

ARIZONA CENTER FOR LASER DENTISTRY

CRANIOMANDIBULAR SYMPTOM SHEET

Patient _____

Date _____

Do you experience the following?

N=Never; R=Rarely; S=Sometimes; U=Usually; A=Always

EYES:

- 1. Pain around eyes? 1. N R S U A
- 2. Blurred vision? 2. N R S U A
- 3. Pressure behind eyes? 3. N R S U A
- 4. Pain behind eyes? 4. N R S U A
- 5. Light sensitivity? 5. N R S U A
- 6. Watering eyes? 6. N R S U A

HEAD AND/OR FACE:

- 1. Forehead pain? 1. N R S U A
- 2. Temple pain? 2. N R S U A
- 3. Facial muscle cramps? 3. N R S U A
- 4. Facial pain? 4. N R S U A
- 5. Headaches 5. N R S U A
- 6. Pain in back of head? 6. N R S U A
- 7. Pain in scalp or hair? 7. N R S U A

MOUTH:

- 1. Have limited opening? 1. N R S U A
- 2. Chewing difficulties? 2. N R S U A
- 3. Chewing hurts? 3. N R S U A
- 4. Jaw deviates to one side when opening jaw wide? 4. N R S U A
- 5. Hurts to speak? 5. N R S U A
- 6. Can't find the bite? 6. N R S U A
- 7. Bite feels different? 7. N R S U A
- 8. Teeth sensitive or ache? 8. N R S U A
- 9. Clench or grind teeth? 9. N R S U A
- 10. Teeth loose? 10. N R S U A
- 11. Teeth that ache? 11. N R S U A

JAW JOINT PAIN:

- 1. Pain right side? 1. N R S U A
- 2. Pain left side? 2. N R S U A
- 3. Jaw sticks open/closed? 3. N R S U A
- 4. Unintentional biting of cheek, lip or tongue 4. N R S U A
- 5. TMJ clicking/popping? 5. N R S U A
- 6. TMJ grating/cracking? 6. N R S U A
- 7. Uncontrolled jaw or tongue movements? 7. N R S U A

EARS & BALANCE:

- 1. Ears hissing/buzzing/ringing/roaring? 1. N R S U A
- 2. Diminished hearing? 2. N R S U A
- 3. Ear pain without infection? 3. N R S U A
- 4. Stuffy ears or sinuses? 4. N R S U A
- 5. Itching in ear canals? 5. N R S U A
- 6. Dizzy or unbalanced sensations? 6. N R S U A

NECK OR SHOULDERS:

- 1. Limited neck motion? 1. N R S U A
- 2. Stiffness? 2. N R S U A
- 3. Pain or aching? 3. N R S U A
- 4. Arm/finger numbness/tingling/pain? 4. N R S U A
- 5. Upper or lower back pain? 5. N R S U A
- 6. Muscle spasm or cramping? 6. N R S U A

SELF-IMAGE AND COPING:

- 1. Negative feelings of self? 1. N R S U A
- 2. Fear of negative reactions of others? 2. N R S U A
- 3. Changes in social roles? 3. N R S U A
- 4. Insomnia? 4. N R S U A
- 5. Anxiety? 5. N R S U A
- 6. Depression? 6. N R S U A
- 7. Fatigue? 7. N R S U A
- 8. Rejection by loved ones? 8. N R S U A

OUT OF TOWN PATIENTS,
PLEASE FAX WEEKLY TO: 480-990-2311