

Dental Questionnaire

Name _____
 Last First Middle Nickname

Correct answers to the following questions will allow your orthodontist 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. General dentist name _____ Date of last visit _____
5. Have you ever been treated for periodontal disease (gum disease, pyorrhea, trench mouth)?
yes no
6. Have you ever had an orthodontic consultation or treatment before? yes no
7. How often do you brush? _____ Brush is: soft medium hard
8. Have you had any injury to the face, mouth, or teeth? yes no
9. Have you ever sucked your thumb or fingers? Until what age? _____
10. Do you grind or clench your teeth during the day or night? yes no
11. Do you have any speech difficulty? yes no
12. Do you have any difficulty chewing? yes no
13. Are your teeth difficult to clean? yes no
14. Are you aware of any gum or bone problem around your teeth? yes no
15. Have you experienced any pain or noise from jaw joint? yes no
16. Can you open your mouth wide and move jaw normally? yes no
17. Have you ever experienced locked jaw, closed or open, in the past? yes no
18. Are you concerned about the appearance of your teeth? yes no
19. Do you use the following?
 Brush yes no Dental Floss yes no
 Fluoride rinse yes no Other _____

20. These are the things that are important to me about my dental health: _____

21. What do you fear most about dental care? _____

22. Circle one:
- | | | | |
|----------------|--|---|--|
| a. My mouth is | a) comfortable | e. I | a) have always done what was recommended for my oral health |
| | b) moderately comfortable | | b) have not done what was recommended for my oral health |
| | c) uncomfortable | | c) rarely go, and don't care about |
| b. I | a) think the appearance of my mouth is excellent | f. I | a) have put dentistry for self and family high on my priority list |
| | b) am satisfied with the appearance of my mouth | | b) have put dentistry for self and family low on my priority list |
| | c) am dissatisfied with the appearance of my mouth | | c) dentistry is on my list, but it's hard to find |
| c. I | a) will do anything to keep my natural teeth | g. I think my present state of dental health is | a) excellent |
| | b) want to keep my teeth, but have a certain budget to work with | | b) good |
| d. I | a) have set goals for my oral health with my dentist | | c) poor |
| | b) want to set goals for my oral health | | |

23. What are some questions about dentistry and oral health that you have never had adequately answered? _____

