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Steven R. Schnoll, D.D.S.

Adult and Child Dentistry/TMJ

Symptom Questionnaire - Progress

	Yes Occasion	No		
1			Headaches - What part of your head?	
2			Dizziness or lightheadedness	
3			Ringing, buzzing or other sounds in the ears	
4			A feeling of fullness in the ears or sinuses	
5			Numbness or tingling of the fingertips	Pain in Jaw / Face
6			Backaches · Upper? Lower?	
7			Neckaches	
8			Pain in opening or closing your mouth	
9			Clicking/popping sounds from your jaw joints	
10			Jaw locks when opening or closing	0 2 4 6 8
11			Pain in the jaw joint · Dull? Sharp?	NONE SEVE
12			Pain in the facial muscles	NONE
13				0 2 4 6 8
			Pain in: Chewing? Swallowing?	
14			Pain in the upper or lower teeth	
15			Easily fatigued or tired	
16			Throat problems (sore, tight, etc.)	
17			Difficulty in concentrating	Pain in rest of body
18			Inability to fully open your mouth as before	
19			Pain in the eye or visual problems	
	Other		** Please complete diagram on back pag	ge
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DATE			PROGRESS NOTES	
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