Dental Health Questionnaire **Name:** **Date:**

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 your teeth? _____

Use a medicated Rinse? _____

Do your gums bleed while cleaning? ☐ Yes ☐ No

Do your gums feel tender or swollen? ☐ Yes ☐ No

Have you had periodontal gum treatment before? ☐ Yes ☐ No

If yes, please provide details: _____

_____

Do you clench or grind your teeth? ☐ Yes ☐ No

Does your jaw ever feel tired, or ache? ☐ Yes ☐ No

Does your jaw ever click or pop? ☐ Yes ☐ No

Can you chew on both sides of your mouth? ☐ Yes ☐ No

If so, is it comfortable? ☐ Yes ☐ No

Have you had orthodontic treatment (braces)? ☐ Yes ☐ No

If yes, please provide details: _____

Do you usually have many cavities? ☐ Yes ☐ No

Do you tend to lose or break fillings? ☐ Yes ☐ No

Do you have any of the following:

☐ Frequent headaches

☐ Frequent earaches

☐ Frequent neck or shoulder pain

☐ Any loose teeth

☐ Cracked or broken teeth

☐ Noticeable wear on your teeth

☐ Food traps

☐ Missing teeth

If yes, have they been replaced? ☐ Yes ☐ No

How have they been replaced? ☐ Fixed Bridge

☐ Removable partial

☐ Full denture

☐ Dental Implant

Are you comfortable with the replacements? ☐ Yes ☐ No

If no, please provide details: _____

_____

If you have ever had an unpleasant dental experience, why was this? _____

_____

Tick Answers That Most Apply To You:

1. ☐ My mouth is very comfortable
   ☐ My mouth is moderately comfortable
   ☐ My mouth is uncomfortable

2. ☐ I think the appearance of my mouth is great
   ☐ I am satisfied with the appearance of my mouth
   ☐ I am dissatisfied with the appearance of my mouth

3. ☐ I will do anything to keep my natural teeth
   ☐ I want to keep my teeth, provided it's with a certain budget and / or timeframe

4. ☐ I have set goals for my oral health with a previous dentist
   ☐ I have never set goals concerning my dental health
   ☐ I want to set goals concerning my dental health

5. ☐ I have always done the best treatment recommended to me by a dentist
   ☐ I have not done treatments recommended to me by a dentist
   ☐ I rarely go to the dentist, and don't care to go very much

6. ☐ I have set dentistry for myself and my family as a high priority
   ☐ I have set dentistry for myself and my family as a low priority
   ☐ Dentistry for myself and my family is on my list, but it's hard to find the time or money

7. I think my current state of dental health is:
   ☐ Excellent
   ☐ Good
   ☐ Poor

8. I would like a mouth with
   ☐ Excellent health
   ☐ Good health

9. Are there any questions about dentistry that you have never had adequately answered? (Please list them here)