Patient Oral Care Survey

Date: _____

1. Did the staff help you brush your teeth or clean your dentures?
   ☐ Yes ☐ No

2. Were you given all the oral care supplies you need?
   ☐ Yes ☐ No

3. Are you satisfied with the oral care assistance you received?
   ☐ Yes ☐ No

4. Do you feel prepared to maintain your oral care while at home?
   ☐ Yes ☐ No

5. Do you understand how you can prevent pneumonia by brushing your teeth?
   ☐ Yes ☐ No