

# Questionnaire of Evaluation of Parents Belief about How to Care Children During Dental Visits in Iranian Patients

Child name:

Parent's surname:

## SECTION ONE

Demographic information of child		
Age:	Sex:	Birth rank:

Section two: Relation of accompany with the child	
<input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Other
Educational level :	
<input type="checkbox"/> below secondary school diploma	<input type="checkbox"/> secondary school Diploma
<input type="checkbox"/> Higher education	
How was your own experience with dentists?	
<input type="checkbox"/> Had no problem	<input type="checkbox"/> had bad problem <input type="checkbox"/> Intolerable <input type="checkbox"/> Never had a meeting

## SECTION THREE

<p>Parents' attitude regarding to their presence in the practicing room during their child treatment.</p> <p>What is your opinion if dentist want you to leave the practicing room during your child treatment?</p> <p><input type="checkbox"/> I agree with the dentist</p> <p><input type="checkbox"/> I disagree with the dentist</p> <p>What if you do not agree with the dentist?</p> <p><input type="checkbox"/> I want to see dentist's behavior with my child</p> <p><input type="checkbox"/> I want to help the dentist to control my child</p> <p><input type="checkbox"/> I wish to answer dentist's questions</p> <p>What if you agree with the dentist?</p> <p><input type="checkbox"/> Dentist alone will be able to control my child</p> <p><input type="checkbox"/> I did not want to see my child suffering</p> <p><input type="checkbox"/> Without my presence, child would have been treated better</p>
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## SECTION FOUR

Dentist's attitude regarding to parents' presence in the practicing room during their child treatment.

Dear Dr .....

What do you think about the parents' presence in your practicing room?

- I agree with parents' presence
- I disagree with parent's presence