

Questionnaire / Teeth wear

NAME AND SURNAME:

AGE:

Developmental Factors

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

YES NO

2. Is toothwear prevalent in your family?

YES NO

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

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4. Was the water fluoridated or were you administered fluoride supplements?

YES NO

5. Were you prescribed tetracycline during childhood?

YES NO

Attrition Factors

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

YES NO

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

YES NO

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

YES NO

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

YES NO

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

YES NO

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

YES NO

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

YES NO

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

YES NO

14. Do you wear a nightguard?

YES NO

If so, has it been helpful?

(Show it to your dentist.)

YES NO

Abrasion Factors

15. Does your occupation or hobbies expose you to industrial abrasives such as diamond, carborundum, or silica dusts?

YES NO

16. Do you play a reed musical instrument that is placed between your teeth?

YES NO

17. Do you have habits like breaking thread, holding pins or nails, biting pencils or fingernails?

YES NO

18. Do you ever find yourself holding your tongue between your front teeth?

YES NO

Toothbrushing Factors

19. What toothbrush do you use?

HARD MEDIUM SOFT

20. Which hand is your dominant hand?

LEFT RIGHT AMBIDEXTROUS

21. Do you use toothpaste containing fluoride?

YES NO

22. Do you brush your teeth more than twice a day?

YES NO

23. Do you use toothpicks?

YES NO

24. Have you attempted to remove tobacco stains from your teeth using bleach or abrasive toothpastes?

YES NO

Dietary Factors

25. Do you often eat fresh fruits?

YES NO

26. Do you take a vitamin C supplement, in powder form or chewable tablet?

YES NO

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

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28. How many bottles or cans do you consume weekly?

0 1-2 3-5 5-10 10-20 >20

29. Are you on a weight loss regimen or a special diet for any reason?

YES NO

30. Do you ever consume vinegar or lemon water?

YES NO

31. Do you ever engage in fasting?

YES NO

Gastric Factors

32. Do you suffer from indigestion symptoms such as bloating, heartburn, or sour regurgitations?

YES NO

33. Has your indigestion been examined through tests and endoscopy?

YES NO

34. Have you experienced frequent vomiting for any reason?

YES NO

35. Do you suffer from bulimia nervosa?

YES NO

Sports Factors

36. What sports do you engage in?

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37. Do you frequently swim in a pool with chlorinated water?

YES NO

38. Have you modified your diet to enhance performance?

YES NO

39. Do you consume water, sports drinks, or nutritional supplements?

YES NO

40. Do you find yourself positioning your teeth differently than usual while performing strenuous exercises?

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Social Factors

41. Do you ever drink alcohol?

YES NO

42. What is your alcohol preference?

BEER WINE SPIRITS

43. How many drinks do you have per week?

0 1-2 3-5 5-10 10-20 >20

44. Have you had, in the past or currently, alcohol addiction problems?

YES NO

45. Is your occupation dehydrating or does it entail overnight or shift work?

YES NO

46. What do you consume to stay awake?

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47. Have you ever used recreational drugs or narcotic medications?

YES NO

48. Do you smoke cigarettes or use nicotine-containing smoking substitutes?

YES NO

Medical Factors

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

YES NO

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

YES NO

51. Have you ever undergone cancer therapy?

YES NO

52. Do you take or have you ever taken medicines causing dry mouth?

YES NO

53. Do you suffer from a dry mouth?

YES NO

54. Do you also have dry eyes and joint issues?

YES NO

55. Are you undergoing hormone replacement therapy?

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Why We Ask These Questions

This questionnaire helps us identify the factors contributing to tooth wear, allowing us to tailor a treatment plan to protect your dental health. By understanding your habits, lifestyle, medical history, and health factors, we can develop a strategy to prevent further damage and provide effective solutions. Thank you for taking the time to complete this — it helps us deliver the best possible care.

Developmental Factors

Understanding genetic, health, and environmental factors from childhood helps us assess how they may have affected your teeth over the years. For example, genetically softer enamel or issues with saliva production can increase susceptibility to tooth wear. Fluoride exposure in childhood plays a crucial role in reducing the risk of cavities and enamel erosion, though excessive exposure may also lead to fluorosis.

Attrition Factors

Tooth grinding (bruxism), clenching, or habitual jaw movements can cause significant damage to teeth and lead to temporomandibular joint (TMJ) pain. These habits, especially if they occur during sleep or in response to stress, are common causes of tooth wear. Identifying these factors allows us to recommend protective measures, such as night guards or stress-reduction techniques.

Abrasion Factors

Certain work activities, hobbies, or habits can physically wear down your teeth. Examples include nail-biting, holding objects between your teeth, or playing wind instruments. Identifying these behaviors helps us suggest adjustments to protect your teeth, such as using protective gear.

Toothbrushing Factors

How you brush your teeth can impact wear. Using a hard-bristled toothbrush or brushing with excessive pressure can wear down enamel, particularly near the gum line. Switching to a soft-bristled toothbrush and gentle brushing techniques can help protect your enamel.

Dietary Factors

Diet plays a significant role in dental health. Consuming acidic foods, such as citrus fruits, vinegar, or carbonated drinks, can gradually erode enamel. Evaluating your dietary habits allows us to recommend changes that can protect your teeth, such as drinking through a straw to minimize contact with acids.

Gastric Factors

Acid reflux, heartburn, and frequent vomiting can cause enamel erosion due to stomach acids. Recognizing these issues allows us to guide you towards appropriate treatments and choose the best materials for dental restorations.

Sports Factors

Participation in sports, particularly swimming in chlorinated pools or consuming sports drinks, can contribute to enamel erosion. We may recommend alternative hydration options and the use of mouthguards.

Social Factors

Alcohol consumption, working in environments that cause dehydration, or using recreational substances can accelerate tooth wear. Understanding these factors helps us provide personalized advice.

Medical Factors

Certain systemic conditions, such as asthma, diabetes, hypertension, or dry mouth, can impact tooth wear. Medications, such as antidepressants, cancer treatments, or hormone therapies, may increase the risk of dry mouth, contributing to enamel erosion. Identifying these issues helps us adjust your treatment plan to better protect your teeth.