

2016 WIC Dental Questionnaire

1. Your Age in Years _____ **2. Number of Weeks Pregnant** _____ **3. Do you have Medicaid?** ____ Yes ____ No

4. Of the following, which best describes your race/ethnicity? Choose only one.

_____ White _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Multi-racial
_____ Hispanic/Latino _____ Native Hawaiian/ Pacific Islander _____ Don't Know/Not Sure/Unknown

5. How often during the last year have you had painful aching anywhere in your mouth?

_____ Very often _____ Occasionally _____ Hardly ever _____ Never

6. During the past year have you gone to an emergency room for a mouth related problem or pain?

_____ Yes _____ No _____ Don't Know/Unsure

7. How long has it been since you last visited a dentist (include all types of dental providers, free clinics, etc.)?

_____ Within the last year _____ 1-2 years ago _____ 3-5 years ago _____ 5+ years ago

8. In the 12 months before you got pregnant, did you have dental insurance that covered routine dental care?

_____ Yes _____ No _____ Don't Know/Unsure

9. These questions are about care of your teeth during your current pregnancy.

a. During your pregnancy, have you had your teeth cleaned by a dentist or dental hygienist?

_____ Yes _____ No _____ Don't Know/Unsure

b. I know it is important to care for my teeth and gums during pregnancy.

_____ Yes _____ No _____ Don't Know/Unsure

c. Have you had a dental or other health care worker talk with you about how to care for your teeth and gums?

_____ Yes _____ No _____ Don't Know/Unsure

d. I know I have insurance to cover dental care during my pregnancy.

_____ Yes _____ No _____ Don't Know/Unsure

e. I need to see a dentist for a **problem**.

_____ Yes _____ No _____ Don't Know/Unsure

f. I have gone to a dentist or dental clinic about a **problem during my pregnancy**.

_____ Yes _____ No _____ Don't Know/Unsure

9. Did any of the following things make it hard for you to go to a dentist or dental clinic during your current pregnancy?

a. I could not find a dentist or dental clinic that would take pregnant patients.

_____ Yes _____ No _____ Don't Know/Unsure

b. I could not find a dentist or dental clinic that would take Medicaid (or FAMIS/FAMIS MOMS) patients.

_____ Yes _____ No _____ Don't Know/Unsure

c. I did not think it was safe to go to the dentist during pregnancy.

_____ Yes _____ No _____ Don't Know/Unsure

d. I could not afford to go to the dentist or dental clinic during pregnancy.

_____ Yes _____ No _____ Don't Know/Unsure

10. Did you know before your visit today, if enrolled in Medicaid, you have dental insurance while pregnant?

_____ Yes _____ No _____ Don't Know/Unsure

Yes, I want to receive a free dental screening. Signed _____ **Date** _____

(You must be at least 18 Years old to participate)

2016 WIC BASIC SCREENING SURVEY FORM

WIC Site Name <hr style="border: 0; border-top: 1px solid black;"/>	Screen Date <hr style="border: 0; border-top: 1px solid black;"/> / <hr style="border: 0; border-top: 1px solid black;"/> / <u>2016</u>	Examiner ID Number <hr style="border: 0; border-top: 1px solid black;"/>
---	---	--

UNT D	TRE D	D EXP
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
PERIO	URG	
<input type="checkbox"/> 0	<input type="checkbox"/> 0	
<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	<input type="checkbox"/> 2	

PLEASE DO NOT WRITE ON THIS PAGE

FOR EXAMINER USE ONLY