# Tell Us About Yourself

The better we understand you, the better we can serve you.  We don't like to make assumptions or guess about what makes you tick.
**Please mark the following scales to indicate your opinions or preferences.**

| 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. | | | | 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 more on professional maintenance. |
|---|---|---|---|---|
| | | | | |

| I like newer more modern techniques. | | | | I prefer tried and true methods. |
|---|---|---|---|---|
| | | | | |

| I favor a treatment oriented approach to disease. | | | | I favor a cause oriented approach to disease. |
|---|---|---|---|---|
| | | | | |

- Rank the following benefits in order of importance,
  **1**-being very important   **8**-being not at all important.

  (  )Comfort          (  )Appearance          (  )Peace of Mind
  (  )Function         (  )Precision
  (  )Durability       (  )Health

- Rank the following costs in order of importance,
  **1**-being very important   **8**-being not at all important

  (  )Money                  (  )Time                (  )Personal Effort
  (  )Physical Discomfort     (  )Fear / Anxiety      (  )Other