



Nevada Oral Health Program

Site_

2019 Prenatal Oral Health Information Form

Date_

Zip Code where you live: _____

Where do you plan to deliver: _____

Number of weeks pregnant: _____

<p>1. Overall, how would you rate the health of your teeth and gums? (circle one)</p> <p>a. Excellent b. Good c. Fair d. Poor</p>	<p>2. During this <u>current</u> pregnancy, have you had your teeth cleaned by a dentist or dental hygienist? (circle one)</p> <p>a. Yes b. No</p>
<p>3. Gum disease is a common problem with the mouth. People with gum disease might have swollen bleeding gums, receding gums, sore or infected gums, or loose teeth. Do you think you might have gum disease? (circle one)</p> <p>a. Yes b. No</p>	<p>4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (circle one)</p> <p>a. Yes b. No c. Don't Know</p>
<p>5. Do you smoke or use tobacco products? (Including cigarettes, e-cigarette (vaping) devices or chewing tobacco)</p> <p>a. No b. Yes, but rarely c. Yes, regularly</p>	<p>6. How do you satisfy your pregnancy cravings?</p> <p>a. I usually eat healthy food like fruits, vegetables, whole grains, yogurt or cheese. b. Sometimes I eat healthy things, but I also eat sugary/salty snacks like cookies and chips. c. I mostly eat sugary/salty snacks like cookies and chips. d. Other. Please describe _____</p>
<p>7. What do you usually drink during the day?</p> <p>a. Mostly water, milk, or other sugar-free beverages. b. Some water, some soda, juice, coffee or tea. c. Mostly soda, juice, coffee or tea. d. Other</p>	<p>8. How often do you brush your teeth?</p> <p>a. Once or twice a day. b. A couple times a week. c. Not very often.</p>

9. During the past 12 months, was there a time when you needed dental care but could not get it at that time? (circle **one**)

- a. Yes b. I don't know c. No

IF YES: What were the reasons that you could not get the dental care you needed? (circle **one**)

- a. Could not afford the cost
- b. Did not want to spend the money
- c. Insurance did not cover recommended procedures
- d. Dental office is too far away
- e. Dental office is not open at convenient times
- f. Another dentist recommended not doing it
- g. Afraid or do not like dentists
- h. Unable to take time off work
- i. Too busy
- j. I didn't think anything serious was wrong
- k. Expected dental problems to go away
- l. Other

10. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, **circle** yes if they did ask.

- a. If I knew how much weight I should gain during pregnancy
- b. If I was taking any prescription medication
- c. If I was smoking cigarettes
- d. If I was drinking alcohol
- e. If someone was hurting me emotionally or physically
- f. If I was feeling down or depressed
- g. If I was using drugs such as marijuana, cocaine, crack, or meth
- h. If I wanted to be tested for HIV (the virus that causes AIDS)
- i. If I wanted to be tested for syphilis
- j. If I planned to use birth control after my baby was born
- k. If I planned to breastfeed my new baby
- l. If I planned to visit the dentist after my baby was born