



*Caring  
for  
You!*



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**Capitol Dental**

The better we understand you, the better we can serve you. Please make a mark along each scale below to indicate your opinion or preference.

*I know a great deal about my dental condition*

*I know very little about my dental condition*

*I like to be presented with fewer options*

*I like to be presented with more options*

*I tend to look at the details*

*I tend to look at the big picture*

*I prefer long lasting solutions which may initially cost more*

*I prefer temporary solutions at lower cost*

*I prefer to talk in technical terms with my dentist*

*I prefer to talk in non-technical terms*

*My insurance largely determines the extent of my care*

*I largely determine the extent of my care*

*I prefer to wait until I must act*

*I usually see no reason to delay care*

*I rely more on self-maintenance*

*I rely on more professional maintenance*

*I like newer and more modern techniques*

*I like tried and true methods*

In order of importance, I generally consider the following **benefits** (Please rank 1 through 7 or 8):

\_\_\_\_ Comfort    \_\_\_\_ Function    \_\_\_\_ Health    \_\_\_\_ Appearance  
\_\_\_\_ Precision    \_\_\_\_ Peace of Mind    \_\_\_\_ Durability    Other \_\_\_\_\_

In order of importance, I generally weigh the following in making a decision regarding my dental health (Please rank 1 through 5 or 6):

\_\_\_\_ Money    \_\_\_\_ Time    \_\_\_\_ Personal Effort    \_\_\_\_ Physical Discomfort  
\_\_\_\_ Fear/Anxiety    Other \_\_\_\_\_