ames ORTHODONTICS

Patient Motivation Questionnaire

Patients have many reasons for coming to see us, from changes in their bite or appearance, to relief from pain or discomfort. Please check the box before any statements that are true for you, and circle the correct option given in brackets for all of your checked statements. Thank you!

Name: _____ Date: _____

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

- ☐ I would like to straighten my [*upper/lower/both*] front teeth.
- ☐ I would like to straighten my [*upper/lower/both*] back teeth.
- ☐ I would like to make my upper front teeth [*longer/shorter*].
- ☐ I would like to move my upper teeth [*forward/backward*].
- ☐ I would like to move my lower teeth [*forward/backward*].
- ☐ I would like to make the line of my upper front teeth more level.
- ☐ I would like to move the midline of my [*upper/lower/both*] teeth to the [*left/right*].

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

- ☐ I would like to get rid of the sag under my lower jaw.
- ☐ I would like to move my chin [*forward/backward*].
- ☐ I would like to center my chin by moving it [*left/right*].
- ☐ I would like to move my lower lip [*forward/backward*].
- ☐ I would like to move my upper lip [*forward/backward*].
- ☐ I would like to move the area around my nose [*forward/backward*].
- ☐ I would like to make the profile of my nose [*longer/shorter*].
- ☐ I would like to move the area under my eyes [*forward/backward*].
- ☐ I would like to make my cheekbones [*larger/smaller*].
- ☐ I would like to show [*more/less*] of my [*teeth/gums/both*] when I smile.
- ☐ I would like to make my lips not touch and roll out when my teeth are touching.
- ☐ I would like to reduce the strain in my [*chin/lips/both*] when I close my lips.
- ☐ I would like to make my face [*narrower/wider*].
- ☐ I would like to 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?

- ☐ In front of [*right/left/both*] ear(s)
- ☐ Below [*right/left/both*] ear(s)
- ☐ Above [*right/left/both*] ear(s)
- ☐ In [*right/left/both*] ear(s)
- ☐ In [*right/left/both*] side(s) of neck
- ☐ In [*right/left/both*] shoulder(s)
- ☐ In [*right/left/both*] temple(s)
- ☐ In [*right/left/both*] eye(s)

- ☐ In teeth—describe location: _____

- ☐ In Sinuses—describe location: _____

- ☐ Other:_____