**Dental Habits Questionnaire**

**Instructions:**  Please answer the questions as accurately as possible. The answers will help us make recommendations on ways to reduce your dental cavity risk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRIBUTING FACTORS** | **Yes** | **No** | **Don’t know** | **Comments** |
| Have you had any new cavities or fillings in the last 3 years? |  |  |  |  |
| Does your mouth get uncomfortably dry? |  |  |  |  |
| Do you brush your teeth less than twice a day? |  |  |  |  |
| Do you drink soda or other sugary drinks between meals every day? |  |  |  |  |
| Has it been more than a year since you last saw a dentist? |  |  |  |  |
| Do you snack on sugary foods like candy and cookies between meals? |  |  |  |  |
| Do you snack on starchy foods like chips or crackers between meals? |  |  |  |  |
| Do you have a history of smokeless tobacco use? |  |  |  |  |
| Do you have a history of regular drug or alcohol use |  |  |  |  |
| Do you have braces? |  |  |  |  |
| **PROTECTIVE FACTORS** | **Yes** | **No** | **Don’t know** | **Comments** |
| Do you use a fluoride mouth rinse? |  |  |  |  |
| Do you use fluoridated tooth paste? |  |  |  |  |
| Do you floss regularly? |  |  |  |  |
| Is the water in your home community fluoridated? |  |  |  |  |
| Do you drink tap water? |  |  |  |  |