



Oral Health Questionnaire

Child's Name _____ Date _____

Child's Age _____ Child's Date of Birth _____

HEALTH HISTORY

Yes No

- Did the birth mother have any problems during pregnancy? Yes No
- Was your child premature? Yes No
- Was your child's birth weight low? Yes No
- Were there any complications at birth? Yes No
- Has your child been ill? Yes No
- Is your child on any medications? Yes No

DIET AND NUTRITION

- Is/was your child breastfed? Yes No
- Does your child sleep with a bottle? Yes No
- Does your child drink from a cup? Yes No
- Does your child walk around drinking from a bottle or cup? Yes No
- Is your child on a special diet? Yes No
- How many times does your child snack each day? _____
- How many bottles does your child have each day? _____

FLUORIDE ADEQUACY

- Do you know the fluoride level of your water? Yes No
- Do you have well water? Yes No
- Do you use bottled water? Yes No
- Do you use a water conditioner or filtration system? Yes No
- If yes, please list _____
- Do you use fluoride toothpaste for your child? Yes No

ORAL HABITS

- Does your child use a pacifier? Yes No
- Does your child suck a thumb or fingers? Yes No
- Does your child grind his/her teeth day or night? Yes No

INJURY PREVENTION

- Is your child walking? Yes No
- Is your home childproofed? Yes No
- Do you use a car seat for your child? Yes No
- Has your child had an injury to his/her mouth or face? Yes No

ORAL DEVELOPMENT

- Does your child have any teeth? Yes No
- Child's age (in months) when the first tooth came in? _____
- Has your child had teething problems? Yes No
- Have you noticed any problems with your child's mouth or teeth? Yes No
- Does your child complain of mouth pain? Yes No
- Have any of your children ever had cavities? Yes No
- Have you or your children ever had a bad dental experience? Yes No

ORAL HYGIENE

- Do you clean your child's gums/teeth? Yes No
- Do you use a toothbrush to clean your child's teeth? Yes No
- Do you use toothpaste to clean your child's teeth? Yes No

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)