



Gregg R Melfi DDS

MUSCULOSKELETAL SCREENING QUESTIONNAIRE

Date _____

Name _____ Date of Birth _____

Address _____

Referred by _____

One or more of the following symptoms may be indicative of Musculoskeletal Dysfunction of the head and neck. If you have any of the following symptoms, please indicate by circling the appropriate areas. (L = Left; R = Right)

a. Pain in jaw joints _____ L R _____

b. Pain in ear _____ L R _____

c. Pain around eyes _____ L R _____

d. Pain in lower jaw _____ L R _____

e. Pain in upper jaw _____ L R _____

f. Pain in neck _____ L R _____

g. Pain in shoulder _____ L R _____

h. Pain in forehead _____ L R _____

i. Pain in temples _____ L R _____

j. Pain in facial muscles _____ L R _____

k. Grating sound in joint _____ L R _____

l. Subjective hearing loss _____ L R _____

m. Clicking, snapping, or Popping sound in joint underline which sounds most descriptive.) If present, is it in _____ L R _____

n. Dizziness (vertigo) _____ Yes No _____

o. Upset stomach-nausea _____ Yes No _____

p. Ringing sound in ears _____ L R _____

q. Headache _____ L R _____

r. Fullness, pressure blockage in ear _____ L R _____

s. Pain in tongue _____ L R _____

t. Partial inability to open mouth _____ L R _____ If yes, is it (1) Constant () (2) Sporadic ()

u. Difficulty chewing _____ Yes No _____

v. Difficulty swallowing _____ Yes No _____

w. Loud snoring _____ Yes No _____

x. Constantly tired _____ Yes No _____

y. Mouth breathe at night _____ Yes No _____

z. Awaken with a dry mouth _____ Yes No _____

If yes, a) Frequently () b) Rarely () c) Never ()