

Pre-Screening Questionnaire

Please circle your answer and tally score when complete.

1. In general, would you say your health is:

- (0) Excellent
- (1) Very Good
- (2) Good
- (3) Fair
- (4) Poor

2. Recently, have you felt constantly under strain?

- (0) Not at all
- (1) No more than usual
- (2) Rather more than usual
- (3) Much more than usual

3. Recently, have you found everything getting on top of you?

- (0) Not at all
- (1) No more than usual
- (2) Rather more than usual
- (3) Much more than usual

4. Recently, have been losing confidence in yourself?

- (0) Not at all
- (1) No more than usual
- (2) Rather more than usual
- (3) Much more than usual

5. Do you still enjoy the things you used to enjoy?

- (0) Definitely as much
- (1) Not quite as much
- (2) Only a little
- (3) Hardly at all

6. Have you ever spend a lot of time worrying about a defect in your appearance/bodily functioning?

- (0) Not at all
- (1) Same as most people
- (2) More than most people
- (3) Much more than most people

7. Before going out, you usually spend a lot of time getting ready?

- (0) Definitely disagree
- (1) Mostly disagree
- (2) Neither agree nor disagree
- (3) Mostly agree
- (4) Definitely agree

8. How dissatisfied or satisfied are you with your face (facial features, complexion)?

- (0) Very satisfied
- (1) Mostly satisfied
- (2) Neither satisfied or dissatisfied
- (3) Mostly dissatisfied
- (4) Very dissatisfied

9. Have you been dissatisfied with the outcome of any previous aesthetic surgery or cosmetic dentistry procedure?

- (0) No I have not had any previous procedure(s)
- (1) No, I have been satisfied with previous procedure(s)
- (1) Yes, I have been dissatisfied with previous procedure(s)

Patient name:

Date:

Total Score: