

## Jaw/Facial Pain Questionnaire

Patient Name:	Date:
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Please answer the following questions:

- |   |           |          |          |
|---|-----------|----------|----------|
| 1. Do you have frequent headaches?  |           | Yes      | No       |
| 2. Do you have pain around your jaw joint? Facial/temporal area?                |           | Yes      | No       |
| 3. Has the pain recently become more severe?                                    |           | Yes      | No       |
| 4. When is the pain worse? <i>Please circle...</i>                              | Mornings  | Evenings | At Meals |
| 5. Do you have tired jaw muscles?   |           | Yes      | No       |
| 6. Do you have clicking or popping when opening your mouth?                     |           | Yes      | No       |
| 7. Which side clicks or pops? <i>Please circle...</i>                           | Left      | Right    | Both     |
| 8. Are you aware of: <i>Please circle...</i>                                    | Clenching | Grinding | Both     |
| 9. Do you have difficulty chewing?  |           | Yes      | No       |
| 10. Have there been recent changes in your lifestyle or other stressful events? |           | Yes      | No       |
| 11. Do you think nervous tension seems to affect this problem?                  |           | Yes      | No       |
| 12. Have you ever had a severe blow or trauma to the head, neck, or jaw?        |           | Yes      | No       |
| 13. Have you ever been treated for any temporo-mandibular disorder (TMJ)?       |           | Yes      | No       |
| 14. Have you had problems with other joints?                                    |           | Yes      | No       |
| 15. Do you have rheumatoid or osteo-arthritis?                                  |           | Yes      | No       |
| 16. Have you ever worn a bite appliance or guard?                               |           | Yes      | No       |
| 17. Have you had orthodontic treatment?   |           | Yes      | No       |
| 18. What are your main goals for occlusal or "TMJ" treatment?                   |           |          |          |

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*For office use only:*

Notes: \_\_\_\_\_

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Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

