Knox OMS
Knoxville Oral & Maxillofacial Surgery

Turner P. Emery, D.D.S., M.D.
Michael D. Wooten, D.D.S.
Joshua S. Manuel, D.D.S.
865.584.6207 | KnoxOMS.com
6207 Highland Place Way, Suite 207
Knoxville, TN 37919

TMJ & Facial Pain Questionnaire

Knoxville Oral & Maxillofacial Surgery

1. Name: _____

2. Address: _____

3. Age: _____ 4. Referred by: _____

5. Describe your problem:

6. How long has this pain been present? _____

7. Does the problem limit your ability to open, close, and chew? If so, how?

8. Was there an event which you believe may have caused the problem? If so, please describe:

   Accident/Injury: _____ Dental Treatment: _____

   Surgery: _____ Stress: _____

   Other: _____

9. What other health care specialists have you seen regarding this problem? _____

10. Describe any treatments you have had:

    Medicines: _____

    Physical Therapy: _____

    Teeth Adjustments: _____

    Bite Splints: _____

    Orthodontics: _____

    Surgery: _____

    Stress Management: _____

    Other: _____

11. Which side hurts? (Check One): ☐ *Right* ☐ *Left* ☐ *Both* ☐ *Neither*

12. Is the pain CONSTANT or OCCASIONAL (Check One): ☐ *Constant* ☐ *Occasional*

13. When is the pain worse? (Check One): ☐ *Morning* ☐ *Afternoon* ☐ *Evening*

14. Does anything you do make the pain worse? If so, what?_____

15. Does anything you do make the pain better, If so, what? _____

16. Does it hurt to: ☐ *Move your jaw* ☐ *Chew* ☐ *Open wide* ☐ *Move side-to-side*

17. Do you have or have you had any of the following?

☐ Sinus Problems
☐ Migraine Headaches
☐ Stressful Job
☐ Sensitive Teeth
☐ Arthritis
☐ Back Pain
☐ Ringing in Ears
☐ Hearing Changes
☐ Gum Disease
☐ Allergies (If so, to what?):
_____

☐ Headaches
☐ Depression
☐ Neck Ache
☐ Trouble Sleeping
☐ Home Stress
☐ Earache
☐ Dizziness
☐ Irritable Bowel
☐ Nervous Stomach
☐ Ulcers
☐ Mitral Valve Prolapse

List other medical problems:

18. Does your jaw joint make noise now? ☐ *Yes* ☐ *No* Has it in the past? ☐ *Yes* ☐ *No*

What does it sound like? (Check One): ☐ *Click* ☐ *Pop* ☐ *Grind* ☐ *Other:* _____

19. Does your jaw ever lock open?_____ Lock Closed?_____

How has it been treated?_____

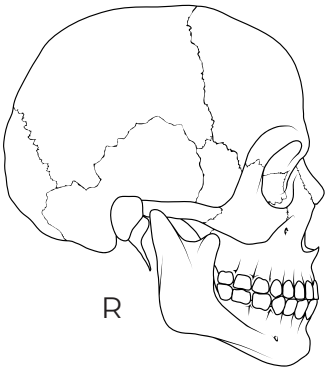
Can you do anything to prevent or treat this? _____

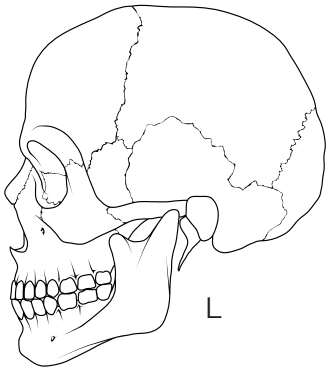
20. Do you grind or clinch your teeth?_____

21. **On a scale of 0-100,** with 0 being no pain, and 100 being the worst pain imaginable, how would you rate your current pain? _____

21. **On a scale of 0-100**, with 0 being no effect, and 100 being cannot function at all, how would you rate how this pain is affecting your life? _____

23. Draw an outline and shade the area of your pain:





24. Which of these words best describes your pain? (Check One or Many):

☐ Pulsing	☐ Throbbing	☐ Tingling	☐ Cruel	☐ Intense
☐ Burning	☐ Scalding	☐ Punishing	☐ Wretched	☐ Tugging
☐ Wrenching	☐ Searing	☐ Frightful	☐ Horrible	☐ Cramping
☐ Crushing	☐ Fearful	☐ Killing	☐ Pinching	☐ Lacerating
☐ Sickening	☐ Suffocating	☐ Miserable	☐ Cutting	☐ Tiring
☐ Exhausting	☐ Terrifying	☐ Sharp	☐ Stabbing	☐ Taut
☐ Splitting	☐ Distressful	☐ Boring	☐ Tender	☐ Heavy
☐ Blinding	☐ Pricking	☐ Shooting	☐ Aching	☐ Annoying
☐ Unbearable	☐ Flashing	☐ Dull	☐ Stinging	☐ Excruciating
☐ Jumping	☐ Pounding	☐ Smarting	☐ Mild	

25. Are there any additional comments you would like to make?