DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN UNDER 5

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

Does your child have any other tooth related habits? ________________________

HOME DENTAL CARE

Does your child brush his/her own teeth?  YES  NO
   How often _______ times per day _______ times per week _______

How much toothpaste does your child use? _________________

Does he/she swallow it?  YES  NO

Do you floss your child’s teeth?  YES  NO
   How often _______ times per day _______ times per week _______

Does/did 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 fluoride area?  YES  NO
   If yes at what age _______ how long _______

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

Was/is your child put to bed with a bottle? YES NO
If yes, what was in the bottle? ____________________________

Was/is your child allowed to carry a bottle or cup throughout the day containing something other than plain water? YES NO

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

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? ________________

If your child is using a pacifier, is it ever dipped in honey or other sweet substances? YES NO

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

_________________________________________________________________
_________________________________________________________________