



## Partial-Denture - Patient Questionnaire

Patient Name (Printed): \_\_\_\_\_

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

1. What is your age?

- 18-24     35-44     55-64     75 or older  
 25-34     45-54     65-74

2. Approximately how long have you worn your current removable partial-denture(s)?

- Less than one year                       8-10 years  
 1-4 years                                       11-15 years  
 5-7 years                                         Over 15 years

3. In general, how do you feel about your removable partial-denture?

- I am quite pleased with my removable partial-denture.  
 I am somewhat pleased with my removable partial-denture.  
 I don't really care for my removable partial-denture, but tolerate it.  
 I don't care for my removable partial-denture at all and rarely wear it, if ever.

4. What do you like about your removable partial-denture (select as many answers that apply):

- My removable partial-denture helps me to chew my food better.  
 My removable partial-denture improves my smile.  
 My removable partial-denture feels very natural.  
 There is nothing I really like about my removable partial-denture.  
 Other (please specify)



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5. What, if any, problems are you experiencing with your removable partial-denture (select as many answers that apply):

- My removable partial-denture moves when I chew my food.
  - I am embarrassed to remove my removable partial-denture at night, or at other times.
  - I don't particularly care for the way my removable partial-denture looks.
  - Food is often trapped beneath my removable partial-denture.
  - I am not experiencing problems associated with my removable partial-denture.
  - Other (please specify)
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6. Do you generally wear your removable partial-denture to bed at night?

- Yes
- No

7. How much longer are you expecting your removable partial-denture to look, fit and function well?

- Less than 5 years
- 5 to 10 years
- 11 to 15 years
- 16 to 20 years or more
- I am not sure
- I am no longer pleased with my removable partial-denture

8. Do you use some form of denture adhesive with your removable partial-denture (Poligrip, Fixadent, etc.)?

- Yes
- No

If Yes, which brand or product do you use? \_\_\_\_\_

9. How familiar are you with dental implants?

- Very familiar
  - Somewhat familiar
  - Not familiar at all
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10. Would you like to attend the dental implant discussion in person or virtual?

- In person
- Virtual