



CORNERSTONE DENTAL

DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN UNDER 5

A child's dental health is affected by many different things. The three most important to developing teeth are home dental care (brushing, flossing and the use of fluorides), any habits relating to the mouth or teeth, and your child's diet. To help us better evaluate your child's dental health, please answer the following questions:

HABITS

Did/does your child suck his/her thumb or finger? YES NO
Stopped at age ____ Still does ____ Only at night ____

Does your child grind his/her teeth? YES NO

Does your child have any other tooth related habits? YES NO

HOME DENTAL CARE

Does your child brush his/her own teeth? YES NO
How often? ____ times per day ____ times per week

Do you brush your child's teeth? YES NO
How often? ____ times per day ____ times per week

How much toothpaste does your child use? _____
Does he/she swallow it? YES NO

Do you floss your child's teeth? YES NO
How often? ____ times per day ____ times per week

Does/did your child take fluoride drops or tablets? YES NO

If yes age started? ____ Age ended? ____

Has your child ever lived in a fluoridated area? YES NO

If yes, at what age? ____ How long? ____

Has your child received fluoride treatments at a dental office? YES NO

Anything else you would like to add about the care of your child's teeth at home?

DIET

Was/is your child put to bed with a bottle? YES NO

If yes, what was in the bottle? _____

Was/is your child allowed to carry a bottle or cup throughout the day containing something other than plain water? YES NO

Does your child chew gum with sugar in it? YES NO

If yes, how often? ____times per day ____times per week

How many meals per day does your child eat? ____

How many between meal snacks including drinks other than water does your child have on an average day? ____

If your child is using a pacifier, is it ever dipped in honey or other sweet substances?

YES NO

Would you like to make any comments about your child's diet?
