

DENTAL QUESTIONNAIRE

Correct answers to the following questions will allow us to treat you on a more individual basis, providing the care appropriate for your particular needs. Your answers are for our records only and will be considered CONFIDENTIAL.

1. Yes No Are you having any discomfort at this time?
2. Yes No Have you ever had any serious trouble associated with previous dentistry?
3. Yes No Have you ever been treated for periodontal disease (gum disease, pyorrhea, trench mouth)?
4. Does dental treatment make you nervous? No Slightly Moderately Extremely
5. How often do you brush? _____ Brush is: Soft Medium Hard
6. Date of last dental visit: _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

MOUTH

- Bleeding, sore gums Yes No
- Unpleasant taste/bad breath Yes No
- Burning tongue/lips Yes No
- Frequent blisters, lips/mouth Yes No
- Swelling/lumps in mouth Yes No
- Ortho treatments (braces) Yes No
- Biting cheeks/lips Yes No
- Clicking/popping jaw Yes No
- Difficulty opening or closing jaw Yes No

Do you use the following?

- Brush Yes No
- Fluoride rinse Yes No
- Dental floss Yes No
- Other: _____

These are the things that are important to me about my dental health: _____

What do you fear most about dental care: _____

TEETH

- Loose teeth Yes No
- Sensitive to hot Yes No
- Sensitive to cold Yes No
- Sensitive to sweets Yes No
- Sensitive to biting Yes No
- Food impaction Yes No
- Clenching/grinding Yes No
- If so, when _____
- Shifting in bite Yes No
- Change in bite Yes No

My mouth is: very comfortable
 moderately comfortable
 uncomfortable

I have set goals for my oral health with a previous dentist
 want to set goals now

I think the appearance of my mouth is excellent
 am satisfied with the appearance of my mouth
 am dissatisfied with the appearance of my mouth

I will do anything to keep my natural teeth
 want to keep my teeth but have a certain budget of time and money that I am willing to spend

I have always done the best that was recommended for my dental health
 have not done what dentists have recommended to me
 rarely go, and don't care much about having any dental work completed

I have put dentistry for myself and family high on my priority list
 put dentistry for myself and my family low on my priority list
 place dentistry on my list but it's hard to find

I think my present state of dental health is Excellent Good Fair Poor

Do you have any questions about dentistry and oral health that you have never had adequately answered? _____