A child’s dental health is affected by many different things; 3 most important to developing teeth are:

1) Home dental care (brushing, flossing and the use of fluorides)
2) Habits relating to the mouth or teeth
3) Your child’s diet

To help us better evaluate your child’s dental health please answer the following questions honestly and to the best of your ability:

**HOME DENTAL CARE**

1. Does your child brush his/her own teeth?  
   a. How often? _______times/day  _______times/week

2. Do you brush your child’s teeth for them?  
   a. How often? _______times/day  _______times/week

3. How much toothpaste does your child use?  
   PEA SIZE AMT  ENTIRE BRISTLE LENGTH

4. Does he/she swallow the toothpaste?  
   YES  NO

5. Do you floss your child’s teeth?  
   a. How often? _______times/day  _______times/week

6. Does your child take fluoride drops or tablets?  
   a. If YES, at what age did he/she start taking them? _______
   b. Is he/she still taking them?  
      YES  NO

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

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

9. Anything else you would like to add about the care of your child’s teeth at home?  
   ________________________________________________________________
   ________________________________________________________________

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HABITS

1. Does your child use a pacifier?  YES  NO
   a. CONSTANTLY ALL DAY        ONLY AT NIGHT        WHEN TIRED
   b. STOPPED AT AGE ________
2. Does your child suck his/her thumb or fingers (circle one)?  YES  NO
   a. CONSTANTLY ALL DAY        ONLY AT NIGHT        WHEN TIRED
   b. STOPPED AT AGE ________
   c. What methods have been tried to encourage stopping this habit, if any?

3. Does your child grind his/her teeth?  YES  NO
4. Any other tooth related habits? ________________________________

DIET

1. Was/is your child put to bed with a bottle?  YES  NO
   a. If YES, what was in the bottle? ________________
   b. Stopped bottle at age ________
2. Was/is your child allowed to carry a bottle or cup throughout the day containing something other than plain water?  YES  NO
3. Does your child chew gum with sugar in it?  YES  NO
   a. If YES, how often? ________times/day ________times/week
4. How many meals per day does your child eat? ________
5. How many between meal snacks including drinks other than water does your child have on an average day? ________
6. If your child is using a pacifier, is it ever dipped in honey or other sweet substances?  YES  NO
7. Would you like to make any comments about your child’s diet?

______________________________________________________________________________
______________________________________________________________________________

Help us get to know your child....

Favorites?

1) Pet_________________  2) Food_________________  3) Color___________________
4) Sport_______________  5) Animal_____________  6) School Subject______________
7) Movie______________