

Patient Name _____
Date _____



ORAL SURGERY SPECIALISTS
OF PUEBLO

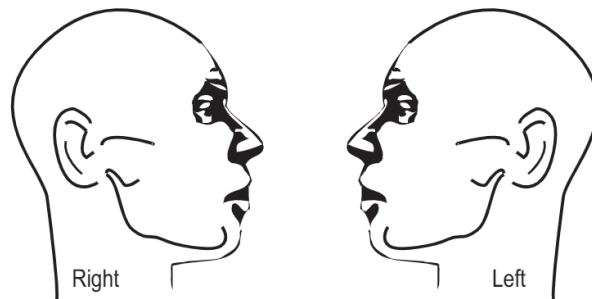
Facial/TMJ Pain Questionnaire

CHIEF COMPLAINT

- What is the main problem that brings you here? _____
- Did this problem begin: **SUDDENLY** **GRADUALLY**
- How long have you been bothered by this problem? **YEARS** **MONTHS** **WEEKS** **DAYS**

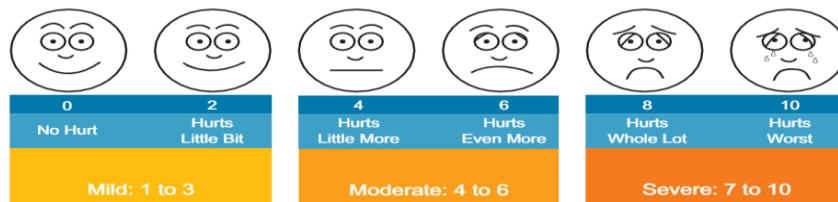
PAIN SYMPTOMS

- Location: (please circle or indicate where you are having pain)

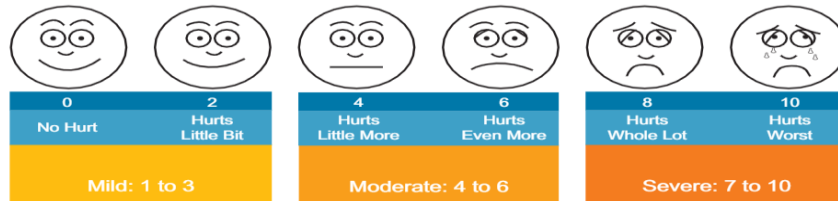


- Headaches (answer only if you have regular headaches)
 - How often? _____
 - Time of Day _____
 - Location: **ONE SIDE** **BOTH SIDES**
 - Previous Diagnosis and Treatment
- Circle all the terms that describe your pain:
SHARP DULL ACHING DEEP SUPERFICIAL BURNING PULSING SPREADING
- Rate your pain today by placing a line on the scale:

Rate your pain now:



At its worst, how bad was the pain?





DYSFUNCTION

- Can you open your mouth: **NORMALLY PARTIALLY VERY LIMITED**
- Has your jaw ever locked **open** or **shut**: **YES NO**
 - Did you require the aid a healthcare professional to resolve the lock? **YES NO**
- Do you have any of these sounds in your jaw joints?

CLICKING/POPPING: R L

GRINDING: R L

- If you have any of these problems, is it: **FREQUENTLY OCCASIONALLY CONSTANTLY**
- Have you noticed any change in your bite or ability to chew: **YES NO**
- Have you had to make any dietary changes? **NO CHEW DIET SOFT DIET REGULAR DIET**

OTHER QUESTIONS AND COMPLAINTS

- Are your jaws clenched or teeth sore when you awaken from sleep? **YES NO**
- Do you grind or clench your teeth during the **DAY** or **NIGHT**? **YES NO**
- Do you chew gum or ice? **YES NO**
- Are your muscles ever tired? **YES NO**
- Have you had braces? **YES NO**
- Have you ever had your bite adjusted by your dentist? **YES NO**
- Do you play a musical instrument or sing? **YES NO**

Please list any other pertinent information you feel we should know: _____

Have you been treated previously for this problem? _____

By Whom: _____ Telephone number: _____

Diagnosis and Treatment: _____
