Additional File 1

English Version of the Final Questionnaire

Parental Knowledge and Attitudes toward Conscious Sedation in Pediatric Dentistry

Please answer the following questions by selecting the response that best reflects your opinion or experience. All responses will be kept confidential and used solely for research purposes.

1. What is your age?

   … … … … …

2. What is your child's age?

   … … … … …

3. What is your sex?

   … … … … …

4. What is your child's sex?

   … … … … …

5. What is your highest level of education?

   ☐ Primary and secondary school
   ☐ High school
   ☐ University
   ☐ Postgraduate (Master's degree/PhD)

6. Has your child previously undergone any dental treatment?

   ☐ Yes ☐ No

7. Before this visit, where did you obtain information about dental treatment under conscious sedation?

   ☐ Television
   ☐ Internet
   ☐ Television and the Internet
   ☐ Other parents/relatives
   ☐ I had not previously received any information about conscious sedation

8. Has your child previously undergone dental treatment under conscious sedation?

   ☐ Yes ☐ No

9. Does conscious sedation mean that your child will be completely asleep?

   ☐ Yes ☐ No ☐ I don't know

10. Do you think local anesthesia is required during dental treatment under conscious sedation?

    ☐ Yes ☐ No ☐ I don't know

11. Please complete the following statement by selecting the option that best describes you.

    Based on the information I have previously seen in the media...

    ☐ I would be less likely to choose dental treatment under conscious sedation.
    ☐ I would be more likely to choose dental treatment under conscious sedation.
    ☐ My opinion has not changed, or I have not seen any media coverage related to conscious sedation.

12. What is your opinion regarding the safety of conscious sedation?

    ☐ Very safe ☐ Somewhat safe / Unsure
    ☐ Safe ☐ Unsafe

13. Would you accept your child being treated while remaining completely unresponsive throughout the procedure?

    ☐ Yes ☐ No ☐ Not sure

14. Would you accept continuing and completing the dental treatment if your child cries or moves slightly during conscious sedation?

    ☐ Yes ☐ No ☐ Not sure

15. When should your child last eat before undergoing conscious sedation?

    ☐ The night before the procedure.
    ☐ On the morning of the procedure (breakfast is allowed).
    ☐ I don't know.

16. When can your child return to school after conscious sedation?

    ☐ If the procedure is performed in the morning, my child can return to school that afternoon.

    ☐ My child can return to school the following day.

    ☐ I don't know.

17. In your opinion, what are the purposes of conscious sedation?

    (*Please indicate your level of agreement with each of the following statements.*)

Purposes of Conscious Sedation	Strongly Agree	Agree	Disagree
To complete all tooth extractions in a single appointment.	☐	☐	☐
To allow the child to sleep during dental treatment.	☐	☐	☐
To avoid the need for physical restraint while treating a child under conscious sedation.	☐	☐	☐