

---

## Please Tell Us About You...

We would like to know about you and your thoughts so we can better serve your individual needs. Please consider the questions below and place a mark closest to the statement that reflects your opinion or preference. Thank you.

---

I know a great deal about my dental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know very little about my dental health.
I like to consider more options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I like to have only a few options.
I tend to look at the big picture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I tend to focus on smaller details.
I would prefer long lasting solutions even if more costly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I would prefer more short-term options if it saves money up front.
I see no reason to delay care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I prefer to wait until I must act.
I understand the cause of Periodontal (gum and bone) disease and my role in its prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I am unaware of periodontal disease and/or its causes.
I am pleased with my smile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I find myself covering my smile at times.

---

In thinking about your previous dental care...

---

What have you experienced before that you would hope to find in our office?

What experiences would you like to avoid?

Are there any parts of dental care or your teeth and mouth that frustrate you?