

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