

Teen Dental Health Survey

The purpose of this survey is to assess the quality and effectiveness of the Teen Dental Health Curriculum.

Lesson Title: Good Oral Health Date: ___/___/___ Age: _____
 Education Level (circle): Junior High/High School/Other
 Status (circle): Student/Educator/Other

Please circle the best corresponding number

| Having reviewed the material... | | Least Likely | | | Very Likely | | |
|--------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-------------|---|-----|
| 1 | I will brush and floss more often. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2 | I will recommend the lesson to others. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3 | I will educate others on the oral health issue. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4 | I found the activities useful. Please list: _____ | 1 | 2 | 3 | 4 | 5 | N/A |
| 5 | I found the pre/post test helpful. | 1 | 2 | 3 | 4 | 5 | N/A |
| Organization and Format | | Poor | | | Excellent | | |
| 6 | Overall lesson information (i.e. use of percents to explain main points). | 1 | 2 | 3 | 4 | 5 | N/A |
| 7 | Layout of the lesson information (i.e. colors and format). | 1 | 2 | 3 | 4 | 5 | N/A |
| 8 | The order of the lesson information. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9 | Graphics were helpful. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10 | Check all the lessons you have seen: | <input type="radio"/> Good Oral Health <input type="radio"/> Nutrition <input type="radio"/> Drug Awareness <input type="radio"/> Eating Disorders <input type="radio"/> Mouth Guards | | | | | |
| We value your comments and/or suggestions | | | | | | | |
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