

## **Introduction Questionnaire for Altadonics Patients**

Patient Name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

### **DENTURE HISTORY**

Tell me about your denture.....Upper? \_\_\_\_\_ Lower? \_\_\_\_\_ Both? \_\_\_\_\_

- **How long** have you had your denture(s)? \_\_\_\_\_
- Was this your **first denture**? \_\_\_\_\_

### **COMFORT**

- On a scale of 1 – 10 with 10 being the best, **how comfortable** is your denture(s)?

1 2 3 4 5 6 7 8 9 10

- When you had this denture made, **how long did it take to be comfortable with it?** \_\_\_\_\_
- Do you have any areas that feel loose, sore, hurt or pinch, etc.?

### **APPEARANCE**

On a scale of 1 – 10 with 10 being the best, how do you like the **way your denture looks?**

1 2 3 4 5 6 7 8 9 10

- Would you like to have **whiter teeth**? YES NO
- Are you **aware your dentures may have an odor**? YES NO

### **TIME**

Do you remember **how many appointments** it took when you got your denture? \_\_\_\_\_

### **SPEECH**

Tell me about your speech?

SAY....

“Mississippi”

“Sixty-Six”

“Fifty-Five”

### **SITUATION**

What would you do if you lost your denture and it would take 2 weeks to replace? \_\_\_\_\_

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