

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

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

## Please Tell Us Your Preferences

We can better recommend the most suitable preventative and corrective treatment for you if we understand what you want for yourself. In other words, we can't represent your best interests if we don't know what your best interests are. Please help us personalize your care to meet your expectations by indicating your preferences and opinions below. Of the statements below separated by arrows, please circle the statements that most represent YOU.

- |  |   |  |
|--|---|--|
| I know a great deal about my dental condition.         | ↔ | I know very little about my dental condition.                              |
| I like to be presented with fewer options.             | ↔ | I like to be presented with more options.                                  |
| I tend to look at the details.                         | ↔ | I tend to look at the big picture.   |
| I prefer long-lasting solutions that may cost more.    | ↔ | I prefer temporary solutions at lower cost.                                |
| I prefer to talk in technical terms.                   | ↔ | I prefer to talk in non-technical terms.                                   |
| My insurance largely determines the extent of my care. | ↔ | I largely determine the extent of my care.                                 |
| I prefer to wait until I must act.                     | ↔ | I prefer a preventative approach, and usually see no reason to delay care. |
| I rely more on self-maintenance.                       | ↔ | I rely more on professional maintenance.                                   |
| I favor a treatment-oriented approach to disease.      | ↔ | I prefer a cause-oriented approach to disease.                             |
| I prefer lifestyle changes to improve my health.       | ↔ | I prefer clinical cures to improve my health.                              |

Please rank the following (1-7) in order of importance about the benefits of dental health:

\_\_\_ Comfort \_\_\_ Health \_\_\_ Longevity \_\_\_ Function \_\_\_ Appearance \_\_\_ Peace of Mind \_\_\_ Other

Please rank the following (1-6) in order of importance regarding the "costs" of dental care:

\_\_\_ Money \_\_\_ Time \_\_\_ Fear/Anxiety \_\_\_ Physical discomfort \_\_\_ Effort \_\_\_ Other