CANTRELL FAMILY DENTISTRY

DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN UNDER 5

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? YES NO
   a. How often? _____times/day _____times/week
2. Do you brush your child's teeth for them? YES NO
   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? YES NO
   a. How often? _____times/day _____times/week
6. Does your child take fluoride drops or tablets? YES NO
   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_____

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