

Expectations and Preferences

Name _____

*TELL US ABOUT YOU! The better we understand you, the better we can serve you.
Please check the box on the scale that most closely indicates your opinion or preference.*

I know a great deal about my dental condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I know very little about my dental condition
I like to be presented with fewer options	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I like to be presented with more options
I tend to look at the details	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I tend to look at the big picture
I prefer long lasting solutions that may initially cost more	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer temporary solutions at lower cost
I prefer to talk in technical terms to my dentist	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer to talk in non-technical terms
My insurance largely determines the extent of my care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I largely determine the extent of my care
I prefer to wait until I must act	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I usually see no reason to delay care
I rely more on self-maintenance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I rely on more professional maintenance
I like newer and more modern techniques	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I like tried and true methods

Rank the following in order of importance (from 1 through 7 or 8):

- ___ Comfort
- ___ Precision
- ___ Peace of Mind
- ___ Function
- ___ Health
- ___ Durability
- ___ Appearance
- ___ Other (please indicate _____)

In order of importance, I generally weigh the following in making a decision regarding my dental health (please rank 1 through 5 or 6):

- ___ Money
- ___ Physical Discomfort
- ___ Time
- ___ Fear/Anxiety
- ___ Personal Effort
- ___ Other (please indicate: _____)

