

The **FLUORIDE SOURCE AWARENESS** Survey

This survey is intended to increase parent's awareness of the potential sources of fluoride which your child is receiving from a variety of sources.

Child's Name _____

Child's Age _____

City/Town _____

Today's Date _____

PLEASE CHECK AS APPROPRIATE:

1. Daily fluoride supplement _____ 0.25mg F _____ 0.5mg F _____ 1.0mg F

_____ with vitamin _____ without vitamin _____ need refill

2. Fluoridated water supply _____ yes _____ no

If yes, do you... (check any that apply) _____ drink _____ cook with _____ have water filter

3. Well water _____ yes _____ no

If yes, has it been... _____ tested for fluoride _____ not tested for fluoride

Fluoride content determined: _____mg

4. Processed beverages (vary from 0-0.67mg F)

Does your child consume... (check any that apply) _____ soda _____ juices

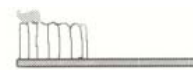
5. Food Sources (vary from 0.15mg - 0.4mg F)

Does your child consume... (check any that apply)

_____ breads _____ cookies/crackers _____ processed fruits/vegetables

6. Toothpaste (varies from 0.01mg - 1.5mg F)

Indicate amount per use on brush



7. Fluoride mouthrinses or gels (other than toothpaste) _____ yes _____ no

If yes, are they... _____ prescribed by dentist _____ over-the-counter

Having completed this survey, are there any questions that you would like answered about fluoride use? _____

Thank you for completing this survey!