

## Bite and Jaw Joint

1. Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) \_\_\_\_\_
2. Do you feel like your lower jaw is being pushed back when you bite your teeth together? \_\_\_\_\_
3. Do you avoid or have difficulty chewing gum, carrots, nuts, bagels, baguettes, protein bars, or other hard, dry foods? \_\_\_\_\_
4. Have your teeth changed in the last 5 years, become shorter, thinner or worn? \_\_\_\_\_
5. Are your teeth crowding or developing spaces? \_\_\_\_\_
6. Do you have more than one bite and squeeze to make your teeth fit together? \_\_\_\_\_
7. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits? \_\_\_\_\_
8. Do you clench your teeth in the daytime or make them sore? \_\_\_\_\_
9. Do you have any problems with sleep or wake up with an awareness of your teeth? \_\_\_\_\_
10. Do you wear or have you ever worn a bite appliance? \_\_\_\_\_

Thank you for taking the time to fill out this questionnaire