Dental Questionnaire

Correct answers to the following questions will allow your dentist to treat you on a more individual basis, providing the care appropriate for your particular needs.

1. Are you having any discomfort at this time? _____ yes _____ no
2. Have you ever had any serious trouble associated with previous dentistry? _____ yes _____no
3. Does dental treatment make you nervous? _____ no _____ slightly _____moderately _____extremely
4. Date of last dental visit? _____
5. Have you ever been treated for periodontal disease (gum disease)? _____ yes _____ no
6. How often do you brush? _____ Brush is: _____ soft _____ medium _____ hard
7. Do you have or have you ever had any of the following:

MOUTH:			TEETH:		
Bleeding, sore gums	_____ yes	_____ no	Loose teeth	_____ yes	_____ no
Unpleasant taste, bad breath	_____ yes	_____ no	Sensitive to hot	_____ yes	_____ no
Burning tongue or lips	_____ yes	_____ no	Sensitive to cold	_____ yes	_____ no
Frequent blisters, mouth or lip	_____ yes	_____ no	Sensitive to sweets	_____ yes	_____ no
Swelling or lumps in mouth	_____ yes	_____ no	Sensitive to biting	_____ yes	_____ no
Orthodontic treatment (braces)	_____ yes	_____ no	Food impaction	_____ yes	_____ no
Biting cheeks or lips	_____ yes	_____ no	Clenching/grinding	_____ yes	_____ no
Clicking or popping jaw	_____ yes	_____ no	If so, when _____		
Difficulty opening or closing jaw	_____ yes	_____ no	Shifting or change in bite	_____ yes	_____ no

8. Do you use the following?

Brush	_____ yes _____ no	Dental Floss	_____ yes _____ no
Fluoride rinse:	_____ yes _____ no	Other_____	_____ yes _____ no

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

What do you fear most about dental care? _____

Circle One:

1. My mouth is
   a) very comfortable
   b) moderately comfortable
   c) uncomfortable
2. I
   a) think the appearance of my mouth is excellent
   b) am satisfied with the appearance of my mouth
   c) am dissatisfied with the appearance of my mouth
3. I
   a) will do anything to keep my natural teeth
   b) want to keep my teeth, but have a certain budget of time and money that I am willing to spend on them
4. I
   a) have set goals for my oral health with a previous dentist
   b) want to set goals concerning my dental health
5. I
   a) have always done the best that was recommended for my dental health
   b) have not done what dentist recommended to me
   c) rarely go, and don't care much about having any dental work completed
6. I
   a) have put dentistry for myself and family high on my priority list
   b) put dentistry for myself and my family low on my priority list
   c) dentistry is on my list but it's hard to find
7. I think my present state of dental health is
   a) excellent
   b) good
   c) poor

What are some questions about dentistry and oral health that you have never had adequately answered?