

Denture Fit & Adhesive Use Tracker

Record what you notice for several days. Bring this sheet to a dental visit if your denture is becoming loose, uncomfortable, or increasingly dependent on adhesive.

Name: _____

Start date: _____

1. About my denture

☐ Upper denture	☐ Lower denture	☐ Partial denture	☐ Full denture
Approximate age: _____ years	Last fit check: _____	Last reline: _____	Adhesive used? Yes / No

2. What has changed?

Check anything you have noticed. A change does not identify the cause; it helps your dentist know what to examine.

☐ Rocks or tips while chewing	☐ Slips while speaking
☐ Less suction than before	☐ Food repeatedly gets underneath
☐ Needs more adhesive	☐ Needs adhesive more often
☐ New pressure spot or soreness	☐ Redness or irritated tissue
☐ Bite feels different	☐ Clicking or movement
☐ Harder to chew comfortably	☐ Sudden fit change
☐ Crack, chip, or broken tooth	☐ Other: _____

3. Where and when?

☐ Front	☐ Back left	☐ Back right	☐ All over
☐ While eating	☐ While talking	☐ At insertion	☐ After several hours

Describe the movement, soreness, or other change:

4. My current adhesive

☐ Cream	☐ Powder	☐ Strip / pad / wafer	☐ Not sure
☐ Zinc-free	☐ Contains zinc	☐ Not sure	Brand: _____
Usual amount:	Applications/day:	☐ Oozes after insertion	☐ Hard to remove

Important: Adhesive should improve a basically acceptable denture, not rescue one that no longer fits. Do not use household glue or adhesive to hold together a cracked or broken denture.

Seven-Day Adhesive & Comfort Record

Use the manufacturer's directions. Record what actually happens rather than deliberately changing the amount for this worksheet.

Day	Amount used	Times applied	Hold duration	Movement or food trapping	Soreness 0-10	Notes
1						
2						
3						
4						
5						
6						
7						

5. What pattern did I notice?

☐ A small amount usually works	☐ I need more than before
☐ I reapply during the day	☐ The denture still moves with adhesive
☐ Adhesive regularly oozes out	☐ Cleanup is difficult
☐ Soreness or food trapping continues	☐ Symptoms are getting worse

6. Questions for my dentist

☐ Does my denture still fit adequately without adhesive?
☐ Am I using an appropriate amount and type of adhesive?
☐ Would an adjustment, reline, rebase, or replacement help?
☐ Could dry mouth be affecting comfort or retention?
☐ Is the denture or bite damaged or excessively worn?

My other questions:

Arrange prompt dental care

Seek professional advice for a sudden fit change, persistent pain, repeated sores, bleeding, swelling, a crack or broken tooth, or a sore/red/white area that lasts about two weeks. Facial swelling with fever or trouble breathing or swallowing may require urgent care. This tracker records observations; it does not diagnose a denture problem or replace a professional examination.