



# 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)