

Tell us about you...

The better we understand you, the better we can serve you. We don't like to make assumptions or guess about what makes you tick. Please make a mark along each scale, below, to indicate 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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	I tend to look at the big picture.
I prefer long-lasting solutions which may cost more.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer more temporary solutions at lower cost.
I prefer to talk in technical terms with my dentist.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer to talk in non-technical terms with my dentist.
My insurance largely determines the extent of my care.	<input type="checkbox"/> <input type="checkbox"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	I rely more on professional maintenance.
I like newer and more modern techniques.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I prefer tried and true methods.
I favor a treatment-oriented approach to disease.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I favor a cause-oriented approach to disease.

In order of importance, I generally consider the following **benefits** (please rank 1 through 7 or 8):

<input type="checkbox"/> Comfort	<input type="checkbox"/> Appearance	<input type="checkbox"/> Peace of Mind
<input type="checkbox"/> Function	<input type="checkbox"/> Precision	
<input type="checkbox"/> Durability	<input type="checkbox"/> Health	<input type="checkbox"/> Other: _____

In order of importance, I generally weigh the following **costs** (please rank 1 through 5 or 6):

<input type="checkbox"/> Money	<input type="checkbox"/> Time	<input type="checkbox"/> Personal Effort
<input type="checkbox"/> Physical Discomfort	<input type="checkbox"/> Fear/Anxiety	<input type="checkbox"/> Other: _____