

Periodontal Risk Factor Assessment

Please answer the following questions to help us determine your risk for periodontal (gum) disease.

- Do you NOW or have you EVER used any of the following?

	Amount per day	How many years	Year quit
<input type="checkbox"/> Cigarette	_____	_____	_____
<input type="checkbox"/> Cigar	_____	_____	_____
<input type="checkbox"/> Pipe	_____	_____	_____
<input type="checkbox"/> Chew	_____	_____	_____
<input type="checkbox"/> Snuff	_____	_____	_____
<input type="checkbox"/> Alcohol	_____	_____	_____
- Are you a Diabetic?
 If yes, How long have you been a diabetic? _____ years
 If no, is there any family history of diabetes? Yes No
- Females, are you:
 Pregnant Nursing Taking birth control pills
 Taking hormone supplements
- Has anyone in your immediate family (spouse, children) had "gum problems"?
 Yes No
- Has anyone on your side of the family (parents, siblings) has "gum problems" or early tooth loss? Yes No
- Have you ever had previous periodontal treatment (i.e. scaling & root planing, tissue grafts or bone grafts)? Yes No
 If yes, Was it surgical or non-surgical
- Have you ever been diagnosed with?
 Hypertension Cardiovascular Disease Osteoporosis
 Lung Disease Peptic Ulcers
- What would you consider a level of daily stress?
 Mild Moderate High
- How often do you brush? _____ Floss? _____ Use rinses? _____

10. When was the last time you visited a dental professional? _____