

# DENTAL QUESTIONNAIRE

Date \_\_\_\_\_

Name \_\_\_\_\_

Answers to the following questions will allow Dr. Hsu to treat you on a more individual basis, providing the care appropriate for your particular needs. Answers are for our records, only, and are 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?  Yes  No
4. Date of last dental visit? \_\_\_\_\_
5. Have you ever been treated for periodontal disease (gum disease)?  Yes  No
6. How often do you brush? \_\_\_\_\_ Brush is (circle one): Soft Medium Hard
7. Do you have or have you had any of the following?

**MOUTH:**

- Bleeding, sore gums.....  Yes  No
- Unpleasant taste / bad breath.....  Yes  No
- Burning tongue / lips.....  Yes  No
- Frequent blister, lips / mouth.....  Yes  No
- Swelling / lumps in mouth.....  Yes  No
- Ortho treatment (braces).....  Yes  No
- Biting cheeks / lips.....  Yes  No
- Clicking / popping jaw.....  Yes  No
- ...if so, when shifting in bite?.....  Yes  No
- Difficulty opening or closing jaw....  Yes  No

**TEETH:**

- Loose teeth.....  Yes  No
- Sensitive to hot.....  Yes  No
- Sensitive to cold.....  Yes  No
- Sensitive to sweets.....  Yes  No
- Sensitive to pressure.....  Yes  No
- Food impaction.....  Yes  No
- Clenching / grinding.....  Yes  No
- Change in bite.....  Yes  No

8. Do you use the following?

- Brush.....  Yes  No
- Flouride rinse.....  Yes  No

- Dental floss.....  Yes  No
- Other: \_\_\_\_\_  Yes  No

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

What do you fear most about dental care? \_\_\_\_\_

**Please circle your responses below:**

1. My mouth is: (a) Very comfortable (b) Moderately comfortable (c) Uncomfortable
2. 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
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 that I'm willing to spend  
(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 to me  
(c) rarely go, and don't care much about having any dental work completed
6. I... (a) have 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) have dentistry on my list, but it's 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

What are some questions about dentistry and oral health that you have never had adequately answered before? \_\_\_\_\_