



<u>ORAL BITE RISK ASSESSMENT</u> Yes responses may indicate increased susceptibility to oral bite disease.	YES	NO
1. Do you have a problem chewing gum?		
2. Do you have a problem chewing bagels or other hard foods?		
3. Have your teeth changed in the last 5 years, become shorter, thinner or worn?		
4. Are your teeth crowding or developing spaces?		
5. Have you ever had braces (orthodontics) or had your bite adjusted?		
6. Are your teeth crowding or developing spaces?		
7. Do you suffer from migraines or tension headaches?		
8. Have you seen or do you see a chiropractor?		
9. Are you taking sleep aids (SSRI's)?		
10. Have you ever experienced a high spot after dental work?		
11. Do you have more than one bite or do you clench or squeeze to make your teeth fit together?		
12. Have you ever worn a bite appliance or been told that you need one?		
13. Do you have a problem with your jaw joint (pain, clicking, popping, locking, limited opening)?		
14. Do you have a problem with sleep or wake up with an awareness of your teeth?		
15. Have you ever had broken or chipped A tooth?		