

Hand-Friendly Oral Care Tool & Routine Planner

Use this worksheet to notice what is difficult, choose one or two practical changes, and discuss persistent problems with your dental or healthcare team.

Name: _____

Date: _____

1. What feels difficult?

Check anything that makes your routine painful, tiring, awkward, or easy to skip.

☐ Opening or squeezing toothpaste	☐ Holding a narrow toothbrush handle
☐ Moving the brush around every tooth	☐ Brushing for about two minutes
☐ Reaching the back teeth	☐ Using string floss
☐ Holding an interdental cleaner	☐ Cleaning dentures or appliances
☐ Standing safely at the sink	☐ Reaching supplies in a cabinet
☐ Remembering the full routine	☐ Other: _____

2. What do you notice in your hands or body?

☐ Pain or aching	☐ Stiffness	☐ Weak grip
☐ Tremor or shaking	☐ Numbness or tingling	☐ Quick fatigue
☐ Limited wrist/shoulder motion	☐ Dizziness or poor balance	☐ Other: _____

When is it most noticeable? Morning / Evening / All day / During: _____

Notes:

3. One or two changes to try first

☐ Powered toothbrush with simple controls	☐ Wider or cushioned toothbrush grip
☐ Floss holder or interdental brush	☐ Water flosser
☐ Toothpaste pump or easy-open cap	☐ Supplies arranged within easy reach
☐ Sit while brushing	☐ Mirror and better lighting at seated height

Ask your dentist or dental hygienist which interdental tool and size are appropriate for your teeth, gums, implants, bridges, or other dental work.

Know when to seek care

Contact a dental professional for persistent mouth pain or swelling, bleeding that does not improve, a loose tooth, a sore lasting about two weeks, trouble swallowing, or a denture sore that does not heal. Facial swelling with fever or trouble breathing or swallowing may require urgent care.

My Easier Daily Routine

Start with changes that reduce effort and help you clean comfortably and consistently.

4. Morning routine

☐ Brush gently with fluoride toothpaste	Tool or adaptation: _____
☐ Clean between teeth as advised	Tool or adaptation: _____
☐ Clean dentures/appliances, if applicable	Where supplies will be kept: _____
☐ Rinse and store tools so they are ready	Best time: _____

5. Evening routine

☐ Brush gently with fluoride toothpaste	Tool or adaptation: _____
☐ Clean between teeth as advised	Tool or adaptation: _____
☐ Clean dentures/appliances, if applicable	Where supplies will be kept: _____
☐ Rinse and store tools so they are ready	Best time: _____

6. Try it, then review

Change tried	Easier?	Comfortable?	Keep, adjust, or stop?
	Yes / Somewhat / No	Yes / Somewhat / No	
	Yes / Somewhat / No	Yes / Somewhat / No	
	Yes / Somewhat / No	Yes / Somewhat / No	

7. Questions for my dentist, hygienist, physician, or occupational therapist

☐ Can you watch how I brush and suggest an easier technique?
☐ Which between-the-teeth cleaner and size are safest for me?
☐ Would prescription-strength fluoride or more frequent preventive care help?
☐ Could my pain, weakness, tremor, or numbness need separate evaluation?

My other questions:

This worksheet is for general education and planning. It does not diagnose a condition or replace personalized care from a dentist or other qualified healthcare professional.