TMJ, HEADACHE AND FACIAL PAIN QUESTIONNAIRE

This questionnaire is designed for you to provide important facts regarding the history of your pain or condition. The information you provide will assist in your treatment plan design.

Full Name :

Email: Date of Birth: / /

PAIN HISTORY

When did your condition first occur?

What do you believe is the cause of your pain or condition?

- Motor vehicle accident
- Accident
- Work related incident
- Injury
- Fight
- Illness
- Unknown
- Other:

If accident, date:

Have you had jaw surgery?

- Yes
- No

Have you had prior orthodontic treatments?

- Yes
- No

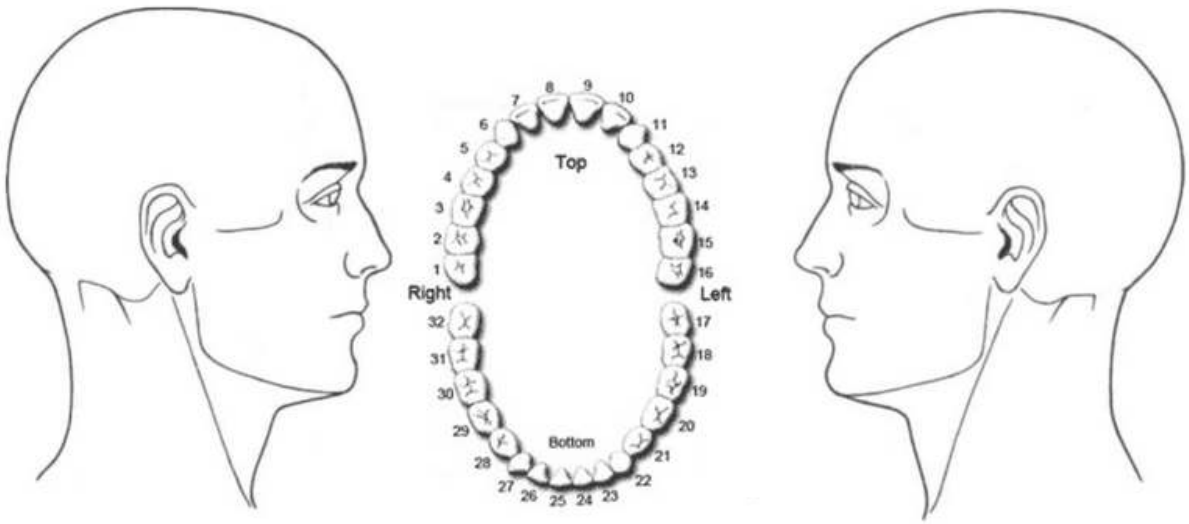
Have you had teeth removed before having braces?

- Yes
- No

WHERE IS YOUR PAIN?

Shade using strokes for MILD pain ////////

Shade using cross for STRONG pain XXXXX



Do you get pain or sensitivity in any teeth? Please mark the image.

DESCRIBE YOUR JAW PAIN

1) Is your pain:

- [ ] Sharp/stabbing
- [ ] Hot
- [ ] Throbbing

2) Does your jaw pain worsen during chewing?

- [ ] Yes L R B
- [ ] No

3) Do you have jaw pain at the start of opening?

- [ ] Yes L R B
- [ ] No

4) Does your jaw feel stiff or ache upon waking?

- [ ] Yes L R B
- [ ] No

5) Do you have jaw pain at rest?

- [ ] Yes L R B
- [ ] No

6) Does your pain feel...

- [ ] Dull/bruised
- [ ] Dragging

SLEEP QUESTIONS

7) Do you feel you get enough sleep?

- [ ] Yes
- [ ] No

8) On waking do you feel...

- [ ] Tired and foggy
- [ ] Refreshed and alert

9) Do you feel fatigued or tired during the day?

- [ ] Yes
- [ ] No

10) Has anyone ever told you that you snore?

- [ ] Yes
- [ ] No

11) Does it take you a long time to fall asleep?

- [ ] Yes
- [ ] No

12) Do you wake during the night?

- [ ] Yes
- [ ] No

BREATHING AND AIRWAY QUESTIONS

13) Does your mouth or throat feel dry on waking?

- [ ] Yes
- [ ] No

14) Do you have allergies or frequent sinus congestion?

- [ ] Yes
- [ ] No

15) Are your lips closed when breathing normally?

- [ ] Yes
- [ ] No

16) Do you clench or grind your teeth?

- [ ] Yes
- [ ] No

17) Do you have difficulty breathing through your nose?

- [ ] Yes
- [ ] No

CHRONIC PAIN QUESTIONS

18) Do you have widespread pain in muscles or joints?

- [ ] Yes
- [ ] No

19) Do dental visits cause you anxiety or trigger off any pain?

- [ ] Yes
- [ ] No

20) Do you suffer from depression or anxiety?

- [ ] Yes
- [ ] No

EXERCISE QUESTIONS

21) Do you exercise regularly?

- [ ] Daily
- [ ] Every second day
- [ ] 1x per week

22) What is your preferred form of exercise?

Is there anything that makes your pain or discomfort worse?

Is there anything that makes your pain or discomfort better?

Have you had any treatment for your pain in the past?

Which treatment has helped the most?

DESCRIBE YOUR HEADACHE SYMPTOMS

Do you get frequent headaches?

- [ ] Yes
- [ ] No - do no complete this section

How often do you get headaches?

- [ ] Daily
- [ ] Weekly
- [ ] Monthly

Do you have neck or shoulder pain?

- [ ] Yes L R B
- [ ] No

Have you had neck surgery?

- [ ] Yes
- [ ] No

Do you get numbness or tingling in your fingers?

- [ ] Yes
- [ ] No

Do you get numbness or tingling in your head or face?

- [ ] Yes
- [ ] No

Tick any symptoms that you get?

- [ ] Sinus pain or congestion
- [ ] Blurred vision
- [ ] *Dots, lines or blind spots in vision (aura)*
- [ ] *Light sensitivity*
- [ ] Dizziness
- [ ] Loss of balance
- [ ] Nausea without vomiting
- [ ] *Nausea with vomiting*
- [ ] Symptoms feel better with heat
- [ ] Tinnitus, ringing or noise in the ear(s)
- [ ] Hearing loss or ear fullness
- [ ] Excessive watering of the eye (ptosis)
- [ ] Sore throat
- [ ] Persistent throat cough
- [ ] *Symptoms feel better with cold*
- [ ] Symptoms feel better with heat
- [ ] *The pain throbs like it has a pulse*

Is there anything that makes your pain or discomfort worse? _____

Is there anything that makes your pain or discomfort better? _____

Have you had any treatment for your pain in the past?

- [ ] Medication/drugs
- [ ] Physiotherapy
- [ ] Osteopathy
- [ ] Chiropractic
- [ ] Massage
- [ ] Acupuncture
- [ ] Dental splint/mouth guard
- [ ] Exercises

Which treatment has helped the most? _____

What other information is important to your pain or condition? _____

PRACTITIONER TESTS AND EVALUATION - TMJ

*Patients may have symptoms in one, two or all three categories.

ACUTE

Questions 1-3 suggest acute inflammatory pain is more likely, therefore commence therapy with a soft diet, if not contraindicated a short course of anti-inflammatories.

Practitioner tests if acute presentation is suspected:
Actively open and close the mouth with fingers in the ear canals with gentle forward pressure.
*If this test is painfully tender then acute inflammatory joint pain may be present.

MYOFASCIAL

Questions 4-6 suggest muscular pain is more likely. Recommend heat packs and encourage movement. If you have learned the FNFT protocol then assess and stimulate the masticatory muscles and commence myofunctional exercises as per the FNFT protocol.

Measure mouth opening using a Myomate or similar.
*Normal range without discomfort is 45-55mm.
*25mm or less may be muscular trismus or ADDWOR (Articular Disc Displacement WithOut Reduction)

Observe jaw movement symmetry slowly opening and closing.
Does the jaw swing R or L on opening or have a zig-zag?
*A zig-zag means the condyles are gliding over the discs one after the other (does not need intervention)
*A swing is typically due to restriction in one or more of the masticatory muscles (perform FNFT protocol)

COMPLEX

Questions 7-22 flag areas that may need further investigation.
Practitioner tests if multiple factors are suspected:

Tongue Range of Motion Ratio (TRMR)

- Grade 1 >80%
- Grade 2 50-80%
- Grade 3 <50%
- Grade 4 <25%

*Significant restriction may contribute to parafunctional habits and contribute to a narrow airway

Dental Observations

- Tooth wear symptomatic of bruxism.
- Teeth that are chipped, cracked or are eroded.
- Linea Alba (bite marks inside cheeks)
- Malampatti score classification
- Tongue scalloping

Further questionnaires/referrals for patients with complex pain:

- SLEEP - STOPBANG, OSA50 and Epworth Sleepiness Questionaires - refer GP for sleep study
- BREATHING AND AIRWAY - proper oral rest posture education, OMT and ENT referral pathway
- CHRONIC PAIN - CNS questionnaire

HEADACHES

In the headache symptoms list:
*Symptoms in italics are more consistent with neurovascular migraines - refer GP or Neurologist
*Symptoms in plain font are more consistent with tension headaches from the neck - refer manual therapist and Myofunctional Therapist