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PEDIATRIC DENTISTRY

Caring & Professional  
Family Dentistry

### Dental Health Questionnaire for Children

A child’s dental health is affected by many different things. The three most important to developing teeth are home dental care (brushing, flossing and the use of fluorides), any habits relating to the mouth or teeth, and your child’s diet. To help us better evaluate your child’s dental health, please answer the following questions:

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Today’s 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 does your child use? \_\_\_\_\_

Does he/she swallow it? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you floss your child’s teeth?

How often? \_\_\_\_\_ times per day \_\_\_\_\_ times per week \_\_\_\_\_

Does/did 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 ever lived in a fluoridated area? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, at what age? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child use a fluoride mouthwash? Toothpaste? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, at school \_\_\_\_\_ at home \_\_\_\_\_ brand name \_\_\_\_\_

#### Diet

Was/is your child put to bed with a bottle? \_\_\_\_\_ yes \_\_\_\_\_ no

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

(Please continue on the back)



