Patient Name: Oral Habits and Food / Drink / Tobacco Frequency Log

Day	Time	What went in

I'm excited that you are engaged and want to participate in understanding the patterns that may be contributing to the health of your mouth and teeth. This log will help us understand how habits may be impacting your teeth and oral health.

List out all food, drinks, tobacco, gum, anything at all and when you contributing to tooth deterioration.

If your teeth feel real dry, record the time when they feel dry.

Lastly, record when you brush your teeth too!