



Dental Public Health Questionnaire

Name: _____ Date: _____

Age: ___0-6 ___2-5 ___7-13___ 18-34 ___ 35-65 _____65+

Ethnicity: __ Hispanic/Latino __ Not Hispanic/Latino Migrant /Farmworker: yes / no

- I acknowledge this questionnaire is to gather public health information for the HDA to use. By participating in this questionnaire I release the HDA of any liability. _____ (Initial)

Oral Hygiene:

1. On average, how many days per week do you brush your teeth for at least two minutes twice a day?

2. On average, how many days per week do you floss your teeth? _____

Diet:

1. On average, how many times daily do you consume **starch or sugar snacks** between meals?
<1, 2-3, 4-5, >6
2. On average, how many times daily do you consume **starch or sugar drinks** between meals?
<1 2-3, 4-5, >6

Medical History

1. Do you or anyone in your immediate family have **diabetes**? (Y/N)
2. Do you or anyone in your immediate family have **high blood pressure**? (Y/N)
3. Do you or anyone in your immediate family snore or have **sleep apnea**? (Y/N)
4. Do you experience **stomach acid** in your mouth or throat after eating or when lying down on a daily/almost daily basis? (Y/N)
5. Do you commonly experience **dry mouth**? (Y/N)

Dental History

1. Do you and your child have a dentist or dental home? (Y/N)
2. Do you have a dental health overage plan? (Y/N)
3. How long ago was your **last dental visit**? <1 yr, 2-3 yrs, 4-5 yrs, >5 yrs
4. Do you experience **tooth pain or bleeding gums** when you eat or brush your teeth (Y/N)
5. Has anyone in your immediate family (including a care giver) had tooth decay? (Y/N)
6. Has anyone in your immediate family (including a care giver) lost a tooth from tooth decay? (Y/N)
7. Does anyone in your family wear partial or complete dentures? (Y/N)

Parent/Guardian: _____ Date _____

Dentist/Health Professional: _____ License # _____