

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?
