



FACIAL SYMPTOMS QUESTIONNAIRE

Today's Date: _____

Name: _____ Date of Birth: _____

PROBLEM LIST: Please check all that apply to you CURRENTLY (within the last 4 weeks).

Check ✓ Here	Problem Area	Comments
	<i>(refers to affected side)</i>	
	FOREHEAD	
	Brow does not elevate	
	Tightness over brow	
	Brow droop	
	Other	
	EYE	
	Eye does not close	
	Eye does not blink	
	Eye Irritation	
	Eye Dryness	
	Excessive Tearing	
	Blurry Vision	
	Eye does not tear with crying	
	Double Vision	
	Eyelid droop	
	Eye larger	
	Eye narrowed	
	Eye twitches	
	tightness upper lid	
	tightness lower lid	
	Other	
	NOSE	
	Dryness in nose	
	difficulty breathing/closure of nostril	
	nose pulled to unaffected side	
	nose pulled to affected side	
	nose elevated into snarl	
	tightness in nostril, or side of nose	
	Other	

Please check all that apply to you CURRENTLY (within the last 4 wks).

		Comments
Check ✓ Here	EAR	
	Inability to move ear	
	Pulling/tightness about ear/skull	
	pain behind ear	
	pain inside ear	
	Other	
	HEARING	
	loss of hearing	
	tinnitus (ringing in the ear)	
	sensitivity to noise	
	Other	
	BALANCE	
	Dizziness	
	Difficulty walking in the dark	
	Difficulty walking on uneven surfaces	
	Other	
	CHEEK	
	tightness in the cheek	
	biting of the cheek	
	flat or absent smile crease	
	excessive smile crease	
	Other	
	MOUTH	
	Problems with smile	
	problems with pucker	
	Lips puffy	
	Lips/mouth loose	
	Lips thinned/narrowed	
	tightness about the lips/mouth	
	Unable to whistle	
	Unable to blow out candle	
	Dryness/reduced saliva	
	Other	
	SPEECH PRODUCTION	
	problems with speaking clearly: list	
	FOOD/LIQUID/SALIVA MANAGEMENT	
	dryness of mouth / reduced saliva	
	leaking of saliva from corner of mouth	
	problems keeping fluids in mouth/drooling	
	problems drinking out of wide mouth cup	
	Problems drinking out of a bottle (small capped water bottle)	
	problems drinking with straw	
	pocketing of food	
	abnormal sense of taste	
	chew primarily on "good" side	
	biting of lip	
	difficulty controlling the tongue	
	problems swallowing	
	Other:	

Please check all that apply to you CURRENTLY (within the last 4 wks).

		Comments
Check Here	CHIN	
	Uncontrolled dimpling of chin	
	Inability to raise or wrinkle chin	
	Other:	
	NECK & JAWLINE	
	Lack of contour/loose neck	
	jowling	
	Taut bands in neck	
	ABNORMAL MOVEMENTS	
	eye closes with smiling	
	eye closes with eating/chewing	
	eye closes with laughing/yawning	
	eye tears when eating	
	mouth/cheek moves when blinking	
	mouth curves down or out w/ smiling	
	uncontrollable wrinkling of chin	
	neck tightens with w/ smiling	
	neck tightens with eye closure	
	Other	
	Other	
	Other	
	Other	
	Other	
	PAIN / DISCOMFORT	
	List region below	Rate pain 0-10 (0=no pain; 10=worst you can imagine)
	region:	
	region:	
	region:	
	NUMBNESS	
	region:	
	region:	
	region:	
	MOOD	
	Same as pre-facial nerve injury	
	problems sleeping	
	blue/occasionally depressed	
	Irritable	
	Depressed much of the time	
	Medication for mood? Yes No	Please list:
	ENERGY LEVEL / FATIGUE	
	Same as pre-facial nerve injury	
	Energy level slightly reduced, but I'm able to work thru it	
	Fatigue is a significant issue and reduces my productivity/activity	

Please provide answers that apply to you CURRENTLY (within the last 4 wks).

COMMUNICATION: Difficulties with Non-verbal Communication:

Example: "People think I am angry when I am not."

"I am unable to fully express my joy."

SOCIAL PARTICIPATION

1. Assuming you were 100% active before your facial nerve injury, what percentage are you at **now**? _____ %

2. Activities you no longer participate in **or** do so in a reduced manner due to your facial nerve injury:

WORK RESTRICTIONS or MODIFICATIONS due to facial nerve injury issues:

It is very important that you bring this form with you to your first visit.