

TMJ PAIN DIARY	
Name	
DOB:	
Referred by:	
Chief complaint	
Related Medical Conditions:	

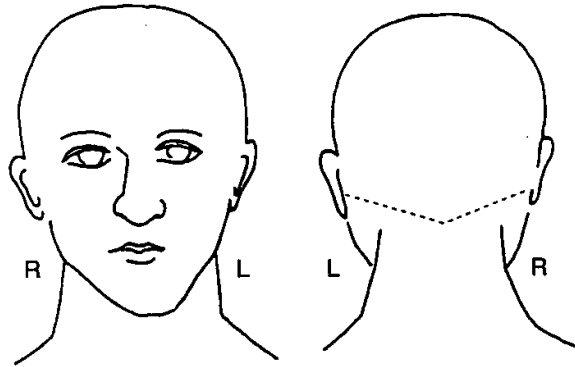
Please fill out the following scale where relevant during each visit - **DISCOMFORT SCALE**

DISCOMFORT SCALE SYMPTOMS Scale 1-10	Left hand side	Right hand side
DATE:		
Bite symptoms or bite changes		
TMJ (jaw) pain		
TMJ(jaw) sounds Y/N		
Headaches		
Migraines		
Facial pain		
Eye symptoms		
Ear pain		
Stuffy ear or ringing sounds		
Neck pain/shoulder pain		
Arm/Hand/Finger numbness, tingling or pain		
Upper back pain		
Lower back pain		
Vertigo		
Dizziness		

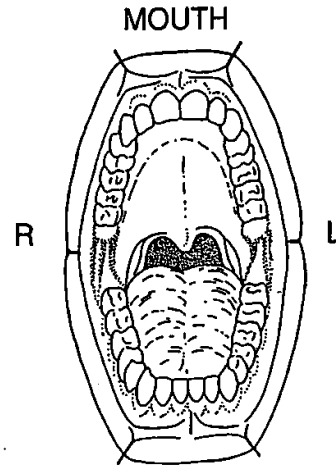
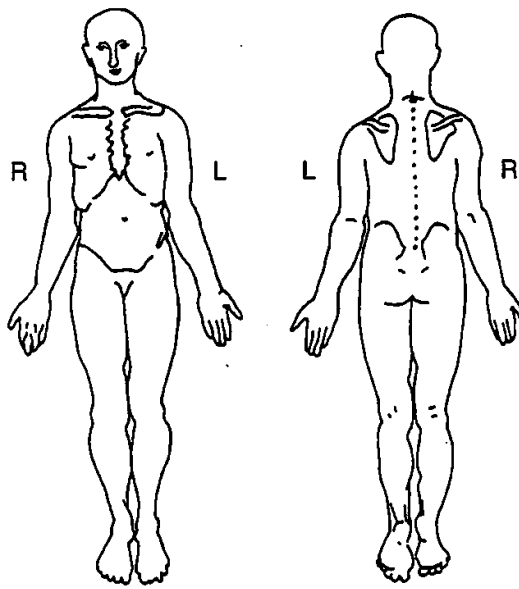
SLEEPINESS SCALE SITUATION	0 Never doze	1 Slight chance of dozing	2 Moderate change of dozing	3 High chance of dozing
Sitting and reading				
Watching television				
Sitting inactive in a public space (theatre/meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon				
Sitting and talking to someone				
Sitting quietly after lunch (with no alcohol)				
In a car, while stopped in traffic				
Total score:				

PTO for pain pattern diagram

Please mark on the drawings below by using the PAIN PATTERN KEY. Mark where your pain concerns are and what type of pain it is.



PAIN PATTERN KEY:			
	Numbness	B	Burning
●	Pain	D	Dull
⌒	Moderate Pain	H	Heavy Pressure
≡≡≡	Severe Pain	S	Sharp
↑	Direction of Pain	T	Tingling
		R	Radiating



LEFT

RIGHT

