

### Implant treatment consultation

Please fill in the following questionnaire prior to your implant consultation appointment. This form is confidential and is very important to help us understand your expectations and improve our services.

<p><b>1. How did you first hear about dental implants?</b></p> <p><input type="checkbox"/> My dentist / hygienist</p> <p><input type="checkbox"/> Television / press</p> <p><input type="checkbox"/> Colleague / friend / family member</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> My doctor</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other</p>	<p><b>2. How have you acquired most of your current knowledge about dental implants?</b></p> <p><input type="checkbox"/> My dentist / hygienist</p> <p><input type="checkbox"/> Television / press</p> <p><input type="checkbox"/> Colleague / friend / family member</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> I have already received an implant</p> <p><input type="checkbox"/> My doctor</p> <p><input type="checkbox"/> Other</p>					
<p><b>3. How well informed do you consider yourself to be at present about treatment with dental implants in general?</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;"><input type="checkbox"/> very little</td> <td style="width: 20%;"><input type="checkbox"/> elementary</td> <td style="width: 20%;"><input type="checkbox"/> more or less secure</td> <td style="width: 20%;"><input type="checkbox"/> well informed</td> <td style="width: 20%;"><input type="checkbox"/> very well informed</td> </tr> </table>		<input type="checkbox"/> very little	<input type="checkbox"/> elementary	<input type="checkbox"/> more or less secure	<input type="checkbox"/> well informed	<input type="checkbox"/> very well informed
<input type="checkbox"/> very little	<input type="checkbox"/> elementary	<input type="checkbox"/> more or less secure	<input type="checkbox"/> well informed	<input type="checkbox"/> very well informed		

**10. Please tell us if you agree or disagree with the 7 statements below by placing a mark on the line.**

- A mark right of the middle line indicates **agreement**, a mark left of the middle line indicates **disagreement**.

- The higher your certainty to agree/ disagree the closer your mark to the end of the line. If you are uncertain place the mark in the middle.

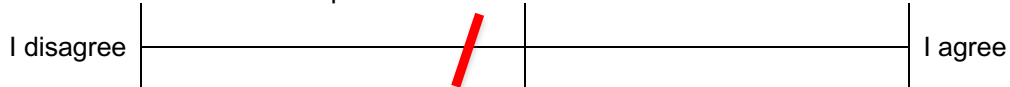
**examples:**

Missing teeth can be a serious health problem



*The red mark in this position indicates **strong agreement** with the statement*

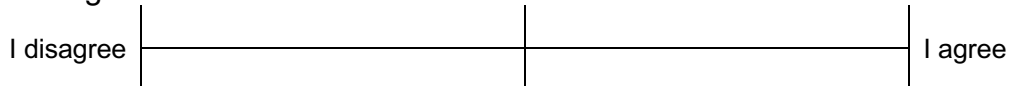
Toothache is a common health problem



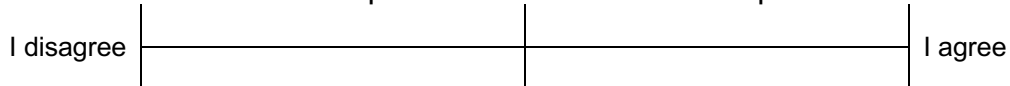
*The red mark in this position indicates **slight disagreement** with the statement*

**Statements:**

1. Dental Implants are a well-tested and documented treatment for replacement of missing teeth



2. Treatments with Dental Implants have no risks or complications



3. Dental implants are as functional as natural teeth.



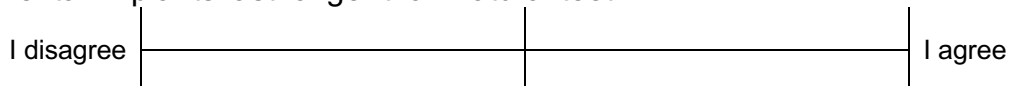
4. Dental Implants look as nice as natural teeth



5. Dental Implants require less care than natural teeth



6. Dental Implants last longer than natural teeth



7. Dental Implants is a treatment appropriate for everyone

