

## 'Handle me with Care' Questionnaire

The better we understand you, the better we can serve you. We don't like to guess or make assumptions about what makes you tick. *Please make a mark along each scale to indicate your opinion or preference.*

I know a great deal about my dental condition.	1	2	3	4	5	I know very little about my dental condition.
I like to be presented with fewer options.	1	2	3	4	5	I like to be presented with more options.
I tend to look at details.	1	2	3	4	5	I tend to look at the big picture.
I prefer longer lasting solutions that may cost more.	1	2	3	4	5	I prefer more temporary solutions at lower cost.
I like newer and more modern techniques.	1	2	3	4	5	I prefer tried and true methods.
I prefer to wait until I must act.	1	2	3	4	5	I usually see no reason to delay care.
I rely more on self-maintenance.	1	2	3	4	5	I rely on professional maintenance.
Insurance largely determines the extent of my care.	1	2	3	4	5	I largely determine the extent of my care.
I favor a treatment-oriented approach to disease.	1	2	3	4	5	I favor a preventative approach to disease.
I'd like to keep my teeth for my lifetime.	1	2	3	4	5	I'm not that concerned if I lose teeth in the future.

*Please place a check mark next to any of the following statements that describe you.*

- I gag easily.
- I feel out of control when I'm lying down in the dental chair.
- I haven't been to the dentist for a while and I feel uncomfortable about what you will say about my teeth and my dental hygiene.
- Pain relief is a top priority for me.
- I don't like shots (or I've had a bad reaction to shots).
- My teeth are very sensitive.
- I have a hard time getting numb enough.
- I don't like the sound of the instruments that make the picking and scraping noise.
- I don't like the sound of the drill.
- I have difficulty listening or remembering what I hear while sitting in the dental chair.
- I have difficulty trusting dentists/dental teams.
- I don't like to be left alone in the treatment room.

*In order of importance, please rank the following costs from #1 to #5(or 6), with #1 being the most important:*

- Time
- Money
- Fear/Anxiety
- Physical Discomfort
- Personal Effort
- Other

*In order of importance, please rank the following benefits from #1 to #5(or 6), with #1 being the most important:*

- Comfort
- Durability
- Appearance
- Function
- Health
- Other