Dental Questionnaire

Name_____ Date_____

Correct answers to the following questions will allow Dr. Vetter 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. Name of last Dentist _____ Date of last dental visit? _____
5. Have you ever been treated for periodontal/gum disease? ___YES ___ NO
6. How often do you brush?_____ The 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 blisters, 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

8. Do you use the following?

Electric toothbrush	___YES ___ NO	Floss	___YES ___ NO
Fluoride rinse	___YES ___ NO	Other	_____

These are things that are important to me about my dental health:

_____

_____

What do you fear most about dental care?_____

Circle One:

1. My mouth is
   A.) very comfortable.
   B.) moderately comfortable.
   C.) uncomfortable.

2. I (I am)
   A.) think the appearance of my mouth is excellent.
   B.) satisfied with the appearance of my mouth.
   C.) 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 a certain budget of time and money I am willing to spend on them.
   C.) don't care whether I keep my teeth or not.

4. I
   A.) have set goals for my oral health with a previous dentist.
   B.) want to set goals concerning my dental health.
   C.) never set goals concerning my dental health.

5. I
   A.) have always done the best that was recommended for my dental health.
   B.) have not done what dentists have recommended for my mouth.
   C.) rarely go, and don't care much about having my dental work completed.

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.) it's on my list but hard to find.

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

8. I aspire to a mouth with
   A.) excellent health
   B.) good health
   C.) poor health

9. What is/are your primary concerns?

_____
_____
_____
_____
_____
_____