

## ORAL HEALTH QUESTIONNAIRE

Name .....

### Home Care

- How often do you brush your teeth?  Twice daily  Once Daily  Less often
- What toothbrush do you use?  Manual  Electric
- If electric - what sort?  Braun Oral B  Sonicare  Other
- Do you use fluoride toothpaste?  Yes  No
- Do you floss? Or use interdental brushes?  Yes  No
- If so, how often?  Daily  Weekly  Less often

### Gum disease

- Are you aware you have any gum problems?  Yes  No
- If yes, for how long?
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- Do your gums bleed when you brush them?  Always  Occasionally  Never
- Are they ever tender?  Yes  No
- Or swollen?  Yes  No
- Have you had treatment for gum disease in the past?  Yes  No

If yes, please give details

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Has any member of your family lost teeth at a young age due to periodontal (gum) disease?

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Have you ever seen a dental hygienist before?  Yes  No

If yes, how often did you see your hygienist?

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