Community or hospital dental clinic
   d. School-based clinic or program
   e. Other:_____

3. **If no, what are the reasons you are not able to receive care? (check as many as apply)**
   a. I am unable to pay for care
   b. I can't find a dentist who offers a payment plan
   c. I can't find a dentist who will take Medicaid
   d. There is no dentist nearby
   e. I can't find a dentist with office hours that are convenient
   f. I can't find a dentist who will treat young children
   g. I can't find a dentist who will treat a patient with disabilities
   h. I need the services of an interpreter
   i. Other reasons:_____

4. **In the past year have you or a family member gone to an emergency room for a dental problem?**

   Yes No

5. **Where do you and your family usually receive other health care? (check as many as apply)**
   a. Primary care physician's office
   b. Community Health Center
   c. Emergency Room
   d. Walk-in Clinic
   e. School-based clinic
   f. Other:_____

6. **Where do you live? (Please enter your zip code)** _____

Thanks again for your help.