



Community Outreach Questionnaire

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

DOB: \_\_\_\_\_

What are your concerns about your teeth? Is something hurting right now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much can you afford to pay each month to achieve better oral health?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to make lifestyle changes (diet, quitting smoking, etc.) to get better teeth? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much notice would you need to attend an appointment? \_\_\_\_\_