FACIAL PAIN QUESTIONNAIRE

Name: Middle: Last:

Health Card#: Date of Birth:

Home Address:

City / Prov: Postal Code:

Home Phone: Work / Cell:

E-mail: Referring Doctor:

Do you experience facial pain?

- ☐ Yes
- ☐ No

How often do you experience pain?

When you experience pain, what symptoms do you get?

- ☐ Pain comes out of the blue without a cold
- ☐ Pain comes with a cold
- ☐ Nasal blockage
- ☐ Runny nose
- ☐ Watery eyes
- ☐ Pain in the ears / temple / neck / shoulder
- ☐ Sensitivity to light
- ☐ Sensitivity to sound
- ☐ Nausea / vomiting
- ☐ Need to lay down
- ☐ Pressure in the face
- ☐ Band-like tension around head
- ☐ Other: _____

How long do your symptoms last?

- ☐ A few hours
- ☐ 1 - 4 days
- ☐ Over 4 days
- ☐ Constant
- ☐ Other: _____

How would you describe your symptoms?

- ☐ Sharp pain
- ☐ Pressure
- ☐ Band-like / around head
- ☐ Stabbing
- ☐ Electric shock-like
- ☐ Other: _____

Where do you experience your pain?

- [ ] Forehead / frontal region
- [ ] Cheeks / maxillary region
- [ ] Between the eyes / bridge of nose
- [ ] Ears
- [ ] Side of head / temple
- [ ] Along the jaw line / neck
- [ ] Other: _____

What makes your pain better?

- [ ] Saline rinses / sprays
- [ ] Sinus medications
- [ ] Tylenol (acetaminophen)
- [ ] Ibuprofen (NSAIDS, etc)
- [ ] Narcotic medications
- [ ] Other: _____

How often do you use these medications?

Do you grind your teeth?

- [ ] Yes
- [ ] No

If yes, do you wear a night guard?

- [ ] Yes
- [ ] No

Are your symptoms worse with poor sleep / stress?

Are you symptoms worse with weather changes?

Do you get pain with flying / driving?

SUBMIT IN EMAIL