



## DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN UNDER 5

A child's dental health is affected by many different things. The three most important to developing teeth are home care (tooth brushing, flossing and the use of fluoride), any habits relating to the mouth or teeth, and your child's diet.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### HABITS

Did/does your child suck his/her thumb or finger? Yes \_\_\_ No \_\_\_

Stopped at age \_\_\_\_\_ still does \_\_\_\_\_ only at night \_\_\_\_\_

Does your child grind his/her teeth? Yes \_\_\_ No \_\_\_

Does your child have any other tooth related habits? \_\_\_\_\_  
\_\_\_\_\_

### HOME DENTAL CARE

Does your child brush his/her own teeth? Yes \_\_\_ No \_\_\_  
how often? \_\_\_\_\_ times per day \_\_\_\_\_ times per week

Do you brush your child's teeth? Yes \_\_\_ No \_\_\_  
how often? \_\_\_\_\_ times per day \_\_\_\_\_ times per week

How much toothpaste do you use? \_\_\_\_\_  
Does your child swallow it? Yes \_\_\_ No \_\_\_

Do you help your child use dental floss? Yes \_\_\_ No \_\_\_  
If yes, how often? \_\_\_\_\_ times per day \_\_\_\_\_ time per week

Does your child take fluoride drops or tablets? Yes \_\_\_ No \_\_\_  
If yes, at what age did he/she start taking them? \_\_\_\_\_  
Is he/she still taking them? Yes \_\_\_ No \_\_\_

Has your child received fluoride treatments at a dental office? Yes \_\_\_ No \_\_\_

Anything else you would like to add about the care of your child's teeth at home?

---

**DIET**

Was/is your child put to bed with a bottle? Yes \_\_\_ No \_\_\_

If yes what was in the bottle? \_\_\_\_\_

Was/is your child allowed to carry a bottle or a cup throughout the day containing  
Something other than plain water? Yes\_\_ No\_\_

How many meals per day does your child eat? \_\_\_\_\_

How many between meal snacks (including drinks other than water) does your child  
have on an average day? \_\_\_\_\_

If your child is using a pacifier, is it ever dipped in honey or other sweet substances?

Yes \_\_\_ No \_\_\_

Would you like to make any comments about your child's diet?

---

---

