

APPENDIX A

Dr. Claire Stagg-Ruda 2120 Highway A1A Indian Harbour beach, FL, 32937 321-777-2797

STUDY: INFLUENCE OF VERTICAL DIMENSION OF OCCLUSION CHANGES ON THE DIRECTION OF WALKING

HEALTH HISTORY QUESTIONNAIRE

NAME: _____ DATE: _____

DATE OF BIRTH: _____

SEX: Male / Female

ADDRESS: _____

PHONE NUMBER: home: _____ work: _____ cell: _____

GENERAL HEALTH:

1 Are you in good health? Y/N
2 Are you under the care of a physician? Y/N Why? _____

3 Are you taking any medication? Y/ N Please note which ones and their purpose: _____

Are you pregnant? Y / N How many weeks along in pregnancy? _____

Have you had any recent traumas to the head, face, hips or lower limbs? Y / N

Are you an adult that can walk unassisted? Y / N

Do you have a disorder of gait, balance or sway? Y / N

Have you ever been clinically diagnosed with?

- "short leg syndrome"? Y / N
- any problems with hips, knees or feet? Y / N
- any disorders of the inner ears, vertigo, Meniere's disease? Y / N

Do you have any visual disorders? Y / N

Are you legally blind? Y / N

DENTAL:

Do you have any missing teeth? Y/ N How many? _____

Do you have at least 24 teeth in occlusion Y/ N

Do you have your own front natural teeth specifically the left upper and lower central incisors? Y/ N

Do you have removable dental appliances? : Full Y/ N or partial: Y / N

Do you have a gag reflex restricting the taking of impressions for dental moulds of both your upper and lower arches? Y/ N

Are you presently being treated for any dental or TMJ disorders?

Are you currently undergoing dental rehabilitation treatment?

Are you currently undergoing orthodontic treatment? Y/ N

Do you have periodontal disease Y/ N mobile teeth? Y/ N