University of Florida College of Dentistry - Treatment Completion Survey

Please take a few moments to share your feedback with the oral health care you received at our college. Thank you!

1. Overall, how satisfied are you with the treatment you received?
2. How do you rate the overall quality of care you received?
3. Appointment scheduling?
4. How your care provider treated your concerns so far?
5. Your understanding of the ways to prevent cavities and gum disease?
6. Have you changed how or how often you brush your teeth since you started treatment with us?
7. Have you changed how or how often you floss your teeth since you started treatment with us?
8. Have you changed the way you eat or drink since you started treatment with us?
9. Have your main dental concerns been addressed?
10. Has your quality of life improved since you started dental treatment with us?
11. How did your care compare to your expectations?  Below expectations  Met expectations  Exceeded expectations
12. Would you like to share any other comments?

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