

Patient Self-Assessment of Occlusal Condition

The following questions have to do with your own perception of your bite. Please answer the questions as completely as possible. If you are unsure about an answer, please leave it blank. The doctor will review your answers with you and will help you respond to questions that you may not understand. Patient Name _____

1. Please close your mouth to the position where your teeth fit together best, your "normal" bite. In most cases, this will be where your back teeth come together completely.

Is it easy and comfortable for you to close with your back teeth together?

- Yes
 No

2. Now I'd like you to tap your back teeth together several times, tap, tap, tap. When you do that, do you feel your back teeth touching on both sides?

- Yes If you answered "Yes," continue to question #3
 No If you answered "No," please go to question #4

3. If you answered "Yes," tap, tap, tap your teeth together again and tell me if it feels like you have good, solid, **and equal** contact on both sides in the back.

- Yes If you answered "Yes," please go to question #5
 No If you answered "No," please answer question #4

4. If you answered "No," to either question #1, #2 or #3, tell me where you do feel your teeth touching.

5. When you tap your back teeth together, as before, do you also feel your front teeth touching?

- Yes
 No

6. If you answered "Yes," do you feel **heavier** contact on your front teeth or on your back teeth?

- Front
 Back

7. Finally, when you close your mouth with your back teeth together, how does it feel to you? Select **one or more** of the following:

- Comfortable
 Solid
 Even
 Uneven
 Uncomfortable
 Strained
 Painful

Further Comments:

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