

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)