**PhOX Examination-sheet [Version 1.1]**

**A Self-declarations**

How often have you encountered any of the following sensations in your mouth, jaw and face area in the past 30 days:

Pain:
- never
- rarely (ca. 1x per month)
- now and then (multiple per month)
- often (multiple per week)
- very often (daily)

Paresthesia: (burning, numbness, hypersensitivity, change in taste, etc.)
- never
- rarely (ca. 1x per month)
- now and then (multiple per month)
- often (multiple per week)
- very often (daily)

**B Extraoral report**

Pain on palpation (M. temporalis, M. masseter, mandibular joint, Gl. parotis, Gl. submandibularis)

No / Yes

Intensity: light / moderate / intense

prominence: unknown / known

**C Intraoral report**

Number of healthy teeth

Number of filled, crowned teeth (including implant-supported crowns)

Number of decayed teeth

Number of teeth overall (including space closure)

Number of teeth with probing-depth 3,5-5,5mm

Number of teeth with probing-depth >5,5mm

Bleeding on probing: no / yes

Number of teeth with percussion sensibility

Number of supporting zones [0-4]

Overjet (sagittal overbite)

Overbite (vertical overbite)

Maximum contact-point deviation

Lateral crossbite

Mouth opening (with dentures): straight / not straight

Maximum active mouth opening

Maximum passive mouth opening

**Clefts or defects:** none

Operated cleft or defect

Only in soft-tissues

Bone-defect without mouth-antrum-connection

Bone-defect with mouth-antrum-connection

**Humidity:** wet

partial dry

completely dry

**Saliva-texture:** fluid

slight foamy

no saliva

**Swelling:** (oral mucosa/lips/tongue)

No

Yes

Area: Max. ¼ of the surface

Max. ½ of the surface

More than ½ of the surface

Whole surface

Intensity: light

intense

**Color alteration:** (oral mucosa/lips/tongue)

No Yes

Area: Max. ¼ of the surface

Max. ½ of the surface

More than ½ of the surface

Whole surface

Intensity: light

intense

**Loss of integrity**: (oral mucosa/lips/tongue)

No Yes

Area: Max. ¼ of the surface

Max. ½ of the surface

More than ½ of the surface

Whole surface

Intensity: light

intense