



DENTAL HEALTH QUESTIONNAIRE FOR CHILDREN OVER 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 chew ice? Yes ___ No ___

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 ___

Does your child use a fluoride mouthwash? Yes ___ No ___
If yes, at school _____ at home _____ brand name _____

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



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? _____

Does your child eat raisins, fruit rollups, fruit wrinkles, candy in small pieces, breath mints, or suckers? Yes ___ No ___

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

