

The better we understand you, the better we can serve you. We don't like to make assumptions or guess your preference. Please make a mark along each scale below to indicate your opinion or preference.

| | | |
|----------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|
| <p>I know a great deal about my dental condition.</p> | <p>Hi Med Neutral Med Hi</p> | <p>I know very little about my dental condition.</p> |
| <p>I like to be presented with fewer options.</p> | | <p>I like to be presented more options.</p> |
| <p>I prefer long-lasting solutions which may cost more.</p> | | <p>I prefer more temporary solutions at lower costs for repeated care.</p> |
| <p>I tend to look at the details.</p> | | <p>I tend to look at the big picture, (spare the details)</p> |
| <p>I prefer to take responsibility for my level of health.</p> | | <p>I prefer my insurance to dictate my level of health.</p> |
| <p>I favor a proactive approach to disease</p> | | <p>I favor a reactive approach to disease.</p> |

*In order of importance, I want the following **benefits** from my dental care (please rank 1 through 8)*
 (1being most important and 8 being least important)

| | | |
|--------------------|----------------------|---------------------------|
| _____ Health | _____ Appearance | _____ Feel better/no pain |
| _____ Chew better | _____ Brighter Smile | _____ Other(explain) |
| _____ Look younger | _____ Peace of mind | |

*In order of importance, rank your **concerns** that may interfere with or halt treatment (please rank 1 through 6)*
 (1 being most important and 6 being least important)

| | |
|---------------------------|-----------------------|
| _____ Money/Affordability | _____ Fear/Anxiety |
| _____ Time | _____ Personal Effort |
| _____ Insurance | _____ Other(explain) |