

Link Dental comprehensive restorative dentistry

9085 E. Mineral Circle, Ste. 350 | Centennial, CO 80112

T (303) 773-8262 F (303) 773-8264

Dental Self-Assessment Questionnaire

Functional Issues:

	Never	Sometimes	Always
1. Are your jaw joints ever painful?			
2. Do your jaw joints make noises, Clicking, popping, grating?	Yes	No	
3. Does your mouth ever lock in an open or closed position?	Yes	No	
4. Does your jaw feel limited or tight in motion?	Yes	No	
5. Do you have difficulty chewing?	Yes	No	
6. Do you have difficulty opening or closing your jaw?	Yes	No	
7. Do you get frequent Head Aches?	Yes	No	
8. Do you Clench or Grind your teeth?	Yes	No	
9. Have you ever suffered unexplained fractures of your teeth?	Yes	No	
10. Are your teeth sensitive to hot, cold or sweets?	Yes	No	
11. Are your teeth worn or shorter than they use to be?	Yes	No	
12. Do you have grooves or notches along the root surfaces?	Yes	No	
13. Have you ever had a major trauma to your jaw/teeth?	Yes	No	
14. Do you Snore or wake up frequently during the night?	Yes	No	
15. Do you feel rested upon waking in the morning?	Yes	No	
16. Do you ever stop breathing during your sleep?	Yes	No	
17. Have you ever worn braces or invisible aligners?	Yes	No	
18. Have you ever been told you need braces?	Yes	No	

Biologic Issues:

1. Do your gums bleed when your brush or floss?	Yes	No
2. Does food get trapped in your teeth?	Yes	No
3. Have your gums receded so the roots of your teeth show?	Yes	No
4. Have you ever been told you needed deep cleaning?	Yes	No
5. Have you ever had surgery on your gums?	Yes	No
6. Have you ever lost teeth due to gum disease?	Yes	No
7. Have teeth ever become loose on their own?	Yes	No
8. Do you get frequent cold sores on your lips?	Yes	No
9. Do you get frequent canker sores in your mouth?	Yes	No
10. Have you had a lot of cavities/fillings in the past?	Yes	No
11. Have you ever had a root canal before?	Yes	No
12. Does your mouth seem too dry?	Yes	No
13. Have you noticed an unpleasant taste or odor in your mouth?	Yes	No
14. Do you have trouble getting numb?	Yes	No
15. Have you had any unusual reactions to anesthetic?	Yes	No
16. Have you experienced complications from past dental visits?	Yes	No

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Esthetic Issues:

- | | | |
|---|-----|----|
| 1. Would you change anything about your smile if you could? | Yes | No |
| 2. Do you ever avoid smiling fully? | Yes | No |
| 3. Are you happy with the color of your teeth? | Yes | No |
| 4. Would you whiten your teeth if you could? | Yes | No |
| 5. Do you feel your smile is too “gummy”? | Yes | No |
| 6. Do you feel your teeth are too short? | Yes | No |
| 7. Do you feel your teeth are too long? | Yes | No |
| 8. Do you feel your teeth are too crowded? | Yes | No |
| 9. Do you feel your teeth are too spaced? | Yes | No |
| 10. Do you have an interest in Juvederm or Botox? | Yes | No |

How would you rate your current dental health? Please circle one

Excellent Good Fair Poor

Where would your dental health need to be to feel healthy and satisfied? Please circle one

Excellent Good Fair Poor

What is(are) the most important thing(s) we can address at your dental visit?

Please circle the paragraph below that best characterizes the type of dental care you prefer:

Level 1...URGENT CARE People in crisis or with an emergency problem such as pain, swelling, or bleeding that need our immediate help are at this level.

Level 2...SELF-CARE Patients who choose this level of care want a thorough examination and take an active part in the treatment and prevention of present and future disease problems. However, they usually choose repair solutions that are short range in nature.

Level 3...COMPLETE DENTISTRY Patients at this level are similar to people described in level 2. They choose to have a thorough examination. However, they decide on a MASTER PLAN to formulate a long-term treatment plan for health and repair. These patients are very concerned about treating the causes of dental disease, not simply the effects. These patients want all dental treatment provided to be completed in the most lasting fashion possible.

Level 4... LOOK YOUR BEST People in this group are in level 3 as far as dental health is concerned, but also want to look their best at all times. They know that their smile is the first things others notice about them and want to put their best smile forward.