

Appendix D: Oral Hygiene History – Sample Questions

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

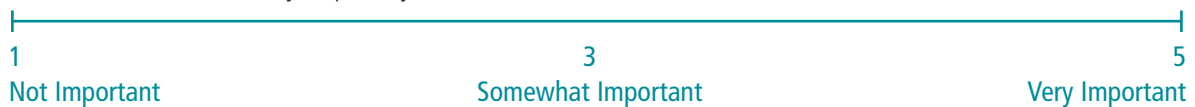
Admission Oral Hygiene History Sample Questions

Hygiene 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) 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.

Where on a scale would you place your oral health?



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 ones 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?
8. Do you floss regularly?
9. Have you used tobacco products within the last six months? If so, how many cigarettes/cigars/pipes do you currently smoke a day or how much chewing tobacco do you use?
10. Do you drink caffeinated beverages?
11. How often do you visit the dentist?
12. When was the 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. When was your last visit to a dentist?
4. Are you currently taking any medications?