

PATIENT NAME:	DATE:
PERSONAL DENTAL NEEDS SURVEY	
What brought you in today? Do you have any concerns?	
Please rate on a scale of 1 through 5 (with 1 being most important) the importance of each of the following regarding your dental care:	
<input type="checkbox"/> Preventative dental health care <input type="checkbox"/> Excellence and quality of Service <input type="checkbox"/> Freedom from pain <input type="checkbox"/> Cost and Affordability <input type="checkbox"/> Other:	
Please rate what a dentist has to do to gain your confidence:	
<input type="checkbox"/> Listen to my concerns and explain thoroughly the procedures being performed <input type="checkbox"/> Show me what he/she is doing or needs to do so I can clearly understand what is happening <input type="checkbox"/> Make sure I am comfortable at all times	
On a scale of 1 through 10, please indicate the level of fear you have about your dental visits (with 10 being most fearful):	
1 2 3 4 5 6 7 8 9 10	
I would like to know about these options available to me for maximizing my comfort and my experience during my visit (check all that apply):	
<input type="checkbox"/> Music and earphones <input type="checkbox"/> Sedative medications <input type="checkbox"/> Patient education materials	
Are you concerned about the following? (check all that apply)	
<input type="checkbox"/> Existing dental discomfort <input type="checkbox"/> Replacing old silver/mercury fillings <input type="checkbox"/> Recurring or untreated gum disease <input type="checkbox"/> Mouth odor <input type="checkbox"/> Whitening your teeth <input type="checkbox"/> Appearance of your smile <input type="checkbox"/> Prevention of tooth decay <input type="checkbox"/> Uneven Bite or jaw problems <input type="checkbox"/> Sore muscles or Joint Pain <input type="checkbox"/> Sleep Apnea or difficulty wearing a CPAP <input type="checkbox"/> Other:	
When discussing my treatment plan, I prefer: (please check one)	
<input type="checkbox"/> The big picture <input type="checkbox"/> Detail by detail	

Thank you for completing our survey. We are pleased that you chose our practice. Please let us know if there is anything we can do to make your experience a pleasant and comfortable one.