

Tell Us About You....

Name _____ Date _____

Please check the statement that most applies to you:

- | | |
|--|--|
| 1) _____ I know a great deal about my dental condition | _____ I know very little about my dental condition |
| 2) _____ I like to be presented with fewer options | _____ I like to be presented with more options |
| 3) _____ I tend to look at details | _____ I tend to look at the big picture |
| 4) _____ I prefer long-lasting solutions which may cost more | _____ I prefer more temporary solutions at lower cost |
| 5) _____ I prefer to talk in technical terms with my dentist | _____ I prefer to talk in non-technical terms |
| 6) _____ My insurance largely determines the extent of my care | _____ I determine the extent of my care regardless of insurance restraints |
| 7) _____ I prefer to wait until I MUST act | _____ I prefer preventive treatment |
| 8) _____ I feel responsible for my own health | _____ I prefer professionals to be responsible for my health |
| 9) _____ I like newer and more modern techniques | _____ I prefer tried and true methods |

In order of importance, I generally consider the following benefits
(please rank 1 through 7 or 8, with 1 being most important):

___ Comfort ___ Appearance ___ Peace of Mind ___ Health
___ Function ___ Precision ___ Durability ___ Other _____

In order of importance, I generally weigh the following costs
(please rank 1 through 6, with 1 being most important):

___ Money ___ Time ___ Personal Effort ___ Physical Discomfort
___ Fear/Anxiety ___ Other _____