



Self Management Goal Sheet for Prenatal Patients



My Self Management Goal Sheet

Patient Name

Date

Check the box of the goal or goals you want to work on now. We suggest 1-2 goals.

- ☐ Get regular dental care
- ☐ Get regular dental care
- ☐ Brush twice a day with fluoridated toothpaste
- ☐ Brush twice a day with fluoridated toothpaste
- ☐ Floss once a day AM or PM?
- ☐ Floss once a day AM or PM?
- ☐ Drink tap water with and in between meals
- ☐ Drink tap water with and in between meals
- ☐ Use a fluoridated, non-alcoholic mouth rinse
- ☐ Use a fluoridated, non-alcoholic mouth rinse
- ☐ Be tobacco and alcohol-free
- ☐ Be tobacco and alcohol-free
- ☐ Choose snacks low in sugar like nuts, dairy, fruits, and vegetables
- ☐ Choose snacks low in sugar like nuts, dairy, fruits, and vegetables
- ☐ Other goal for a health mouth

When will I do this?

How often will I do this?

My confidence level that I can complete this goal

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

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