

# ACQUAINTANCE FORM

## These are the things important to me about my dental health:

(Please circle one)

1. My mouth is    A) very comfortable.  
                          B) moderately comfortable.  
                          C) uncomfortable.
2. Do you ever    A) avoid smiling.  
                          B) cover your mouth with your hand  
                              when you smile.  
                          C) avoid smiling in photographs.  
                          D) grind or clench your teeth.
3. Do you have    A) spaces between your teeth.  
                          B) missing teeth.  
                          C) old dental work that you are not  
                              satisfied with.  
                          D) chipped or worn down teeth.  
                          E) stained or discolored teeth.  
                          F) uneven teeth.  
                          G) uneven gums.  
                          H) teeth that are too long.  
                          I) teeth that are too short.  
                          J) dark metal fillings that are visible  
                              when you laugh or smile.  
                          K) clicking or sore jaw joint.  
                          L) soreness or stiffness of jaw muscles.
4. I                    A) will do anything to keep my natural teeth.  
                          B) want to keep my teeth, but have a  
                              certain budget of time and money  
                              I am willing to spend on them.  
                          C) don't care whether I keep my teeth or not.
5. I                    A) have set goals for my oral health with a  
                              previous dentist.  
                          B) want to set goals concerning my dental  
                              health.  
                          C) never set goals concerning my dental health.
6. I                    A) have always done the best that was  
                              recommended for my dental health.  
                          B) have not done what dentists have  
                              recommended for my mouth.  
                          C) rarely go, and don't care much about  
                              having my dental work completed.
7. I have            A) put dentistry for myself and my  
                              family high on my priority list.  
                          B) put dentistry for myself and my  
                              family low on my priority list.  
                          C) it's on my list but hard to find.
8. I think my present state    A) excellent.  
of dental health is            B) good.  
  C) poor.
9. I aspire to a mouth with    A) excellent health.  
  B) good health.  
  C) poor health.
10. What is/are your primary concerns?  
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