Appendix G: Oral Health History — Sample Questions

Please note: These are suggested questions to assist in taking an oral health history. This is not a validated tool for the assessment of a person's oral health history.

Admission Oral Health History Sample Questions

Oral Health Beliefs

Which statement best describes your beliefs regarding your teeth?

a. I expect that with proper care, my teeth will last me a lifetime.

b. It is no big deal if I lose my teeth; most people do when they get older.

c. If I lose my teeth, I can always get dentures.

On a scale of 1 to 5, where would you place the importance of your oral health?

1	3	5
Not important	Somewhat important	Very important

Personal Practices

1. Are your teeth your natural teeth? Do you have dentures? Do you have crowns?

   If the client has dentures:

   - Do you have partial or full dentures?
   - Do they fit properly?
   - How long have you had the dentures that you are currently using?

2. Are you having any difficulty doing your oral care?
3. How often do you brush your teeth in a day?
4. What type of toothbrush do you use?
5. What type of toothpaste do you use?
6. How often do you replace your toothbrush?
7. Do you use mouthwash or any rinses?
8. Do you floss regularly?
9. Have you used tobacco products (e.g., cigarettes, cigars, pipes or chewing tobacco) within the previous six months? If so, how often are you *currently* using these products each day?
10. Do you drink caffeinated beverages?
11. How often do you visit the dentist?
12. When was your last visit to the dentist?
13. Does going to the dentist upset you?
14. Do you have difficulty chewing or swallowing?
15. Is there anything else that you do to keep your mouth healthy?

Current State of Oral Health

1. Are you currently experiencing any problems in your mouth?
2. Are your teeth sensitive to hot or cold?
3. Are you currently taking any medications?

Source: Adapted and updated in 2019 by the RNAO expert panel from: Registered Nurses' Association of Ontario (RNAO). Oral health: nursing assessment and intervention. Toronto (ON): RNAO; 2008.

Admission Oral Health History (for Residents in Long-Term Care)

Resident name: _____

Date: _____

A. Resident Dental History Details

QUESTIONS	YES	NO
Have you visited the dentist in the last year?		
Would you like to continue to visit your dentist?		
If yes, who is your dentist? Name:		
Address:		
Phone:		
Resident/Power of Attorney (POA) will schedule appointments:		
If no, home's external dental service provider information given to resident/POA:		
Resident/POA signed consent for home's external dental services provider:		
DENTURES		
How old are your dentures?		
Have your dentures been assessed in the last year?		
Denture(s) labelled		
Indicate type(s)	☐ upper full denture ☐ lower full denture ☐ upper partial denture ☐ lower partial denture	
Any other restorative dental appliances?	☐ crowns ☐ implants ☐ bridge ☐ other	

B. Preferred Level of Oral Care (check one)

- ☐ **Minimal Oral Care** – oral care is a low priority, may not want daily oral care. Will see dental professionals only as needed
- ☐ **Comfort Oral Care** – maintain current oral status – daily oral care measures provided. Visit dental professionals as needed
- ☐ **Maximum Oral Care** – oral care is a priority - provide good oral care at least two times a day and visit dental professionals regularly

C. Resident Oral Health Preferences

How often would you like oral care?	
What oral care products do you like to use?	☐ toothbrush ☐ electric toothbrush ☐ mouth rinse ☐ Other: _____
When do you prefer to have your oral care completed?	**Morning:** ☐ Upon waking/with morning care ☐ After breakfast ☐ After morning snack ☐ Other: _____ **Evening:** ☐ After supper ☐ Before getting into bed ☐ Other: _____

D. Resident Oral Health Assessment

Use your home's standard oral health assessment tool to complete an oral health status exam (Example: Oral Health Assessment Tool (OHAT))

Source: Reprinted from: MacDonald I, Woodbeck H, Peachman-Faust T, et al. Oral health history and preferences tool. Toronto (ON): Registered Nurses' Association of Ontario Oral Care Community of Practice; 2016 – updated 2019. Retrieved from https://ltctoolkit.rnao.ca/node/2136. Reprinted with permission.