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DENTAL HEALTH QUESTIONNAIRE

NAME: _____

*Your child's dental health is affected by many different things. The three that are the most important to developing teeth are **habits** related to the mouth or teeth, **home care** (brushing, flossing and the use of fluoride) and lastly your child's **diet**. To help us better evaluate your child's dental health please answer the following questions.*

Habits

Did/does your child suck their thumb, finger or pacifier? YES NO
Stopped at age _____ Only at night _____ Has not stopped yet _____

Does your child grind their teeth? YES NO Does your child chew ice? YES NO

Does your child have any other tooth/mouth related habits? _____

Home Care

Does your child brush their own teeth? YES NO ___ times per day ___ times per week

Do you brush your child's teeth? YES NO If yes, how often? _____

How much tooth paste does your child use when brushing? _____

Do they swallow it? YES NO

Does your child use floss? YES NO Do you floss your child's teeth? YES NO

How often? ___ times per day ___ times per week

Does your child take fluoride drops or tablets? YES NO

If YES at what age did they start? _____

Has your child ever lived in a fluoridated area? YES NO

If YES at what age? _____ For how long? _____

Does your child use a mouth rinse with fluoride? YES NO

If YES how often? ___ times per day ___ times per week

Has your child ever received fluoride treatment in a dental office? YES NO

Is there anything else you would like to add about the care of your child's teeth? _____

Diet

Was/is your child being put to bed with a bottle? YES NO

If YES, what is in it? _____

Does/did your child carry a sippy cup or bottle throughout the day? YES NO

If YES, what is in it? _____

How many meals does your child have per day? ___ How many snacks per day? ___

Does your child chew gum with sugar in it? YES NO

Does your child eat raisins, fruit snacks, gummy vitamins, candy, breath mints or hard candies? YES NO - *Please circle all that apply if YES*

Is there anything else you would like to mention about your child's diet? _____