

Personal Dental Health Assessment

We believe that it is important to truly understand how you perceive your teeth and this short self-assessment enables both of us to look at things from your perspective.

Please take a few moments to complete it so that we can discuss it during your consultation.

Please indicate with a tick, what is true for you

	Yes	No
My teeth are occasionally sensitive	[]	[]
My jaw and face muscles sometimes ache	[]	[]
I like the shape and size of my teeth	[]	[]
I have frequent headaches	[]	[]
My gums bleed when I brush my teeth	[]	[]
I am happy with the colour of my fillings	[]	[]
I play a contact sport	[]	[]
I can smile confidently	[]	[]
My breath has a poor odour	[]	[]
I like the colour of my teeth	[]	[]
I often feel sleepy during the day	[]	[]
I can chew food easily and comfortably	[]	[]

On a scale of 1-10 (where 1 = Very Unhappy and 10 = Very Happy) please indicate how you feel about your dental health

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (where 1 = Very Unhappy and 10 = Very Happy) please indicate how you feel about the way your teeth look

1 2 3 4 5 6 7 8 9 10

Name: _____

Date: ____/____/____