DTR/FDH Scaling Form

Patient: __________________________  Date: __________

A) Tooth Sensitivity Pain Scale

Rate your tooth sensitivity pain on a scale from 0 to 10:

0  no pain whatsoever
1  I almost never feel it
3  I'm aware of it several times a week
5  Pain that just barely needs store bought medication
7  I really should see my dentist
9  I must have stronger medication and need to see my dentist today!
10 THE worst possible pain!

Please describe your tooth sensitivity pain to a **5 second ice water swish**:

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Very Painful</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
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<td>4</td>
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Office Use:

*With EMG W/O EMG*

*preop postop Canine Rise #'s ____________*

B) Occlusion/Bite Related Questions

Do you: **PLEASE CIRCLE THE NUMBER IF YES**:

1- drink cold drinks through a straw to prevent a painful response in your teeth?
2- experience that tooth sensitivity pain dissipates rapidly?
3- have trouble eating crunchy or chewy foods?
4- have trouble drinking a cold drink or eating ice cream?
5- experience pain in your teeth when breathing in cold air that dissipates when you close your mouth and breathe through your nose?
6- experience a transient sensitivity pain in several of your teeth or a general area?
7- feel that your jaw and cheek muscles are often tight?
8- notice that chewing gum or chewy foods makes your jaw tired?
9- clench or grind your teeth?
10- notice that you consciously keep your lower teeth from touching your upper teeth because your teeth hurt slightly if not?
11- find yourself sticking your tongue between your front teeth sometimes?

C) Less Related to Occlusion Questions

Do you: **PLEASE CIRCLE THE NUMBER IF YES**:

12- feel that your tooth sensitivity pain lingers long after the hot or cold stimulus is gone?
13- experience lingering pain after separating your teeth between crunchy foods?
14- feel that cold makes the pain in your tooth or teeth feel better?
15- experience pain in your tooth or teeth that wakes you up at night?
16- notice that you consciously keep your lower teeth from touching your upper teeth because your teeth hurt unbearably if not?
17- find that you must put something between your front teeth or the pain is unbearable?
18- think that you know exactly the one tooth that’s causing your pain?
19- feel that you cannot open your jaw as far as you used to?
20- feel that hot drinks are intolerable and lead to a very painful response?

CONTINUED ON BACK
D) Headache/Tension Related Questions (answer if you experience headaches):

Do you: PLEASE CIRCLE THE NUMBER IF YES:

21- have debilitating headaches that require a trip to your physician?
22- have mild headaches that only require over the counter medication?
23- feel that the headaches are new to you?
24- get LIGHT SENSITIVE when you have headaches?
25- get NAUSEOUS when the headaches happen?
26- find that the headaches are IMPACTING your work, school, or recreational activities?
27- find that the headaches are intense and throbbing?
28- get upper neck tension or pain with your headaches?
29- get shoulder tension or with your headaches?
30- feel that you have been >50% disabled from your headaches for more than 11 of the last 90 days?

E) Past Providers/Therapies

Have you seen a dentist before for these symptoms?
If yes, what treatment was performed and did it work?

Have you seen a Primary Care Doctor before for these symptoms?
If yes, what treatment was performed and did it work?

Have you seen an ENT Specialist before for these symptoms?
If yes, what treatment was performed and did it work?

Have you seen a Neurologist before for these symptoms?
If yes, what treatment was performed and did it work?

Have you seen a Chiropractor before for these symptoms?
If yes, what treatment was performed and did it work?

Have you tried, Acupuncture Message Therapist, or Physical Therapist?
F) Please take a photo of your teeth with back teeth together, and lips retracted. This is a very important step for patients traveling from long distances.
**Symptoms of CRANIOMANDIBULAR DISFUNCTION**

**HEAD PAIN, HEADACHES**
1. Forehead
2. Temples
3. “Migraine” type
4. Sinus type
5. Shooting pain up back of the head
6. Hair and Scalp painful to touch

**EYES**
1. Pain behind the eye
2. Bloodshot eyes
3. Sensitive to sunlight

**EAR PROBLEMS**
1. Hissing, Buzzing
2. Ringing
3. Decreased Hearing
4. Ear pain, Ear ache
5. Clogged “itchy” ears
6. Vertigo, Dizziness
7. No infection

**JAW PROBLEMS**
1. Clicking, Popping joints
2. Grating sounds
3. Pain in cheek muscles
4. Uncontrollable jaw and/or tongue movements

**THROAT**
1. Swallowing difficulties
2. Laryngitis
3. Sore throat with no infection
4. Voice irregularities or changes
5. Frequent coughing or cleaning of throat
6. Feeling of foreign object in throat constantly

**MOUTH**
1. Discomfort
2. Limited opening
3. Can’t find bite
4. Locks open or shut
5. Inability to open smoothly
6. Have multiple bites
7. Jaw deviates to one side when opening

**TEETH**
1. Clenching and/or grinding at night
2. Looseness and soreness of back teeth
3. Chips in teeth
4. Crowding of teeth
5. Excessive wear of teeth
6. Flaring of teeth

**NECK PROBLEMS**
1. Lack of mobility
2. Neck pain
3. Tired sore muscles
4. Shoulder aches
5. Backaches
6. Arm and finger numbness and/or pain