

Dental Questionnaire

 Last First Middle Nickname

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. Your answers are for our records only and will be considered confidential.

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? Yes No
4. Date of last dental visit? _____
5. Have you ever been treated for periodontal disease (gum disease, pyorrhea, trench mouth)? 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

- Bleeding, sore gums Yes No
- Unpleasant taste/bad breath Yes No
- Burning tongue/lips Yes No
- Frequent blister, 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

TEETH

- Loose teeth Yes No
- Sensitive to Hot/Cold/Sweets, Biting Yes No
- Food Impaction Yes No
- Clenching/Grinding Yes No
If so, when _____
- Change in bite Yes No

8. Do you use the following on a regular basis?
- Brush Yes No
- Dental Floss Yes No
- OTHER _____ Yes No

9. Have you ever used tobacco products in any form? Yes No
10. These are the things that are important to me about my dental health: _____

11. What do you fear most about dental care? _____

12. Circle one:

- A. My mouth is
 - a) very comfortable
 - b) moderately comfortable
 - c) uncomfortable
- B. 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.
- C. 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.
- D. I
 - a) have set goals for my oral health with a previous dentist.
 - b) want to set goals concerning my dental health.
- E. I
 - a) have always done the best that was recommended for my dental health.
 - b) have not done what dentists have recommended to me.
 - c) rarely go, and don't care much about having any dental work completed.
- F. I
 - a) have put dentistry for myself and my family on my priority list: Low 1 2 3 4 5 6 7 8 9 10 High scale
- G. I think my present state of dental health is:
 - a) Excellent b) Good c) Poor
- H. Have you ever had a plan for your dentistry?
 - a) Yes b) No

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

Dental History