

Oral Health Screening for Adolescents and Adults

Name: _____

Date of Birth: _____

| Questions | Circle your answer: | | | | | | | |
|---|---------------------|-------|-----------|--------|-----------|--------|-------------------|--------|
| If you have dentures, please check this box <input type="checkbox"/> | | | | | | | | |
| 1. On average, how many days per week do you brush your teeth for at least two minutes, twice daily, using fluoride toothpaste and floss at least once daily? | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
| 2. On average, how many times daily do you consume starch or sugar between meals? (like sugary snacks or sugary drinks) | Less than 1 time | | 2-3 times | | 4-5 times | | More than 6 times | |
| 3. Has anyone in your immediate family (including a caregiver) had tooth decay or lost a tooth from tooth decay in the past year? | Yes | | | | No | | | |
| 4. Do you experience stomach acid in your mouth or throat after eating or when lying down on a daily or almost daily basis? | Yes | | | | No | | | |
| 5. Do you commonly experience dry mouth? (Example: Requiring swallowing water to eat crackers) | Yes | | | | No | | | |

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|--|-----|----|
| 6. Do you experience tooth pain or bleeding gums when you eat or brush your teeth? | Yes | No |
|--|-----|----|