DTR/FDH Scaling Form Patient:____________________

Date:_______

A) Tooth Sensitivity Pain Scale

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

0 1 2 3 4 5 6 7 8 9 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: 0-No Pain, 10-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- I drink cold drinks through a straw to prevent a painful response in my teeth
2- My tooth sensitivity pain dissipates rapidly
3- I have trouble eating crunchy or chewy foods
4- I have trouble drinking a cold drink or eating ice cream.
5- I experience pain in my teeth when breathing in cold air that dissipates when you close your mouth and breathe through my nose.
6- I experience a transient sensitivity pain in several of my teeth or a general area.
7- I feel that my jaw and cheek muscles are often tight.
8- I notice that chewing gum or chewy foods makes my jaw tired.
9- I clench or grind my teeth.

1785 San Carlos Avenue, Suite 2B, San Carlos, California 94070
(650)592-6396 ghina@doctormorad.com

10- I notice that I consciously keep my lower teeth from touching my upper teeth because my teeth hurt slightly if they do.
11- I find myself sticking my tongue between my front teeth sometimes.
12- I feel that my tooth sensitivity pain lingers long after the hot or cold stimulus is gone.
13- I experience lingering pain after separating my teeth between crunchy foods.
14- I feel that cold makes the pain in my tooth or teeth feel better.
15- I experience pain in my tooth or teeth that wakes me up at night.
16- I find that I must put something between my front teeth or the pain is unbearable.
17- I think that I know exactly the one tooth that's causing the pain.
18- I feel that I cannot open my jaw as far as I used to.
19- I feel that hot drinks are intolerable and lead to a very painful response.

D) Headache/Tension Related Questions (answer if you experience headaches): PLEASE CIRCLE THE NUMBER IF YES:

Do you:

1- Have debilitating headaches that require a trip to your physician.
2- Have mild headaches that only require over the counter medication.
3- Feel that the headaches are new to you.
4- Get LIGHT sensitive when you have headaches.
5- Get NAUSEOUS when the headaches happen.
6- Find that the headaches are IMPACTING your work, school, or recreational activities
7- Find that the headaches are intense and throbbing.
8- Get upper neck tension or pain with your headaches.
9- Get shoulder tension or with your headaches.
10- Feel that you have been >50% disabled from your headaches for more than 3 days of the last month.

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 Massage Therapist, or Physical Therapist?

1785 San Carlos Avenue, Suite 2B, San Carlos, California 94070
(650)592-6396 ghina@doctormorad.com