

牙痛/口腔疼痛問卷
TOOTHACHE/ORAL PAIN
QUESTIONNAIRE

Date: _____
日期 _____

(姓名) Last First Middle

1. What do you feel is the source of your pain? 疼痛部位?
 Teeth 牙齒 Sinuses 流鼻水 Muscles 肌肉 Throat 喉嚨
 Gums 牙肉 Jaw joints 牙關節 Tongue 舌頭 Cheeks 面頰
2. Where do you feel your pain is located? 牙痛位於?
 upper right side 右上邊 upper front 前上 upper left side 左上邊 lower right side 右下邊
 lower front 前下 lower left side 左下邊 cannot tell where pain is located 不能肯定那個部位
3. The pain occurs with: 牙痛發生在?
 heat 熱 biting 咬 a reclining position 斜躺 cold 冷 sweet or sour 甜酸
4. The pain is best described as being: 痛發生密度
 spontaneous 有時 constant 持續 deep with pressure 有壓力時疼痛加深 sharp and stabbing 尖或鈍痛
5. The pain is relieved by: 止痛方法:
 cold 冷 upright position 抬頭 aspirin 阿司匹靈
 other medication 其他藥物 _____ is not relieved 不能止痛
6. When did you first notice the pain? 第一次察覺到痛楚是在:
 Today 今日 several days ago 數天前 several weeks ago 數星期前 several months ago 數月前
7. The INTENSITY of the pain is: 痛的程度:
 mild 輕度 moderate 一般 severe 嚴重 incapacitating 不能忍受
8. The FREQUENCY of the pain is: 痛的密度:
 decreasing or has disappeared 續漸減少或消失 momentary and disappears 時有時無 increasing 增加
 occurs and lingers for 長期 _____ comes and goes periodically 週時性 constant 持續
9. The pain is related to a tooth which: 牙痛的有關情況:
 a dentist recently worked on 牙齒最近治療過 was fractured, then crowned 以前爆裂後裝牙套
 has been filled or crowned before 以前補牙或裝牙套 was close to the nerve when repaired 修補部位接近牙根
 once 一次 twice 二次 many times 多次 has had root canal treatment on (date) _____
most recently on (date) _____ 做過抽牙根手術 (日期)
Dentist _____ City _____
10. Does the pain feel like it is spreading 痛漫延
 YES NO
 towards an ear 向耳根 towards the neck 向頸部 toward the temple 向太陽穴
 towards an eye 向眼部 towards the nose 向鼻 towards the top of the head 向頭頂
11. Do you currently have a cold, allergy or sinus infection? 最近有傷風感冒嗎? YES NO
12. Is your mouth opening restricted? 能張開咀嗎? YES NO
13. Is your jaw joint painful? 咬關節痛嗎? YES NO
14. Is the entire side of your face painful? 整邊面部痛嗎? YES NO
15. Is there currently a swelling? 最近有沒有發腫? YES NO
16. Was there previously a swelling? 以前有沒有發腫過? YES NO
17. Have you noticed a "pimple" on your gums? 牙肉有瘡嗎? YES NO
18. Does the tooth feel elongated or sore to touch? 接觸時感覺痛嗎? YES NO
19. Does the tooth feel loose? 牙鬆脫嗎? YES NO
20. Are you currently taking any medication or treatment for the pain? 你現在有否服用止痛藥?
 antibiotics 抗生素 pain medication 止痛藥 ice or cold packs 冰袋 other 其他 _____