



Help us get to know you by checking the appropriate responses

The following makes me uncomfortable:

- The sounds of a dental drill
- Laying down in a dental chair
- The smells in a dental office
- Being numb
- Having to wait in the reception area
- Other _____

To understand what's going on in my mouth, my preference is:

- To know all the details
- To be given the bottom line
- To be shown pictures and movies
- To read pamphlets and brochures
- To talk with a team member about solutions to my problems

My immediate concern about my teeth and smile is:

If you could change one thing about your teeth or smile, what would it be?

Dental Profile

On a scale of 1-10 how important is it for you to keep your teeth for a lifetime? _____

	Yes	No
<i>Do your gums bleed?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you feel you have bad breath?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you wish your teeth were whiter?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you like the way your teeth are shaped?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you pleased with the appearance of your smile?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you interested in cosmetic dentistry?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you interested in orthodontics?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Why did you leave your last dentist?

When I think about coming to the dentist I feel:

- Comfortable—I have no anxiety about seeing the dentist or dental procedures
- Anxious—I don't want to come but I make myself; however, I am seldom at ease
- Fearful—I have stayed away from the dentist because of my fear and avoid coming unless absolutely necessary
- Extremely fearful—I cannot cope with dental visits and have avoided the dentist for years to the detriment of my dental health

My concerns with dental visits are:

- My anxiety and fear
- Past experiences
- Cost
- No time
- Lack of trust
- Other _____

My childhood dental experiences were:

- Completely pain free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I did not go to the dentist as a child

My adult dental experiences have been:

- Completely pain free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I have not seen the dentist as an adult or my visits have been very few

I have a fear of/concerns about:

- Experiencing pain
- Not being numb
- Needles
- Unnecessary or wrong treatment
- Gagging
- Losing control
- Having something put over my mouth
- Being scolded or made to feel ashamed
- Catching a disease
- Losing my teeth
- Other _____

Thank you for your time. We look forward to meeting you!