



# Personal Dental Needs Survey

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

These things are important to me about my dental health:

\_\_\_\_\_

Former Dentist's Name: \_\_\_\_\_ City: \_\_\_\_\_

Please Circle One:

**My mouth is**  very comfortable.  
 moderately comfortable.  
 uncomfortable.

**I**  want to save my teeth at all costs.  
 prefer to keep my teeth if cost and time are reasonable.  
 expect to someday lose my teeth and have dentures.

**I**  have set goals to achieve optimum oral health with a previous dentist.  
 want to set goals to achieve optimum oral health.  
 am not very interested in setting personal goals to achieve optimum oral health.

**I**  have followed the recommendations for optimum dental health given by my dentist.  
 have not done what dentists recommended I do for my oral health.  
 usually only go to the dentist for emergencies.

**I think I**  have EXCELLENT oral health.  
 have GOOD oral health.  
 have POOR oral health.

**I desire**  excellent oral health.  
 average or good oral health.  
 crisis care only.

Please rate on a scale of 1-5 the importance of each of the following regarding your dental care.  
(The most important would be #1)

_____ Preventive Dental Health Care	_____ Cost and Affordability
_____ Excellence and Quality of Service	_____ Other _____
_____ Freedom of Pain	_____

Please circle the level of fear you have about your dentist visits. (10 being the greatest fear)

1	2	3	4	5	6	7	8	9	10
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**When discussing my treatment plan, I prefer:**  The Big Picture  Detail by Detail

**When evaluating my smile, it's most important:**  What I See  What Others See

**What are some questions about dentistry and your oral health that you have never had adequately answered?**

\_\_\_\_\_

Signature: \_\_\_\_\_