



ORAL HYGIENE HABITS QUESTIONNAIRE

- 1** Do you like the color and shape of your teeth?
Color: Yes No Shape: Yes No
- 2** Do you often feel that you have bad breath (halitosis) and/or a dry mouth (lack of saliva) ?
Bad breath: Yes No
Dry mouth: Yes No
- 3** How often do you brush your teeth?
_____ x Day Week Month
- 4** How often do you use dental floss, inter-dental brushes, or floss holders?
_____ x Day Week Month
- 5** Which toothpaste do you use, and why? _____
Cost Taste Allergies Tartar control Other
- 6** Si If you have missing teeth, have you ever considered having them replaced ?
Yes No
- 7** Do you have jaw problems (TMJ)?
Yes No
- 8** How often do you drink soft drinks, juice, or carbonated water ?
_____ x Day Week Month
- 9** Do you often eat snacks ?
Yes No De quel type? _____