

Halitosis Questionnaire

Describe your problem with halitosis.

When did it first begin?

Have family members or friends commented about your breath?

When does your bad breath occur?

Does anything make it better? Worse?

What do you think is the cause of your bad breath?

Are you experiencing any exceptional emotional stress at this time?

Do you feel that you have a problem with other body odours?

Do you have a bad taste in your mouth?

Does your food have an uncharacteristic taste?

Does your mouth often feel dry?

Do you have any illnesses?

Do you suffer from postnasal drip, hay fever, or other allergy-related symptoms?

Do you have any history of sinus problems? Respiratory problems?

Do you have any history of gastrointestinal problems?

Are you currently taking any medications?

What is your typical diet like? Colas, coffee, sweets, snacks, dairy products

How many times during the day do you drink beverages?

How much alcohol do you drink?

Do you smoke? How much?

Please describe your oral hygiene habits. Brushing frequency? Flossing? Type of toothpaste and toothbrush? Mouthwash use?

Do your gums bleed when you brush or floss?

Have you ever had your gums measured?

Do you sleep with your mouth open?

Are you a mouth breather?

Do you suffer from canker sores? How frequently?

What do you currently do to help your bad breath?

Have you consulted any other doctors regarding your halitosis problem?

Are you under the care of a physician?