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. 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? □ No □ Slightly □ Moderately □ Extremely
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
   □ Yes □ No
   Bleeding, sore gums
   Unpleasant taste/bad breath
   Burning tongue/lips
   Frequent blister, lips/mouth
   Swelling/lumps in mouth
   Ortho treatments (braces)
   Biting cheek/lips
   Clicking/popping jaw
   Difficulty opening or closing jaw
   TEETH
   □ Yes □ No
   Loose teeth
   Sensitive to hot
   Sensitive to cold
   Sensitive to sweets
   Sensitive to biting
   Food impaction
   Clenching/grinding
   If so, when
   Shifting in bite
   Change in bite
   Dental floss
   □ Yes □ No
   □ Other ________________
8. Do you use the following?
   Brush □ Yes □ No
   Fluoride rinse □ Yes □ No
9. These are the things that are important to me about my dental health: _____________________________________________________________

10. What do you fear most about dental care?
11. 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 family high on my priority list
      b) put dentistry for myself and family low on my priority list
      c) Dentistry is on my list but it's hard to find
   G. I think my present state of dental health is
      a) Excellent
      b) Good
      c) Poor
12. What are some questions about dentistry and oral health that you have never had adequately answered?

DENTAL HISTORY