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? ❑ 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			TEETH		
Bleeding, sore gums	❑ Yes	❑ No	Loose teeth	❑ Yes	❑ No
Unpleasant taste/bad breath	❑ Yes	❑ No	Sensitive to hot	❑ Yes	❑ No
Burning tongue/lips	❑ Yes	❑ No	Sensitive to cold	❑ Yes	❑ No
Frequent blister, lips/mouth	❑ Yes	❑ No	Sensitive to sweets	❑ Yes	❑ No
Swelling/lumps in mouth	❑ Yes	❑ No	Sensitive to biting	❑ Yes	❑ No
Ortho treatments (braces)	❑ Yes	❑ No	Food impaction	❑ Yes	❑ No
Biting cheeks/lips	❑ Yes	❑ No	Clenching/grinding	❑ Yes	❑ No
Clicking/popping jaw	❑ Yes	❑ No	If so, when_____		
Difficulty opening or closing jaw	❑ Yes	❑ No	Shifting in bite	❑ Yes	❑ No
			Change in bite	❑ Yes	❑ No

8. Do you use the following?

Brush	❑ Yes	❑ No	Dental floss	❑ Yes	❑ No
Fluoride rinse	❑ Yes	❑ No	❑ Other_____		

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 my 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