Name: _____ Date: _____

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.

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

[ ] straighten the front teeth *upper I lower*
[ ] straighten the back teeth *upper I lower*
[ ] make the upper front teeth *longer I shorter*
[ ] move upper teeth *forward I backward*
[ ] move lower teeth *forward I backward*
[ ] make the line of the upper front teeth more level
[ ] move the midline of the *upper I lower* teeth to the *left I right*

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

[ ] get rid of double chin
[ ] move chin *forward I backward*
[ ] move chin */eft I right* to center it
[ ] move upper lip *forward I backward*
[ ] move lower lip *forward I backward*
[ ] move the area around my nose *forward I backward*
[ ] make the profile of my nose *longer I shorter*
[ ] move the area under my eyes *forward I backward*
[ ] make my cheekbones *larger I smaller*
[ ] show *more I less* of my *teeth I gums* when I smile
[ ] make my lips *closer together I farther apart* wher rny teeth are touching
[ ] reduce the strain in my *chin I lips* when I close my lips
[ ] make my face more *narrow I wide*
[ ] reduce the *width I fullness* of my lower jaw behind my mouth

Symptoms: Pain/Discomfort: Circle locations which may apply:

[ ] in front of my ears *right I left*
[ ] above my ears *right I left*
[ ] below my ears *right I left*
[ ] in my ears *right I left*
[ ] neck *right I left*
[ ] shoulders *right I left*
[ ] temples *right I left*
[ ] eyes *right I left*
[ ] teeth
[ ] sinuses

Breathing:

[ ] I have difficulty breathing through my nose
[ ] my nose always feels stuffy
[ ] I snore *occasionally I often*

Other: _____

_____