**What You Eat Makes a Difference In Your Periodontal (Gum) Health**

**Please complete this nutrition survey so that we can better assess you at Altman Dental.**

**Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Number of Meals/Snacks Per Day \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Meal/Snack Structure (circle one) STRUCTURED UNSTRUCTURED (GRAZING)**

**3) TYPES OF SNACKS (frequency per week and amount):**

* **Snacks (general idea of preference):**
* **Chewing Gum:**
* **Candy/Mints:**
* **Water:**
1. **Sugared Beverages (circle all that apply, frequency per day)**
* **100% fruit juice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Juice Drink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Soda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Sports Drinks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Energy Drinks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Sugared Tea/coffee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
1. **Timing (circle) WITH MEALS WITH SNACKS BETWEEN MEALS/SNACKS**

**Length of Exposure(in minutes) :**

1. **Drinking Style (circle) STRAW CAN/BOTTLE SWISH**