SMILES INTERNATIONAL
Premier Cosmetic & Implant Dentistry

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QUESTIONNAIRE
FOR COMPLETE DENTURE PATIENTS

Patient Name:_____ Date: _____

Successful construction and wearing of complete dentures is based upon many factors. The Prosthodontist should have a thorough understanding of the patient and all his/her problems. This questionnaire will be kept in strict confidence and the answering of any questions is voluntary.

☐**Upper Complete Denture** ☐**Lower Complete Denture** ☐ **Other**

1) What is your chief complaint or problem?

2) What do you think is wrong with your complete denture?

3) How many years have you worn dentures?

4) How many sets of dentures have you had made?

5) How long have you worn your present dentures?

6) Have your present dentures been relined? When?

7) Did you have success when your first wore your present dentures?
Please explain:

8) Has your overall experience in wearing dentures been satisfactory or unsatisfactory?
Please explain:

9) Do you feel that new dentures should be made or that your present dentures be relined/refit?
Why?

10) If new dentures are made for you, what changes do you want?

11) Do you have dental implants that retain your denture?

12) Do you have any knowledge of dental implants?

13) Do you know the benefits of dental implants for tooth replacement?

14) All people do not have healthy or good ridges. Do you feel that your mouth and ridges can support wearing dentures?

15) Some people learn quickly how to wear eye glasses or to master the art of wearing dentures. Do you feel that you have these natural abilities?
Please explain:

16) How long were you without teeth before your first dentures were made?

17) Are you self-conscious about the appearance of your teeth in the presence of your spouse or friends?

18) What comments does your spouse make about the teeth in your dentures?

19) What do you think complete dentures should do for you? (Please pick two)

☐Remove wrinkles	☐Improve comfort	☐Improve appearance
☐Good fit	☐Improve speech	☐Improve chewing

20) What is your opinion about the quality of care given to you by previous dentists?

21) Do you have a stressful or demanding job position?
Do you squeeze or grind your dentures together?
Do you grind your teeth?

22) How would you describe yourself as a person?

☐Philosophic	☐Calm	☐Indifferent
☐Nervous	☐Cooperative	☐Sensitive
☐Methodical/precise	☐Emotional	☐Critical
☐Pessimistic	☐Hard-to-please	☐Uneasy dental patient

23) Do you sleep with dentures in your mouth?