

Dear Parent/Guardian,

As a department we are looking for ways to help children with Autism Spectrum Disorder visit the dentist and for this to be as friendly and relaxed as possible.

It would be really helpful if you could complete this short questionnaire to help us develop our service.

This questionnaire will ask you to provide feedback on:

- How well we were able to prepare you and your child for their upcoming dental visit
- What you think we do well/what could be improved
- Suggestions on where we might develop our service to improve it.

**Once completed could you please bring the questionnaire to your appointment or send a copy/photo of your completed questionnaire to the following email address:**

**[Jill.phillips@ggc.scot.nhs.uk](mailto:Jill.phillips@ggc.scot.nhs.uk)**

**Kind regards,**

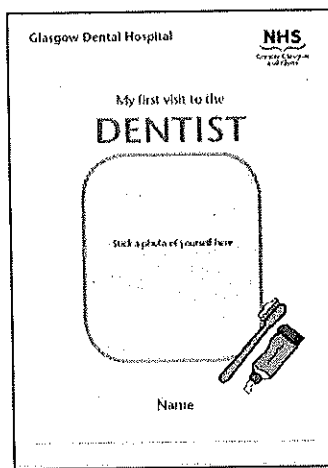
**Jill Phillips  
Post CCST Trainee  
Paediatric Dentistry**

Q1: What is your relationship to the child booked for an appointment to see us?	
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Q2: Does this child attend a mainstream school or a special educational needs (SEN) school?	
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Q3: Where has your child's appointment been arranged?	
a) Glasgow Dental Hospital	
b) The Royal Hospital for Children	
c) Virtual appointment via attend anywhere	

Q4:	Yes	No	Not Sure
a) Did you receive a social story (similar to that illustrated below) with your appointment letter? If No please continue to Q5.			
b) Did you /do you plan to use this resource?			
c) Do you think it is helpful?			
d) Is there anything which should be changed or added to this story? If Yes please make suggestions in the box below.			



Q5:	Yes	No	Not sure
a) Did you receive a new patient questionnaire (similar to that illustrated below) with your appointment letter? If No please continue to question 6.			
b) Did you/ do you plan to complete this questionnaire?			
c) Do you think this is helpful?			
d) Did you/do you plan to contact our departmental secretary before your child's visit as detailed on page 2 of the questionnaire?			
e) Is there anything which should be changed or added to this questionnaire? If Yes please make suggestions in the box below.			

New Patient Questionnaire Paediatric Dental Clinic	NHS Glasgow Dental Hospital
<p>Dear Parent or Guardian,</p> <p>Your child has an appointment to see the Children's Dentist at the paediatric dental clinic. As it is their first visit to this clinic, it would be very helpful if you could provide us with information so that we can make the visit as friendly and relaxed as possible.</p> <p>At this visit, we will not be carrying out any actual dental treatment but we will spend some time getting to know your child and deciding on future dental care.</p> <p>You are also welcome to bring with you any toy, comforter or music that would help your child feel more settled in a new situation.</p> <p>Please list any specific sounds, tastes, sights or sensations that your child is sensitive to:</p> <p>Do you use communication aids e.g. Makatop, PEC's, Sentence Boards or Gestures?</p> <p>(Please feel welcome to bring them with you).</p> <p>Are there any symbols or signs that we can have available to assist with communication?</p> <p>Are there any useful phrases or words that work best with your child?</p> <p>Does your child have any special dietary requirements? What are they?</p> <p>What sort of reward or (treats) do you use with your child at home?</p> <p>Please list any specific behavioural challenges that you would like the dental team to be aware of.</p> <p>Is your child toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Nearly <input type="checkbox"/> (please tick)</p> <p>What does your child like and dislike?</p>	

<p>Do you have any problems with toothbrushing?</p> <p>If they have been to a dentist before, what happened at that visit?</p> <p>Can your child sit on the dental chair? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Can your child sit on the dental chair while it moves? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Can they have the dental light shone on their mouth? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have they managed fluoride varnish (Child smile) before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any specific dental likes or dislikes?</p> <p>Please feel free to help us with any further information which may help us care for your child.</p> <p>Please bring along this completed questionnaire to your first appointment, and a member of our team will collect it.</p> <p>Please also find enclosed a copy of 'My First Visit to the Dentist' if you are attending Royal Hospital for Children which you can use at home to help prepare your child for the appointment.</p> <p>If you wish to contact the clinic before the appointment to discuss any other matters, or pay us a visit beforehand, please feel free to do so. Our Departmental Secretaries' contact details are:</p> <p>Royal Hospital for Children: 0141 451 6555 Glasgow Dental Hospital: 0141 211 9797</p>	
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Q6:	YES	NO	Not Sure
a) Do you feel you were provided with enough information to prepare <b>you</b> for your child's upcoming appointment?			
b) Do you feel that you were provided with enough information <b>to ensure your child</b> was adequately prepared for their dental appointment?			
c) Do you feel there was sufficient opportunity/information to enable you to ask any questions you might have <b>prior</b> to attending the appointment?			
Please add any additional information in the box below:			

**Q7: Which of the following would you have found helpful to prepare you and your child for their first dental visit:**

	Yes	No	Not sure
Details of a member of your child's dental team who you could contact to answer any questions you had regarding the upcoming visit?			
An opportunity for you to discuss and plan your child's upcoming dental appointment with us over the telephone?			
A mirror and gloves for you to practice being at the dentist with your child prior to their appointment?			
An opportunity for you to visit the dental department with your child to look around before their appointment?			
An opportunity for you to visit the dental department alone to look around before your child's appointment?			

**Q8:** The appointment your child has received may be to visit us in person on one of our clinics (Glasgow Dental Hospital/Royal Hospital for children) or for a video call via attend anywhere.

Attend anywhere video call clinics allow us to hold the initial appointment without the need for you to leave your home. It may be that following the initial video call however, we still need to see your child in person to examine their mouth or take x-rays. We would hope the video call might help make any required clinic visit run smoother – allowing you, your child and the dental team a chance to meet and an opportunity to ask any questions before attending the clinic and allow us to collect information about your child in advance making the clinic appointment a bit quicker.

We realise this option may not be a preference for all patients however and we are interested in your opinion on the different appointment options.

	Yes	No	Not sure
Were you given a choice of attending your child's first appointment in person or via a video call?			
Do you think a video call(s) was/ would be helpful prior to arranging an appointment in person if needed?			
Do you have access to an electronic device with internet access which did/would enable you to 'attend' a video call clinic?			

**Do you have any other suggestions as to how we can further develop our service to help meet the needs of your child?**