



Patient Questionnaire

September is Colgate Oral Health Month.

As you are attending a dental check-up appointment during September, we are asking you and your dentist or hygienist to help us by taking part in a survey of oral health advice.

The purpose of the questionnaire is to help you and your dentist or hygienist to work together to improve your oral health. It is aimed specifically at adults.

Please note that no part of this survey allows anyone other than your dentist or hygienist to have access to your confidential dental records.

1. How susceptible do you think you are to tooth decay?

Very				Not at all	Don't know
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What makes you say this?

3. How much do you know about preventing tooth decay?

A lot				Not a lot	Don't know
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What do you regularly do to prevent tooth decay?

5. How susceptible do you think you are to gum disease?

Very				Not at all	Don't know
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What makes you say this?

7. How much do you know about preventing gum disease?

A lot				Not a lot	Don't know
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What do you regularly do to prevent gum disease?

9. How interested are you in discussing the best ways to keep your mouth healthy?

Very				Not a lot	Don't know
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Are you concerned about the oral health of any members of your family?
(eg: partner, children or parents)

11. What other concerns do you have about your oral health?

Thank you for taking part in this survey.

Name

Address

Email

To be completed by your clinician

Clinicians' Name:

GDC Ref no:

Data Protection: We may want to send you information about other Colgate products and services in the future. Please tick this box if you do not wish us to send you information.

