

Oral And Maxillofacial Pathology
JAW DISEASE/TOOTH SYMPTOM QUESTIONNAIRE

PATIENT NAME: _____

DATE: _____

1. Please answer the following questions.

- A. Are you experiencing tooth pain? Yes No
- B. Are you experiencing jaw pain? Yes No
- If you answered "Yes" to either of these questions, please answer question "C".
- C. Is the pain (e.g. presence of, intensity of, referral of) affected by:
- changes in body position? Yes No
 - consumption of hot foods and/or liquids? Yes No
 - If yes, are you relatively pain-free prior to exposure to heat? Yes No
 - Does the pain persist following removal of the source of heat? Yes No
 - Does the pain persist following consumption of cold foods and/or liquids? Yes No
 - If yes, are you relatively pain-free prior to exposure to cold? Yes No
 - Does the pain persist following removal of the source of cold? Yes No
 - Does the pain persist after chewing? Yes No
 - Does the pain persist after clenching teeth? Yes No
- D. Does the pain keep you awake at night? Yes No

2. Are you experiencing:

- A. "Pins and needles" sensation in the mouth, head or neck? Yes No
- B. Numbness in the mouth, head or neck? Yes No
- C. Recent movement of teeth or "change in bite"? Yes No
- D. Bad taste in mouth? Yes No
- E. Abnormal discharge (e.g. pus, blood) from the: Mouth Nose

3. Do you have a history of:

- A. ...bone marrow transplantation? Yes No
- B. ...solid organ (e.g. liver, kidney) transplantation? Yes No
- C. ...chronic steroid and/or immunosuppressive therapy? Yes No
- D. ...cancer? Yes No
- E. ...family history of cancer? Yes No
- F. ...kidney disease? Yes No
- G. ...renal dialysis? Yes No
- H. ...skeletal/bone pain (other than jaw)? Yes No
- I. ...bone fracture? Yes No
- J. ...anemia? Yes No
- K. ...excessive bleeding? Yes No
- L. ...unexplained recent weight loss? Yes No
- M. ...excessive sweating when sleeping? Yes No
- N. ...widespread itching of skin? Yes No
- O. ...unexplained fever? Yes No