



**FACIAL PAIN PATIENT QUESTIONNAIRE
FORM #1**

Patient's First Name *

Patient's Last Name *

Age

1) Have you been experiencing pain in any of the following areas: eye, forehead, top of your head, temple, cheek, nose, lips, teeth, gums, jaw, surface of the ear, in front of the ear, above the ear, or in the front or middle part of your tongue? *

Yes No

2) Are the pains that you experience sometimes very severe? *

Yes No

3) Are the pains that you experience sometimes sharp? *

Yes No

4) Are there times when you do not have severe sharp pains? *

Yes No

5) Do you sometimes get a severe sharp pain all of a sudden? *

Yes No

6) Do you get sharp pains that occur repeatedly in the same area of your face or head? *

Yes No

7) Are the sharp pains primarily on one side of your face or head? *

Yes No

8) Do you get some sharp pains in your face or head that are brief, lasting only seconds or minutes? *

Yes No

9) Do you get sharp pains that are either electric shock or stabbing in nature? *

Yes No

10) Is your main problem that you get episodes of sudden, brief, severe, sharp pains on one side of your face or head, that occur repeatedly in the same area? *

Yes No

11) Do you have sharp pains that can be set off suddenly by light touch such as talking, chewing, brushing your teeth, touching your face, touching your head, or a light wind? *

Yes No

12) Did you ever get significant pain relief after taking carbamazepine (tegretol) or oxcarbazepine (trileptal)? *

Yes No Not Applicable

13) Did your pain first develop in adulthood (over the age of 21)? *

Yes No

14) Do you remember any details of the first time you experienced the sharp pain in your face or head? *

Yes No

15) Have you ever had times (weeks, months, or years) when the sharp pains have gone away completely on their own? *

Yes No

16) Did your pain significantly improve after a neurosurgical procedure (microvascular decompression/MVD, radiofrequency rhizotomy, glycerol rhizotomy, balloon rhizotomy, Gamma Knife, or CyberKnife)? *

Yes No Not Applicable

17) On a scale of 1-10, with 10 being the worst, what is the worst your face/head pain has ever been? *

1 2 3 4 5 6 7 8 9 10 (Worst)

18) Have you been diagnosed with multiple sclerosis? *

- Yes No

19) Did the pain develop soon after you developed a shingles/zoster rash in that part of your face or head? *

- Yes No

20) Did your pain occur soon after an injury to your face or head? *

- Yes No

21) Did your pain occur soon after dental work? *

- Yes No

22) Did your pain occur soon after a procedure to your face or head? *

- Yes No

23) Have you ever been diagnosed with a stroke? *

- Yes No

24) Is your pain mostly dull in nature (aching, burning, throbbing)? *

- Yes No

25) Do you always have numbness in the area of your pain? *

- Yes No

26) Are you mainly experiencing pain in your deep ear, in an area too deep to touch with your finger? *

- Yes No

27) Are you mainly experiencing pain in your deep throat or back part of your tongue? *

- Yes No

28) Are you mainly experiencing pain in the back part of your head? *

- Yes No

29) Other comments

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? *

- Left Right 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 an Emergency Room? *

Yes No

11) Have you ever been unable to eat or drink due to the pain? *

Yes No

12) Have you ever been unable to speak due to the pain? *

Yes No

13) 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

14) Do you sometimes have dull pains in your face or head (aching, burning, throbbing)? *

Yes No

15) Is there a component of your pain that is there all the time? *

Yes No

16) Is your pain mostly constant in nature? *

Yes No

17) Does your face or head pain always feel the same? *

Yes No

18) Have you ever experienced similar pains on the opposite side of your face or head? *

Yes No

19) Have you ever experienced similar pains anywhere else in your body, besides your face and head? *

Yes No

20) 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

21) Have you ever experienced a lesser component of this pain behind your ear (on that side of your face or head)? *

Yes No

22) Have you ever experienced numb feelings in the same side of your face or head (that wasn't related to any procedure)? *

Yes No

23) 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

24) Did your pain ever get better after taking gabapentin (neurontin) or pregabalin (lyrica)? *

Yes No Not Applicable

25) Did your pain ever get better after taking steroids? *

Yes No Not Applicable

26) 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

27) Have you ever been diagnosed with a tumor or mass in the region of your trigeminal nerve? *

Yes No

28) Did you ever develop a shingles/zoster rash in your face or head? *

Yes No

29) Have you ever been diagnosed with a stroke? *

Yes No

30) Have you ever been diagnosed with a Bell's palsy on the same side of your face as your current pain? *

Yes No

31) Have you been diagnosed with a Chiari malformation? *

Yes No

32) Have you been diagnosed with any other neurological disorders? *

Yes No

33) Is your pain primarily in or around the eye? *

Yes No

34) 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

35) Did you ever take indocin (indomethacin) for over a week for this pain? *

Yes No

36) If so, did your pain dramatically improve after taking indocin (indomethacin)? *

Yes No

37) Have you ever had cosmetic surgery to your face or head? *

Yes No

38) Were you ever diagnosed with cancer in your face or head? *

Yes No

39) Were you ever diagnosed with cancer outside of your face and head? *

Yes No

40) Have you ever been diagnosed with Lupus? *

Yes No

41) Have you ever been diagnosed with Sjogrens Disease? *

Yes No

42) Do you suffer from dryness of the eyes and mouth? *

Yes No

43) Have you ever been diagnosed with mononucleosis ("mono") or Epstein barr virus (EBV)? *

Yes No

44) Have you ever been diagnosed with burning mouth syndrome? *

Yes No

45) Have you ever been diagnosed with any autoimmune disease? *

Yes No

46) Have you ever been diagnosed with any connective tissue disease? *

Yes No

47) Have you ever been diagnosed with diabetes? *

Yes No

48) Have you ever been diagnosed with peripheral neuropathy? *

Yes No

49) Have you ever been diagnosed with small fiber neuropathy? *

Yes No

50) Have you ever been diagnosed with Temporomandibular Joint Disease (TMJ)? *

Yes No

51) Have you ever been diagnosed with Lyme disease? *

Yes No

52) Have you ever been diagnosed with Sarcoid? *

Yes No

53) Have you ever been diagnosed with depression? *

Yes No

54) Have you ever been diagnosed with anxiety? *

Yes No

55) Do you take opiate medicines (for example percocet, vicodin, oxycontin, or tramadol) on a regular basis for this or any other pain? *

Yes No

56) Are you employed full time? *

Yes No

57) Other comments:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!!