

# Self-Screening Checklist

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Screen your mouth for signs of dental problems. Get a dental check-up.

**Circle the answer to the following questions about your experiences:**

- YES NO Have you had a toothache in the past few months that hasn't been treated by a dental professional?
- YES NO Are your teeth sensitive to hot or cold foods and beverages?
- YES NO Do your gums bleed when you brush your teeth?
- YES NO Do you feel a burning sensation in your mouth or tongue?
- YES NO Have you had any sores in your mouth over the past couple of months?
- YES NO Have you worried about having bad breath or have others told you that you have bad breath?
- YES NO Does your jaw hurt when chewing?
- YES NO Does your mouth often feel dry?
- YES NO Do you feel any cracked or broken teeth?

**Look in a mirror. Using the pictures and descriptions on the Self-screening Chart, circle the answer to the following questions:**

- YES NO Pink, healthy gums YES NO Dark spots on teeth
- YES NO Red, puffy gums YES NO Bumps on gums
- YES NO Visible buildup on teeth YES NO Swollen cheek or jaw
- YES NO Longer looking teeth YES NO Changes in soft tissue
- YES NO Chipped or broken teeth YES NO Changes in tongue
- YES NO White spots on teeth

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Appointment Scheduled: \_\_\_\_\_