DR JB

A FREE GUIDE FROM DRJB SMILE CLINIC

Five Questions I Ask at Every Check-Up

And why I ask them in that order. Not small talk — this is a real risk assessment, just not called that to your face.

Every check-up here follows a structured risk assessment for decay and gum disease, based on the same framework used across NHS general dental services in Wales. You won't hear it described that way in the chair — it just sounds like a conversation — but here's what's actually being assessed, and why, so none of it catches you off guard.

1. **1. "Has anything changed — your health, medication, or home situation — since I last saw you?"**
   This comes first because it changes everything downstream. Certain medications reduce saliva flow and raise decay risk. Some health conditions affect gum disease risk directly. And practical things — a change in routine, a new caring responsibility, anything that makes daily brushing harder — are all genuinely relevant, not just polite conversation.
2. **2. "How's brushing going — twice a day, with a fluoride toothpaste, realistically, not the answer you think I want to hear?"**
   This is one of the two biggest predictors of decay risk, so I need an honest answer, not a reassuring one. Nobody brushes perfectly every day, and pretending otherwise doesn't help either of us plan properly.
3. **3. "What does eating and drinking between meals actually look like — any sugary drinks, tea or coffee with sugar, or snacking outside mealtimes?"**
   This is the other major decay risk factor, and it's often invisible to the person doing it. A coffee with sugar sipped across a whole morning does more damage than the same sugar drunk in one go with a meal — frequency matters more than quantity.
4. **4. "Do you smoke or use tobacco or vaping products, and are you using anything — interdental brushes, floss — between your teeth?"**
   Smoking is one of the strongest risk factors for gum disease, and it also makes any treatment less likely to succeed, so it matters that we're both clear on it. Interdental cleaning is the other side of the same question — a toothbrush alone can't reach between teeth, which is exactly where gum disease usually starts.
5. **5. "Is there anything bothering you — pain, sensitivity, a tooth you've been avoiding — that I should specifically look at today?"**
   People are surprisingly good at quietly working around a problem without mentioning it. This question exists because that adaptation is often the first real clue something needs attention, and I'd rather hear it from you than find it by accident.

> **Why the order matters:** it starts with anything that changes the whole picture, moves through the two biggest risk factors for decay, then gum disease risk, then leaves space for whatever's actually on your mind. Nothing about it is designed to catch you out.

What Happens With the Answers

Together with a look at your gums, any plaque present, and the teeth themselves, these answers build a genuine risk picture — not just decay, but gum disease too. That's what decides your recall interval and what we focus on, rather than a blanket "see you in six months" for everyone regardless of risk.

If You're Nervous About Coming In

You're not the first person to put off a check-up out of dread, and you won't be judged for it here. If it's been years, or a previous experience elsewhere put you off, tell us that upfront — it changes how we approach the appointment, not whether you're welcome.

If any of this still feels like a lot, book a conversation before you book a treatment. A free consultation costs you nothing and commits you to nothing.

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