The FLUORIDE SOURCE AWARENESS Survey
This survey is intended to increase parent's awareness of the potential sources of fluoride which you 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 ______ 0.25 mg F ______ 0.5 mg F ______ 1.0 mg 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 0-0.67 mg F)
   Does your child consume… (check any that apply) ______ soda ______ juices

5. Food Sources (vary from 0.15 mg - 0.4 mg F)
   Does your child consume… (check any that apply)
   ______ breads ______ cookies/crackers ______ processed fruits/vegetables

6. Toothpaste (varies from 0.01 mg - 1.5 mg 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 competed this survey, are there any questions that you would like answered about fluoride use? __________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Thank you for completing this survey!