

DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN OVER 5

A child's dental health is affected by many different factors. The three most important to developing teeth are home care (brushing, flossing and the use of fluoride), any habits relating to the mouth or the teeth, and 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 his/her thumb or finger? YES NO

Stopped at age _____ Still does _____

Only at night _____

Does your child chew ice? YES NO

Does your child grind his/her teeth? YES NO

Does your child have any other teeth related habits? _____

HOME DENTAL CARE

Does your child brush his/her own teeth? YES NO

How often? _____ times per day _____ times per week

Do you brush your child's teeth? YES NO

How often? _____ times per day _____ times per week

How much toothpaste do you use? _____

Does your child swallow it? YES NO

Does your child use dental floss? YES NO

If yes, how often? _____ times per day _____ times per week

Do you floss your child's teeth? YES NO

If yes, how often? _____ times per day _____ times per week

Does your child take fluoride drops or tablets? YES NO
If yes, at what age did he/she start taking them? _____
Is he/she still taking them? YES NO

Has your child ever lived in a non fluoridated area? YES NO
If yes, what age? _____ How long? _____

Does your child use a fluoride mouthwash? YES NO
If yes, at school _____ at home _____ brand name _____

Has your child received fluoride treatments at a dental office? YES NO

Anything else you would like to add about the care of your child's teeth at home?

DIET

How many meals per day does your child eat? _____

How many between meal snacks (including drinks other than water) does your child have on an average day? _____

Does your child chew gum with sugar in it? YES NO
If yes, how often? _____ times per day _____ times per week

Does your child have raisins, fruit rollups, fruit snacks, candies in small pieces, breath mints, or suckers? YES NO
If yes, please circle the ones that are applicable.

Would you like to make any comments about your child's diet?
