



# Family Dentistry of Lowell

## CHILD DENTAL CARE SURVEY

Thank you for choosing our office for your child's dental care. It is our goal to work with you and your child in maintaining their best possible oral health.

During the first appointment, you are welcome to accompany your child in the treatment room. During this time, it is most beneficial if you allow us to communicate directly with your child in order to have their full attention and cooperation. Please fill out this brief questionnaire about habits-including snacks, drinks and frequency of brushing and flossing. This questionnaire enables us to more accurately assess your child's dental health and anything that may contribute to current or future problems.

Thank you for your help in providing a positive experience for you and your child.

1. What concerns do you have about your child's dental health?

2. Is there fluoride in the water at home? Yes / No

Child care or school? Yes / No

3. Does your child take a fluoride supplement? Yes / No

4. Is there frequent snacking during the day? Yes / No

Please list examples \_\_\_\_\_

5. What type of drinks does your child have during meals? \_\_\_\_\_

Between meals? \_\_\_\_\_ How often? \_\_\_\_\_

6. Is there a craving for sweets? Yes / No

7. Is there a candy dish or cookie jar available at home? Yes / No

8. Does your child chew gum or suck on hard candies? Yes / No

How often? \_\_\_\_\_

9. How often does your child brush their teeth? \_\_\_\_\_ per \_\_\_\_\_. Floss? \_\_\_\_\_ per \_\_\_\_\_.

10. Do you help with brushing and flossing? Yes / No

11. Does your child breathe through their nose or mouth?

12. Is there any history of asthma? Yes / No

13. Is there anyone at home who smokes? Yes / No