Periodontal disease in family:

 1. Yes 2. No

Dental checkups:

 1. More than once a year 2. Once a year 3. Less than once a year

Periodontal checkups:

 1. Yes 2. No

Smoking:

|  |  |  |
| --- | --- | --- |
|  1.Yesa) Less than 10 cigarettes a dayb) Up to 20 cigarettes a dayc) More than 20 cigarettes a day | 2. No | 3. Former smoker |
|  | a) More than 6 months ago |
|  | b) More than 5 years ago |
|  |  |

Oral hygiene (frequency):

 1. Less than once a day 2. 1 to 2 times a day 3. More than 2 times a day

Oral hygiene:

 1. Toothbrush and toothpaste 2. Dental floss 3. Interdental brushes

 4. Toothpicks 5. Mouthwash

Bleeding when brushing:

 1. Yes 2. No

Unpleasant breath:

 1. Yes 2. No

Teeth shifting:

 1. Yes 2. No

Removing supragingival calculus:

1. More than once a year 2. Once a year 3.Less than once a year