

VILLAGE DENTAL CARE : DENTAL HEALTH

When was your last dental visit?How often did you see the dentist?

Are you having any dental problems that require immediate attention?.....

Do any of the following cause tooth discomfort? Hot Cold Sweet Chewing

How often do you brush your teeth? Floss? Medicated Rinse?

Do your gums bleed while cleaning? Do your gums feel tender or swollen?.....

Have you had periodontal gum treatment before? Details?.....

Do you clench or grind your teeth ? Do your jaws ever feel tired, or ache? Click or pop?.....

Can you chew on both sides of your mouth?..... Comfortable?

Do you have frequent headaches? Earaches? Neck or Shoulder pain?

Have you had orthodontic treatment (braces)?

Do you usually have many cavities? Do you lose or break fillings?.....

Do you have any loose teeth? Cracked or broken teeth?

Do you have noticeable wear on your teeth? Food traps?

Do you have any missing teeth? Have they been replaced?

If so, how? Fixed Bridge Removable partial Full denture Dental Implant

Are you comfortable with the replacements?

Have you ever had an unpleasant dental experience?

CIRCLE CORRECT ANSWERS

1. My mouth is A. very comfortable
 B. moderately comfortable recommended
 for my dental health
 C. Uncomfortable

2. I A. think the appearance of my mouth
 is great
 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 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. have never set goals concerning my
 dental health
 C. want to set goals concerning my
 dental health

5. I have A. always done the best that was
 recommended
 B. have not done what dentists have
 recommended
 C. rarely go, don't care much

6. I have A. put dentistry for myself and my family
 high on my priority list
 B. put dentistry for myself and my family
 low on my priority list
 C. its on my list, but hard to find time/money

7. I think my present state of dental health is:
 A. Excellent
 B. Good
 C. Poor

8. I would like a mouth with:
 A. Excellent health
 B. Good health
 C. Poor health

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

