

PLEASE TELL US ABOUT YOU

The better we understand you, the better we can serve you. Please circle the statement in each pair below that best indicates your opinion or preference.

- | | | |
|---|----|---|
| I am well aware of dental condition | or | I know very little about my dental condition |
| I like the doctor to only tell me what she recommends | or | I like to be presented with more options |
| I prefer long-lasting solutions although they may cost more | or | I prefer solutions that cost less but may only be temporary |
| I prefer leading edge techniques | or | I prefer tried and true methods |
| My insurance largely determines the extent of my care | or | I want the best care regardless of my insurance coverage |
| I prefer to wait until I must do treatment | or | I usually see no reason to delay care |
| I rely more on my daily home care | or | I rely more on professional maintenance at the office |
| I prefer an overview when treatment is explained | or | I want to know complete details |

Rank in order of importance (1 being the most important) the following benefits of treatment to me:

- _____ Comfort
- _____ Function
- _____ Durability
- _____ Appearance
- _____ Health

Rank in order of importance (1 being the most important) the barriers to treatment

- _____ Money
- _____ Time
- _____ Discomfort
- _____ Fear /anxiety