

PATIENT MOTIVATION QUESTIONNAIRE

Patients often request changes in their bites or faces and relief from pain or discomfort. Please help us understand your problem by checking the following information; please be specific (circle the words *more, less, forward, backward, longer, shorter, etc.*):

Teeth: If your teeth could be changed, how would you like them to change?

- straighten the front teeth *upper / lower*
- straighten the back teeth *upper / lower*
- make the upper front teeth *longer / shorter*
- move upper teeth *forward / backward*
- move lower teeth *forward / backward*
- make the line of the upper front teeth more level
- move the midline of the *upper / lower* teeth to the *left / right*
- other _____

Face: If your facial appearance could be changed, what would you change?

- get rid of sag under lower jaw
- move chin *forward / backward*
- move chin *left / right* to center it
- move lower lip *forward / backward*
- move upper lip *forward / backward*
- move the area around my nose *forward / backward*
- make the profile of my nose *longer / shorter*
- move the area under my eyes *forward / backward*
- make my cheekbones *larger / smaller*
- show *more / less* of my *teeth / gums* when I smile
- make my lips *closer together / farther apart* when my teeth are touching
- make my lips not touch and roll out when my teeth are touching
- reduce the strain in my *chin / lips* when I close my lips
- make my face more *narrow / wide*
- reduce the *width / fullness* of my lower jaw behind my mouth
- other _____

Symptoms: If you want to reduce pain or discomfort where would it be located? Please be specific about the location; circle the right side, left side or both if they apply.

- in front of my ears *right / left*
- below my ears *right / left*
- above my ears *right / left*
- in my ears *right / left*
- neck *right / left*
- shoulders *right / left*
- temples *right / left*
- teeth
- sinuses
- eyes *right / left*
- other _____

Name _____

Date _____