

Patient Oral Care Survey

HAPPEN Patient Experience Survey

Date: _____ Room Number _____

1. Did the staff remind or assist you in brushing your teeth at least twice a day?
 Yes No
2. Are you satisfied with the oral care assistance you received?
 Yes No

Comments:

3. Were you given the oral care supplies you needed to brush your teeth or care for your dentures?
 Yes No
4. Are you satisfied with the equipment you were given?
 Yes No

Comments:

5. Did staff explain the role of oral care in the prevention of infection?
 Yes No

Comments