

# Teeth wear / questionnaire



**MASTER LEVEL**  
DENTAL CONFERENCES & WORKSHOPS

## Developmental Factors:

Do you have a history of genetically soft teeth or abnormal salivation due to a specific syndrome?

YES ☐ NO ☐

Is toothwear prevalent in your family?

YES ☐ NO ☐

Where did you reside during the first 12 years of life? .....

Was the water fluoridated or were you administered fluoride supplements?

YES ☐ NO ☐

Were you prescribed tetracycline during childhood?

YES ☐ NO ☐

**Explanation:** The developmental phase of a patient's life can significantly influence the condition of their teeth. Certain genetic conditions or environmental factors, such as exposure to fluoride or tetracycline, may have lasting effects on dental health.

## Attrition Factors:

Has anyone you live with mentioned that you grind your teeth while sleeping?

YES ☐ NO ☐

Do you find yourself tossing and turning at night, throwing off the duvet?

YES ☐ NO ☐

Do you snore during the night, feel unrested upon waking, or have been diagnosed with sleep apnea?

YES ☐ NO ☐

Upon waking, do you experience tense muscles of mastication or joint aches?

YES ☐ NO ☐

Do you habitually move your jaw forward so that the edges of the front teeth are touching?

YES ☐ NO ☐

Have they had emotional stress, anxiety attacks, attention deficit and hyperactivity disorder or depression?

YES ☐ NO ☐

Do you tend to clench your teeth or position them differently than usual during stress or intense mental work?

YES ☐ NO ☐

Has a dentist ever attributed your toothwear problem to nocturnal teeth grinding (bruxism)?

YES ☐ NO ☐

Do you wear a nightguard?

YES ☐ NO ☐

If so, has it been helpful? (Show it to your dentist.)

YES ☐ NO ☐

**Explanation:** Sleep apnea or even simple snoring is associated with episodes of nocturnal grinding. Additionally, patients relax their chewing muscles by protruding the jaw or placing the tongue between the teeth. Stress during the night and during the day, as well as increased concentration, also contribute to more frequent episodes of bruxism.

## Abrasion Factors:

- Does your occupation or hobbies expose you to industrial abrasives such as diamond, carborundum, or silica dusts? YES ☐ NO ☐
- Do you play a reed musical instrument that is placed between your teeth? YES ☐ NO ☐
- Do you have habits like breaking thread, holding pins or nails, biting pencils or fingernails? YES ☐ NO ☐
- Do you ever find yourself holding your tongue between your front teeth? YES ☐ NO ☐
- Do you prepare your own bread using stone-ground flour? YES ☐ NO ☐

**Explanation:** Abrasion results from mechanical forces or habits which could be related to one's occupation, hobbies, or specific practices.

## Toothbrushing Factors:

- Do you use a hard toothbrush? (demonstrate your brushing technique) SOFT ☐ HARD ☐
- Are you left or right-handed? LEFT-HANDED ☐ RIGHT-HANDED ☐
- What type of toothpaste do you use regularly: gel or paste? PASTE ☐ GEL ☐
- Does it contain fluoride? YES ☐ NO ☐
- Do you brush your teeth more than twice a day? YES ☐ NO ☐
- Do you use toothpicks? YES ☐ NO ☐
- Have you used obtundent toothpaste for sensitive teeth? YES ☐ NO ☐
- Have you attempted to remove tobacco stains from your teeth using bleach or abrasive toothpastes? YES ☐ NO ☐

**Explanation:** The choice of toothbrush, toothpaste, and brushing technique can influence toothwear.

## Dietary Factors:

Do you often eat fresh fruit? YES ☐ NO ☐

Do you take a vitamin C supplement, in powder form or chewable tablet? YES ☐ NO ☐

What beverages do you prefer with meals: WATER ☐ MILK ☐ 100% JUICE ☐ WINE ☐  
FIZZY DRINK ☐ OTHER ☐

What type and brand of soft drink do you prefer? .....

Is the drink regular or diet? REGULAR ☐ DIET ☐

How many bottles or cans do you consume weekly?..... 0 ☐ 1-2 ☐ 3-5 ☐ 5-10 ☐ 10-20 ☐ >20 ☐

Are you on a weight loss regimen or a special diet for any reason? YES ☐ NO ☐

Do you ever consume vinegar or lemon water? YES ☐ NO ☐

Do you ever engage in fasting? YES ☐ NO ☐

**Explanation:** Dietary habits, especially the consumption of acidic or abrasive foods and beverages, play a crucial role in toothwear.

## Gastric factors:

Do you suffer from indigestion symptoms such as bloating, heartburn, or sour regurgitations? YES ☐ NO ☐

Has your indigestion been examined through tests and endoscopy? YES ☐ NO ☐

Have you experienced frequent vomiting for any reason? YES ☐ NO ☐

Do you suffer from bulimia nervosa? YES ☐ NO ☐

**Explanation:** Gastric issues can significantly impact toothwear through acid reflux or direct acid exposure.

## Sports factors:

What sports do you engage in? .....

Do you frequently swim in a pool with chlorinated water? YES ☐ NO ☐

Have you modified your diet to enhance performance? YES ☐ NO ☐

Do you consume water, sports drinks, or nutritional supplements? YES ☐ NO ☐

Do you find yourself positioning your teeth differently than usual while performing strenuous exercises? YES ☐ NO ☐

**Explanation:** Physical activity can affect tooth wear and also their dissolution through chlorinated water or sports-enhancing beverages.

## Social Factors:

Does your social recreation involve alcohol? YES ☐ NO ☐

What is your alcohol preference: beer, wine, or spirits? BEER ☐ WINE ☐ STRONG ALKOHOL ☐

How many drinks do you have per week?.... 0 ☐ 1-2 ☐ 3-5 ☐ 5-10 ☐ 10-20 ☐ >20 ☐

Have you had any alcohol-related problems? YES ☐ NO ☐

Is your occupation dehydrating or does it entail overnight or shift work? YES ☐ NO ☐

What do you consume to stay awake? .....

Have you ever used recreational drugs or narcotic medications? YES ☐ NO ☐

Do you smoke cigarettes or use nicotine-containing smoking substitutes? YES ☐ NO ☐

**Explanation:** Alcohols such as red wine, as well as acidic drinks and energy beverages, have a dissolving effect on tooth enamel. Additionally, caffeine, nicotine and narcotics significantly increases the frequency of teeth grinding.

## Medical Factors:

Do you have any systemic medical conditions such as asthma, diabetes, or hypertension?

YES ☐ NO ☐

Are you currently taking or have you taken in the past any antidepressant, anticonvulsant, or ADHD medications?

YES ☐ NO ☐

Have you ever undergone cancer therapy?

YES ☐ NO ☐

What medications are you on?  
Include the frequency and dosage

NAME

DOSE

FREQUENCY

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Do you suffer from a dry mouth?

YES ☐ NO ☐

Do you also have dry eyes and joint issues?

YES ☐ NO ☐

Are you undergoing hormone replacement therapy?

YES ☐ NO ☐

**Explanation:** Certain medical conditions and medications can impact salivary flow and toothwear. Some medications from the anticonvulsant, antidepressant, and ADHD drug groups significantly increase the frequency of bruxism.