

A) Tooth Sensitivity Pain Scale

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

Office Use:
With EMG *W/O EMG*
preop *postop*
 Canine Rise #'s _____

- 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**:

No Pain									Very Painful	
0	1	2	3	4	5	6	7	8	9	10

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

NAME: _____

DATE: _____

Symptoms of CRANIOMANDIBULAR DISFUNCTION

