

## PAIN INVENTORY

Martha E. Rich, DMD

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Please indicate your main or chief complaints in order of their current importance:*

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

*Please check symptoms you have had or are currently experiencing:*

A. Eye Pain and Orbital Problems:

- Eye pain; above, below, behind.
- Pressure behind the eyes (retro-orbital pressure)
- Watering of the eyes (lacrimation)

B. Head Pain, Headache Problems, Facial Pain:

- Forehead (frontal)
- Temples (temporal)
- "Migraine" type headache
- "Cluster" headache
- Maxillary sinus headache (under the eyes)
- Posterior (back of head) headaches with or without shooting pains (occipital headache)
- Hair and scalp painful to touch (parietal headache)

C. Mouth, Face, and Problems:

- Discomfort
- Limited opening
- Inability to open smoothly, evenly
- Jaw deviates to one side when opening
- Inability to "find bite"

D. Teeth and Gum Problems:

- Clenching and grinding at night (bruxism)
- Looseness and or soreness of back teeth
- Tooth pain (toothache)

E. Jaw and Jaw Joint (TMJ) Problems:

- Clicking of jaw joints
  - o Right  Left  Both
- Popping of jaw joints
  - o Right  Left  Both
- Grating sounds (crepitus)
  - o Right  Left  Both

Jaw locking opened or closed

Pain in cheek muscles

Uncontrollable jaw, tongue movements

Avoiding certain foods

If so: \_\_\_\_\_

Pain to talk, chew, yawn, or smile

F. Ear Pain or Problems, Postural Imbalances:

- Hissing, buzzing, ringing, or roaring sounds (tinnitus)
- Diminished hearing (subjective hearing loss)
- Ear pain without infection (otalgia)
- Clogged, stuffy, "itchy" ears, feeling of fullness
- Balance problems, "vertigo" (disequilibrium)

G. Throat Problems:

- Swallowing difficulties
- Tightness of throat
- Sore throat without infection (coryza)
- Frequent coughing or constant clearing of throat
- Feeling of foreign object in throat
- Tongue pain (glossalgia)
- Pain in the hard palate (posterior)

H. Neck and Shoulder Problems:

- Lack of mobility-reduced range of movement
- Stiffness
- Neck pain
- Tired, sore, neck muscles
- Shoulder aches
- Back pain upper and/or lower
- Arm and finger tingling, numbness and or pain

## Bodywork and Medication

Are you currently receiving any body work (massage, acupuncture, chiropractor, etc.)?

Type:

Practitioner:

Frequency:


\*Please use additional space at bottom of page if needed.

Are you currently taking any of the following? If so, which specifically?

Pain Medications:

Anti-Depressants:

Muscle Relaxants:


\*Please use additional space at bottom of page if needed.

## Headache Frequency and TMJ Pain

If you have headaches or TMJ pain at all, please answer the following questions:

- A typical headache is:
 

<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<input type="checkbox"/> Constant	<input type="checkbox"/> Occasional	
- Headaches typically occur in the:
 

<input type="checkbox"/> Daytime	<input type="checkbox"/> Night time	<input type="checkbox"/> Both, equally
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- Headaches are present when I awaken:
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- How often do your headaches occur? \_\_\_\_\_
- Head or jaw pain occurs at these times (check all that apply):
 

<input type="checkbox"/> at the end of the day	<input type="checkbox"/> when yawning
<input type="checkbox"/> when eating	<input type="checkbox"/> upon awakening
<input type="checkbox"/> when swallowing	<input type="checkbox"/> when talking