

PERIODONTAL QUESTIONNAIRE

Are You At Risk for Periodontal Disease?

Take the simple test to find out if you exhibit the warning signs and/or symptoms of periodontal [gum] disease. Periodontal disease, if left untreated, will lead to bone loss and ultimately the loss of teeth. It has also been linked to pre-mature births, obesity and heart disease. After answering the questions click on "Submit" to see your score and to determine what specific actions you need to take for protection of your gums and your health.

Take a Self-Evaluation Periodontal Quiz

Periodontal Information

- | | | |
|---|---|--|
| Are your gums red, swollen and/or tender? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do your gums bleed when you brush or floss your teeth? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have persistent bad breath or a bad taste in your mouth? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do your teeth feel loose? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have your teeth shifted or have spaces developed between them? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have your gums receded so that the roots of your teeth are now visible? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have you noticed any difference in the way your teeth meet when you bite? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have you noticed pus draining from your gums or between your teeth? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have you lost any adult teeth? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does anyone in your family have periodontal [gum] disease? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you smoke? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have Diabetes or a history in the family? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have Osteoporosis? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are you going through an extremely stressful time in your life? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is your mouth in pain after eating hard or stringy foods? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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Your score

Your score is 6

If you have a score of 5 or more Yes answers, you need to speak with our office about a solution to your periodontal problems.