



## FACIAL PAIN PATIENT QUESTIONNAIRE

### FORM #2

- 1) Are you experiencing pain mainly on the right side of your face / head or the left side or are both sides equal? Right \_\_\_\_ Left \_\_\_\_ Both equal \_\_\_\_
- 2) Are you experiencing pain in in any of the following areas: eye, forehead, or top of your head?  
Yes \_\_\_\_ No \_\_\_\_
- 3) Is this the main area of your pain? Yes \_\_\_\_ No \_\_\_\_
- 4) Are you experiencing pain in any of the following areas: cheek, upper lip, upper teeth, upper gums, side of the nose, or outer side of the eye, temple? Yes \_\_\_\_ No \_\_\_\_
- 5) Is this the main area of your pain? Yes \_\_\_\_ No \_\_\_\_
- 6) Are you experiencing pain in any of the following areas: jaw, lower lip, lower teeth, lower gums, surface of the ear, in front of the ear, above the ear, or in the front or middle part of your tongue?  
Yes \_\_\_\_ No \_\_\_\_
- 7) Is this the main area of your pain? Yes \_\_\_\_ No \_\_\_\_
- 8) Did the pain ever lead you to having dental work done? Yes \_\_\_\_ No \_\_\_\_
- 9) Did the pain ever lead you to having one or more teeth removed? Yes \_\_\_\_ No \_\_\_\_
- 10) Did the pain ever prompt you to visit a dentist? Yes \_\_\_\_ No \_\_\_\_
- 11) Did the pain ever prompt you to visit an Emergency Room? Yes \_\_\_\_ No \_\_\_\_
- 12) Have you ever been unable to eat or drink due to the pain? Yes \_\_\_\_ No \_\_\_\_
- 13) Have you ever been unable to speak due to the pain? Yes \_\_\_\_ No \_\_\_\_
- 14) Have there been times when you have experienced similar pains in a different location on your face or head (but on the same side as your main pain)? Yes \_\_\_\_ No \_\_\_\_
- 15) Do you sometimes have dull pains in your face or head (aching, burning, throbbing)?  
Yes \_\_\_\_ No \_\_\_\_
- 16) Is there a component of your pain that is there all the time? Yes \_\_\_\_ No \_\_\_\_
- 17) Is your pain mostly constant in nature? Yes \_\_\_\_ No \_\_\_\_
- 18) Does your face or head pain always feel the same? Yes \_\_\_\_ No \_\_\_\_
- 19) Have you ever experienced similar pains on the opposite side of your face or head? Yes \_\_\_\_ No \_\_\_\_
- 20) Have you ever experienced similar pains anywhere else in your body, besides your face and head?  
Yes \_\_\_\_ No \_\_\_\_

- 21) Have you ever experienced a lesser component of this pain in the back of your head or under the jaw, in your upper neck (on that side of your face or head)? Yes \_\_\_ No \_\_\_
- 22) Have you ever experienced a lesser component of this pain behind your ear (on that side of your face or head)? Yes \_\_\_ No \_\_\_
- 23) Have you ever experienced numb feelings in the same side of your face or head (that wasn't related to any procedure)? Yes \_\_\_ No \_\_\_
- 24) Do you have sharp pains that can shoot quickly from one part of your face to another, such as from your chin to your ear, or your nose to your ear, or your lower face to your eye and forehead? Yes \_\_\_ No \_\_\_
- 25) Did your pain ever get better after taking gabapentin (neurontin) or pregabalin (lyrica)? Yes \_\_\_ No \_\_\_
- 26) Did your pain ever get better after taking steroids? Yes \_\_\_ No \_\_\_
- 27) Have you ever experienced any other unexplained neurological symptoms such as weakness or numbness of arm or legs, serious vision problems, trouble walking, trouble speaking, confusion, or trouble controlling your bladder or bowel function? Yes \_\_\_ No \_\_\_
- 28) Have you ever been diagnosed with a tumor or mass in the region of your trigeminal nerve? Yes \_\_\_ No \_\_\_
- 29) Did you ever develop a shingles/zoster rash in your face or head? Yes \_\_\_ No \_\_\_
- 30) Have you ever been diagnosed with a stroke? Yes \_\_\_ No \_\_\_
- 31) Have you ever been diagnosed with a Bell's palsy on the same side of your face as your current pain? Yes \_\_\_ No \_\_\_
- 32) Have you been diagnosed with a Chiari malformation? Yes \_\_\_ No \_\_\_
- 33) Have you been diagnosed with any other neurological disorders? Yes \_\_\_ No \_\_\_
- 34) Is your pain primarily in or around the eye? Yes \_\_\_ No \_\_\_
- 35) Have you ever experienced with the pain, any of the following features on the same side of the face or head: redness of the eye, drooping of the eyelid, tearing of the eye, swelling of the eye, drainage from the nose, stuffiness of the nose, redness of the face, or facial sweating? Yes \_\_\_ No \_\_\_
- 36) Did you ever take indocin (indomethacin) for over a week for this pain? Yes \_\_\_ No \_\_\_
- 37) If so, did your pain dramatically improve after taking indocin (indomethacin)? Yes \_\_\_ No \_\_\_

- 38) Have you ever had cosmetic surgery to your face or head? Yes \_\_\_ No \_\_\_
- 39) Were you ever diagnosed with cancer in your face or head? Yes \_\_\_ No \_\_\_
- 40) Were you ever diagnosed with cancer outside of your face and head? Yes \_\_\_ No \_\_\_
- 41) Have you ever been diagnosed with Lupus? Yes \_\_\_ No \_\_\_
- 42) Have you ever been diagnosed with Sjogrens Disease? Yes \_\_\_ No \_\_\_
- 43) Do you suffer from dryness of the eyes and mouth? Yes \_\_\_ No \_\_\_
- 44) Have you ever been diagnosed with monocucleosis ("mono") or Epstein Barr virus (EBV)?  
Yes \_\_\_ No \_\_\_
- 45) Have you ever been diagnosed with burning mouth syndrome? Yes \_\_\_ No \_\_\_
- 46) Have you ever been diagnosed with any autoimmune disease? Yes \_\_\_ No \_\_\_
- 47) Have you ever been diagnosed with any connective tissue disease? Yes \_\_\_ No \_\_\_
- 48) Have you ever been diagnosed with diabetes? Yes \_\_\_ No \_\_\_
- 49) Have you ever been diagnosed with peripheral neuropathy? Yes \_\_\_ No \_\_\_
- 50) Have you ever been diagnosed with small fiber neuropathy? Yes \_\_\_ No \_\_\_
- 51) Have you ever been diagnosed with Temporomandibular Joint Disease (TMJ)? Yes \_\_\_ No \_\_\_
- 52) Have you ever been diagnosed with Lyme disease? Yes \_\_\_ No \_\_\_
- 53) Have you ever been diagnosed with Sarcoid? Yes \_\_\_ No \_\_\_
- 54) Have you ever been diagnosed with depression? Yes \_\_\_ No \_\_\_
- 55) Have you ever been diagnosed with anxiety? Yes \_\_\_ No \_\_\_
- 56) Do you take opiate medicines (for example percocet, vicodin, oxycontin, or tramadol) on a regular basis for this or any other pain? Yes \_\_\_ No \_\_\_
- 57) Are you employed full time? Yes \_\_\_ No \_\_\_
- 58) Other comments: \_\_\_\_\_  
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**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!!**