

Hygiene questionnaire for new patients;

- How often do you brush your teeth?.....
- Do you use manual or electric toothbrush?.....
- Do you clean between your teeth?.....

If yes with;

Floss ☐

Small brushes ☐

Toothpicks ☐

Other.....

- Do you use a mouthwash? If yes which one and how often.....
- Do you smoke? If yes how many a day.....

Do you have any concern's about the health of your mouth?.....

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