

**MARK NIEMIEC, D.D.S.**

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First Middle Last

Correct answers to the following questions will allow your dentist to treat you on a more individual basis, providing the care appropriate for your particular needs. Your answers are for our records only and will be considered confidential.

1. Are you having any discomfort at this time? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever had any serious trouble associated with previous dentistry? \_\_\_\_ Yes \_\_\_\_ No
3. Does dental treatment make you nervous? \_\_\_\_ Yes \_\_\_\_ No
4. Date of last dental visit \_\_\_\_\_
5. Have you ever been treated for periodontal disease (gum disease) \_\_\_\_ Yes \_\_\_\_ No
6. How often do you brush? \_\_\_\_\_ Is your toothbrush \_\_\_\_ Soft \_\_\_\_ Medium \_\_\_\_ Hard
7. Do you use the following: Dental floss \_\_\_\_ Fluoride Rinse \_\_\_\_ Other Aids \_\_\_\_
8. Do you use an electric toothbrush? \_\_\_\_ Yes \_\_\_\_ No if yes, what kind/brand? \_\_\_\_\_
9. Do you have or have you ever had any of the following?

**Mouth**

- Bleeding, sore gums \_\_\_\_ Yes \_\_\_\_ No
- Unpleasant taste/bad breath \_\_\_\_ Yes \_\_\_\_ No
- Burning tongue/lips \_\_\_\_ Yes \_\_\_\_ No
- Frequents blister(s)/lips/mouth \_\_\_\_ Yes \_\_\_\_ No
- Swelling/lumps in mouth \_\_\_\_ Yes \_\_\_\_ No
- Ortho treatment (braces) \_\_\_\_ Yes \_\_\_\_ No
- Biting cheeks/lips \_\_\_\_ Yes \_\_\_\_ No
- Clicking/popping jaw \_\_\_\_ Yes \_\_\_\_ No
- Difficulty opening or closing jaw \_\_\_\_ Yes \_\_\_\_ No

**Teeth**

- Loose teeth \_\_\_\_ Yes \_\_\_\_ No
- Sensitive to Hot \_\_\_\_ Yes \_\_\_\_ No
- Sensitive to Cold \_\_\_\_ Yes \_\_\_\_ No
- Sensitive to sweets \_\_\_\_ Yes \_\_\_\_ No
- Sensitive to biting \_\_\_\_ Yes \_\_\_\_ No
- Food impaction \_\_\_\_ Yes \_\_\_\_ No
- Clenching/Grinding \_\_\_\_ Yes \_\_\_\_ No
- If yes, when \_\_\_\_\_
- Shifting in bite \_\_\_\_ Yes \_\_\_\_ No

10. These are the things that are important to me about my dental health:

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11. What do you fear most about dental care? \_\_\_\_\_

12. Circle one:

- A. **My mouth is**
  - a) very comfortable
  - b) moderately comfortable
  - c) uncomfortable
- B. **I**
  - a) think the appearance of my mouth is excellent.
  - b) am satisfied with the appearance of my mouth.
  - c) am dissatisfied with the appearance of my mouth.
- C. **I**
  - a) will do anything to keep my natural
  - b) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them.
  - c) don't care whether I keep my teeth or not
- D. **I**
  - a) have set goals for my oral health with a previous dentist .
  - b) want to set goals concerning my dental health.
  - c) never set goals concerning my dental health.
- E. **I**
  - a) have always done the best that was recommended for my dental health.
  - b) have not done what dentists have recommended to me.
  - c) rarely go, and don't care much any dental work completed.
- F. **I have**
  - a) put dentistry for myself and my family high on my priority list.
  - b) put dentistry for myself and my family low on my priority list.
  - c) it's on my list but its hard to find time.
- G. I think my present state of dental health is:
  - a) Excellent
  - b) Good
  - c) Poor

13. Are there any questions about dentistry and oral health that you have never had adequately answered?

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