

MSO _____mm

LF _____mm

RT _____mm

PRO _____mm

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 |