



## HEALTHY MOUTH QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### MOUTH

Snoring, morning dry mouth	Y	N
Teeth grinding, jaw clenching	Y	N
Mouth breathing, chapped lips	Y	N
Persistent/wandering dental sensitivity	Y	N
Gum recession and/or redness	Y	N
Clicking/locking jaw joints, zigzag jaw opening	Y	N
Morning headache and/or sore jaws	Y	N
Deep overbite or underbite (weak chin)	Y	N
Frequent cavities or broken/chipped teeth	Y	N
Teeth prints on the sides of the tongue	Y	N
Bony outgrowth on palate or inside lower jaw	Y	N
Sunken lips and reverse smile curve (sad)	Y	N
History of teeth extractions for braces	Y	N
Bulge under lower jaw, double chin	Y	N
History of lots of dental work and medical symptoms	Y	N
Malocclusion (crowded teeth)	Y	N

### BODY

Gasping or choking in sleep	Y	N
Neck, shoulder or back pain; headaches	Y	N
Erectile dysfunction or PMS	Y	N
High blood pressure, heart disease	Y	N
Diabetes - Type 2, bloating after meals	Y	N
Weight gain, pot belly; acid reflux	Y	N
Daytime sleepiness, fatigue	Y	N
Senile memory, dementia	Y	N
ADD/ADHD	Y	N
Frequent cold, flu and skin disorders	Y	N
Obstructive sleep apnea from sleep test	Y	N
Stuffy/runny nose, scratchy/itchy throat	Y	N
Forward head: ears ahead of shoulders	Y	N
Waking up to urinate more than once	Y	N
Large neck size: M >17, W >15	Y	N
Poor digestion and elimination	Y	N
Depression, anxiety, grouchiness	Y	N