

GIVE KIDS A SMILE

EVENT FEEDBACK FORM

Your answers to this questionnaire will provide vital statistics for inclusion in access-to-care data and will help the Florida Dental Association (FDA) publicize the success of your *Give Kids A Smile* (GKAS) event(s). Please fax your completed questionnaire within **two weeks after your GKAS event(s)** to the FDHF offices at 850.681.0116. If you have any questions about this questionnaire, please call the FDHF office, at 800.877.9922, Ext. 7166. Thank you for assistance in this effort.

THE GKAS COORDINATOR SHOULD COMPLETE THIS FORM.

GKAS Coordinator _____

Phone _____

E-mail _____

Affiliate Dental Association _____

1. What population did the GKAS event(s) in your area target?

- Local public school children
- Big Brothers/Big Sisters participants
- Boys and Girls Club participants
- Foster children
- Migrant children
- Other (please specify): _____

2. What **ages** were the children who attended your GKAS event(s)?

Please include the number of children in each group.

Under age 5: _____

Ages 6 to 12: _____

Ages 13 to 18: _____

Ages 19 to 21: _____

All of the above: _____

3. How many **dentists** participated in your GKAS event(s)? _____

4. How many **dental hygienists** participated in your GKAS event(s)? _____

5. How many **dental assistants** participated in your GKAS event(s)? _____

GIVE KIDS A SMILE – EVENT FEEDBACK FORM (CONT.)

6. How many **children** did you serve at your GKAS event(s)?

Extra rows are for recording multiple-site events.

If you need more space, use the empty space at the end of this form.

Date of Event _____ Location of Event _____ Number of children served _____

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7. What **type of dental care** was provided at your GKAS event?

Diagnostic dental care

Preventive dental care

Restorative dental care

8. What is the **estimated value of the dental care provided** during your GKAS event(s)?

Are these values: UCR or Medicaid .

• DIAGNOSTIC CARE Average value per child _____ Total value for event _____

• PREVENTIVE CARE Average value per child _____ Total value for event _____

• RESTORATIVE CARE Average value per child _____ Total value for event _____

GRAND TOTAL _____

9. How many **No-shows** did you encounter? _____

10. Were **follow-up appointments** scheduled with any of the GKAS participants?

Yes No

11. Did you work with the Florida Department of Health Volunteer Health Services Program Coordinator in your area to help you obtain sovereign immunity for GKAS?

Yes No

12. Describe any **difficulties** operating your GKAS event(s)?

13. Are there additional ways in which the FDHF can **assist you** in future GKAS event(s)?
