

Oral Health and Wellness Program Student Satisfaction Survey

Thank you for keeping your oral health and wellness appointment. Please take a few moments to evaluate your visit.

Check *yes* or *no* for the following statements.

YES	NO	STATEMENT
		The oral health and wellness team made me feel welcome when I checked in.
		I did not have to wait long to be treated.
		The oral health and wellness team members were friendly and helpful.
		The oral health and wellness team members care whether or not I keep my appointments.
		I felt comfortable asking questions.
		My questions were answered.
		I understand what was done to my mouth today.
		I know when the oral health and wellness team wants to see me again.
		I know what will be done during my next visit.
		I know what I am supposed to do at home or in my dorm to have a healthy mouth.
		I know what oral health and wellness means.
		I am glad I visited the dental suite today.
		I can explain how oral health and wellness can help me get and keep a job.

Constructive suggestions:

Thank you for taking the time to complete this survey.

**JOB CORPS
Oral Health and Wellness Program Survey**

Please take a few minutes and fill out this short survey to help us evaluate the quality of your Job Corps oral health and wellness program. Thank you.

1. How long have you been on center? _____

2. Do you know what "oral health and wellness" means?

YES **NO** **(circle one)**

3. Have you ever visited the wellness center for oral health and wellness care?

YES **NO** **(circle one)**

If yes, circle the services you received.

Oral Exam	Filling	Tooth Pulled Out	Teeth Cleaning	Oral Health Education	Other
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4. If you had a problem with your teeth or gums or mouth in general, would you make an appointment to see the dentist on center?

YES **NO** **(circle one)**

5. Has any member of the oral health and wellness team told you how a healthy mouth can help you get and keep a job?

YES **NO** **(circle one)**

6. Do you know what you can do to prevent problems in your mouth?

YES **NO** **(circle one)**

7. Do you have any problems in your mouth?

YES **NO** **(circle one)**

8. Do you like to smile?

YES **NO** **(circle one)**

9. Do you know how to make an appointment for oral health and wellness care?

YES **NO** **(circle one)**