

Dental Associates of Maitland, P.A.
Bernard A. Kahn, D.D.S.

Facial Pain Questionnaire

Date _____

Name _____

Your response to these questions greatly assists us in helping to make the proper diagnosis.

Did someone refer you here? Yes _____ No _____ Name _____

I. Check all the symptoms that apply to you.

Head aches _____

Face Pain _____

Neck Pain _____

Eye pain or burn _____

Jaw Pain _____

Hearing problems _____

Ear Pain _____

Dizziness _____

Pain in front of Ear _____

Teeth sore or sensitive _____

II. Approximately how long has this problem occurred? 1 month _____ 3 months _____
6 months _____ Over 6 months _____ Over 1 year _____ Over 5 years _____

III. Is this pain constant: _____ aching _____ burning _____ stabbing
_____ worse in the afternoon _____ worse in the morning _____ when chewing
_____ when opening wide _____ when touching your teeth
Is your pain worsened by _____ coughing _____ sneezing _____ laying down

IV. Does your jaw click or pop _____ catch or "hang-up" _____ lock closed _____
lock open _____ make a grinding noise _____

If this is not occurring now, have these things occurred in the past? Yes _____ No _____

Comments: _____

V. Can you remember any accident in which you hit or injured your jaw? Yes _____ No _____

Comments: _____

**Please use the reverse side
for additional comments**