

Jaw Pain Questionnaire



If you are suffering from jaw pain or orofacial pain, here is a questionnaire that will help you explain your symptoms to your dentist. Download the form, answer the questions, and take it to your dentist.

1. Is your jaw pain constant or intermittent?
2. Is your jaw pain on the right side, left side or both?
3. How would you explain the nature of your jaw pain: is it in the muscle or joint, or when you move your jaw?
4. What aggravates your jaw pain?
5. Do you have a history of trauma to the jaw? If yes, please describe. Has something recently changed?
6. Have you had any recent dental procedures such as extraction, implant, crowns, or periodontal surgery?
7. Do you have any abnormalities of your teeth or gums, or gum or tooth pain?
8. Any dysfunction in your jaw joint (right/left/both)? Please describe:
9. What treatments have you already tried (medications, MRI, CT scans etc.) Please list:
10. How long have you had jaw pain?
1-2 days 1 week 2-4 weeks 1 month 2 months 6 months 1 year >1 year

Please answer the following questions on a scale of 0 to 10, where **0 is none and 10 is the worst possible**. We would like to track your progress over time using this same scale.

11. What is the average intensity of your jaw pain? (0-10)
12. Can you describe the frequency of your pain? (0-10)
13. Do you experience impaired jaw mobility such as chewing or opening your mouth? (0-10)

PATIENT NAME _____

DATE _____