

Dear Patient/Parent/Carer,

Please complete the feedback sheet below.

Many thanks

How easy was it for you to arrange a Prevention Appointment?

Very Easy

Very Difficult

1

2

3

4

5

Was the information provided easy to understand?

Very Easy

Very Difficult

1

2

3

4

5

Following the Prevention Appointments are you likely to change your eating and drinking habits?

Very Likely

Very Unlikely

1

2

3

4

5

Following the Prevention Appointments are you likely to change your tooth brushing?

Very Likely

Very Unlikely

1

2

3

4

5