The Terrace Dental Centre Dental Questionnaire

ALL DETAILS ARE STRICTLY CONFIDENTIAL

On the next two questions please circle: 1 being the lowest, 10 being the highest

How important is keeping your teeth? 1 2 3 4 5 6 7 8 9 10
Where would you rate your current dental health? 1 2 3 4 5 6 7 8 9 10

Please indicate with a tick what is true for you:	**YES**	**NO**
Are your teeth sensitive?		
Do your gums bleed when brushing or flossing your teeth?		
Are you worried about your breath?		
Are you happy with your smile?		
Are you happy with the colour and shape of your teeth?		
Would you like to have straighter teeth?		
Do you dislike grey/metal fillings that show in your mouth?		
If you wear a denture, would you like it to fit better?		
If you wear a denture, can you eat all the food groups you want to?		
Can you chew food easily and comfortably?		
Does your jaw or jaw muscles ache sometimes?		
Do you clench or grind your teeth?		
Does your jaw click?		
Are you relaxed about dental treatment?		
Does your mouth feel dry sometimes?		
Would you like some information on how to spread the cost of your treatment		

Is there anything you would like to discuss with us, please list below:

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Completed by: …… Date Completed ……