

PLEASE CHECK IF ANY OF THE STATEMENTS BELOW APPLY

HEADACHES

FACIAL PAIN

DIFFICULTY CHEWING

PAIN IN JAW JOINTS

NOISES IN JAW JOINTS WHEN MOVING OR CHEWING

LIMITED OPENING

JAW LOCKS

SHOULDER PAIN

NECK PAIN

EAR PAIN

BACK PAIN

MY FACE GETS TIRED WHEN I CHEW

DIFFICULTY SLEEPING

PAIN BEHIND MY EYES

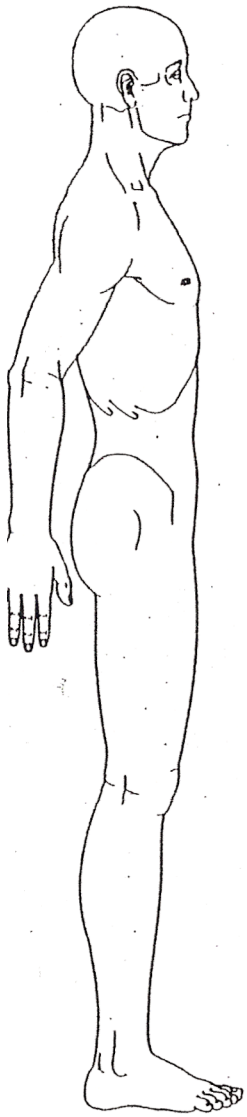
I HAVE BEEN TREATED FOR THIS PROBLEM BEFORE

THIS PROBLEM IS RELATED TO AN ACCIDENT

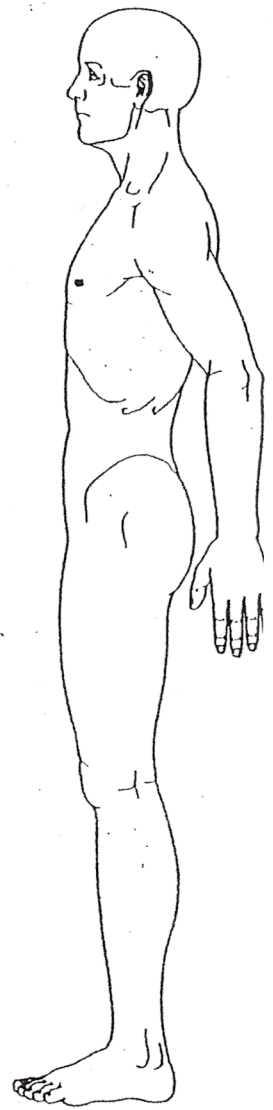
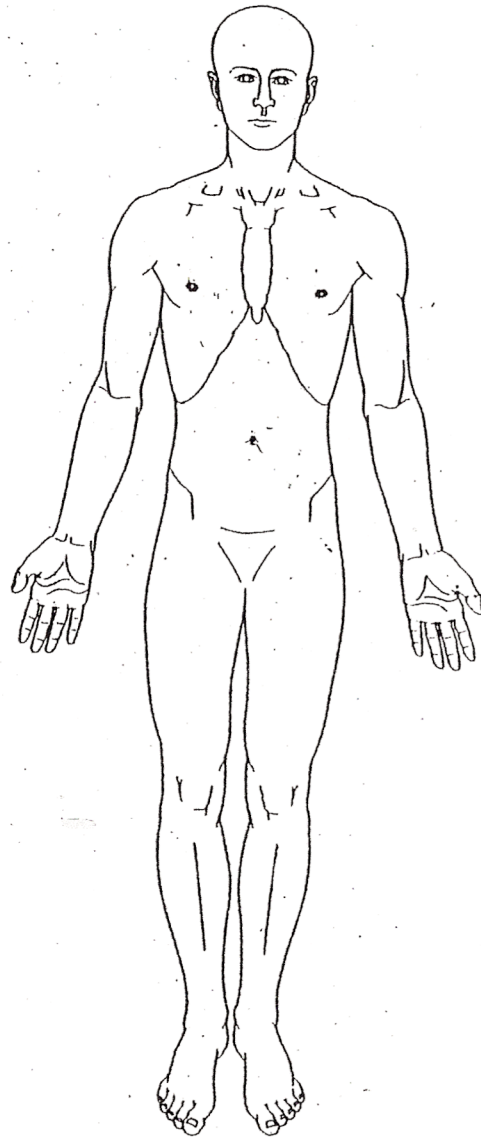
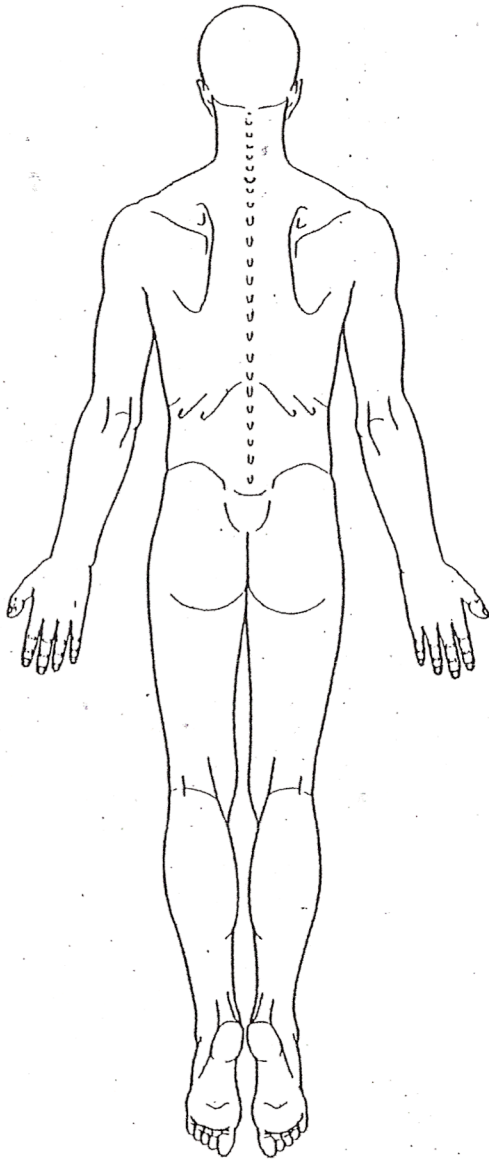
**Y N --- IF ACCIDENT RELATED WERE THE SYMPTOMS PRESENT
BEFORE THE ACCIDENT?**

WHAT IS BOTHERING YOU THE MOST?

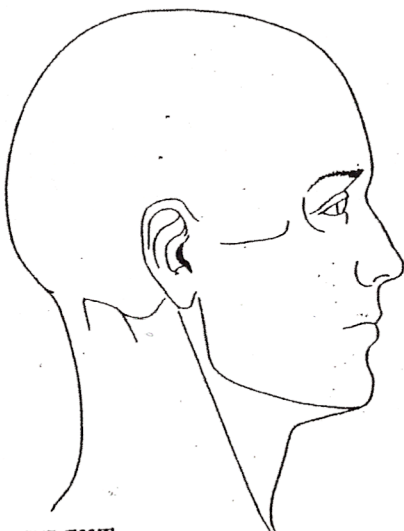
INDICATE ON THE DRAWINGS BELOW WHERE YOU ARE HAVING PAIN



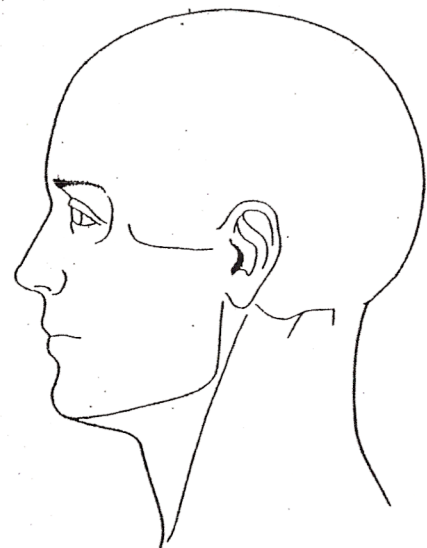
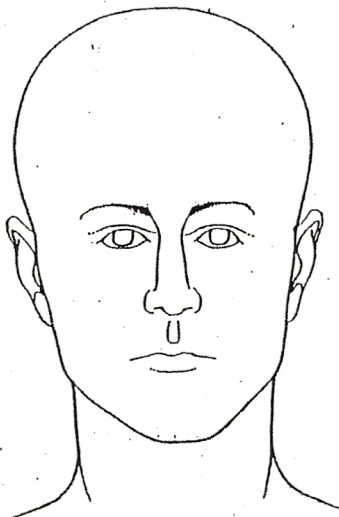
RIGHT



LEFT



RIGHT



LEFT