HEADACHE AND FACIAL PAIN SCREENING QUESTIONNAIRE

Name:_____ Date:_____

Temporomandibular Disorders are a frequent cause of headaches, facial pain and dental pain.
Please complete this screening questionnaire.

SYMPTOM CHECKLIST:Please check any of the following symptoms that apply to you. (L=left and R=right)

Headaches:

_____ Migraines _____ Tension Headaches _____ Other _____

How Often? _____

Top of Head	_____L	_____R	Temples	_____L	_____R
Forehead	_____L	_____R	Behind Eyes	_____L	_____R
Back of Head	_____L	_____R			
			Pain in Shoulder	_____L	_____R
Pain in Ear	_____L	_____R	Tinnitus (Ringing in Ears)	_____L	_____R
Dizziness (vertigo)	_____L	_____R	Facial Pain (Non-specific)	_____L	_____R
Pain in Jaw Joint	_____L	_____R	Grating sound in joint	_____L	_____R

Clicking or popping in jaw joint _____L _____R

Partial inability to open mouth _____ No _____ Yes _____ Constant _____Sporadic

Difficulty chewing _____ No _____ Yes

Have you ever worn braces _____ No _____ Yes

Age when braces were on _____

Orthodontist _____

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R ——— L

Shimbashi

SLEEP APNEA EVALUATION

We have seen a recent increase in sleep apnea findings in our patients, which is a life threatening medical problem. To protect your health, we are asking you to complete the following screening form.

PLEASE ANSWER:

Do you snore? _____No _____Yes

Are you excessively tired during the day? _____No _____Yes

Have you been told you stop breathing during sleep? _____No _____Yes

Do you have a history of hypertension? _____No _____Yes

Is your neck size greater than....
17 inches (male)
15 inches (female) _____No _____Yes

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$BMI = \frac{W}{H^2(in.)} \times 703 =$ _____

MALLAMPATI

I II III IV

Tonsils: Absent Present

Adenoids: Absent Present

YES to two or more of these questions is a positive screen to sleep apnea. If you answered yes to two or more questions, show this completed questionnaire to your doctor.