

## DTR/FDH Scale Form

**Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### A) Tooth Sensitivity Pain Scale

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

**No Pain**

**Very Painful**

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 rate 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

Please circle the numbers, **Do you**:

- 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?
- 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?

**C) Headache/Tension Related Questions (answer if you experience headaches):**

Please circle the numbers, **Do you:**

- 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?

**D) 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 an **Acupuncture Massage Therapist, or Physical Therapist?**