ORAL HEALTH SURVEY

What kind of toothpaste do you use? _____

Do you use mouthrinse daily? _____

If yes: 1. Which one?_____

2. Why? _____

Do you use products to whiten your teeth? _____

If yes, which one? _____

Do you consume: Coffee? _____ Tea? _____ Red wine? _____ Soda? _____
Chewing gum? _____
Tobacco, pipe, chewing tobacco? _____

Do you add sweetener to your beverages? _____

If yes, which one? _____

How often do you brush? _____ times a day.

How often do you floss? _____

Which type of toothbrush do you use? _____

Do you use any mechanical tooth cleaning devices? _____

If yes, which one? _____

Are your gums often tender? _____

Do they bleed? _____

Do you feel that you have bad breath? Circle one: Often, Occasionally, Seldom, Only when eating garlic.

Do you take vitamins or anti-oxidants regularly? _____