TMJ HEALTH QUESTIONAIRE

CHIEF CONCERN _____

DATE OF ONSET _____

PAIN SYMPTOMS

Do you get "tension headaches"? Y N

Do you ever get "migraine headaches" Y N

Do you frequently have neck aches or stiff neck muscles Y N

Do you have trouble sleeping soundly? Y N

Have your teeth been sore upon wakening? Y N

Does your jaw ache when you chew? Y N

Do you have ear pain? Y N

Does your jaw ache when you open wide? Y N

Have you ever had chronic shoulder or back pain? Y N

What medications, if any, are you taking?

_____

_____

How often do you take medicine for relief of pain?

a) Never b) Weekly to Monthly

c) Weekly d) Daily

Do you get headaches in the right or left temple areas? Y N

Do you get headaches in the back of your head? Y N

Do you grind your teeth when asleep? Y N

Are your jaws tired when you awaken from sleep? Y N

When are your symptoms the worse? _____

_____

Does anything make you feel better?_____

_____

Have your wisdom teeth been extracted? Y N

Details _____

_____

_____

TRAUMA OR ACCIDENTS

Have you ever had a serious blow to the head or jaw? Y N

Any whiplash neck injuries Y N

Have you ever been involved in any serious accidents, such as a car accident? Y N

Details_____

_____

JAW JOINT SYMPTOMS

Does your jaw feel tired after a big meal? Y N

Are there any foods you avoid eating Y N

Do you ever get dizzy? Y N

Do you ever faint? Y N

Do you feel nauseated (sick)? Y N

Is there a family history of jaw joint (TMJ) problems or headaches? Y N

Do you feel or hear a "clicking", "popping", or "cracking" noise from either jaw joint? Y N

Has your jaw ever locked where you were unable to open or close? Y N

Do you have difficulty opening wide or yawning? Y N

Have you ever had pain in either jaw joint? Y N

EAR AND EYE SYMPTOMS

Do you have itchiness or stiffness in either ear? Y N

Do you suffer from any loss of hearing? Y N

Do you get pain in, around or behind either eye? Y N

Are there times when your eyesight blurs? Y N

Do you hear ringing, buzzing, or hissing sounds in either ear? Y N

Do you hear grating noises in ears (like sand particles rubbing?) Y N

Do you wear glasses or contacts? Y N

BREATHING

Do you have allergies? Y N

Do you have sinus problems? Y N

Do you snore at night? Y N

Is your nose stuffed when you don't have a cold? Y N

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Occlusal Signs and Symptoms

Please indicate the complaints you regularly or occasionally have.

	Right	Left
Headaches	☐	☐
Cluster Headache	☐	☐
Pain in Jaw Joint – biting	☐	☐
Pain in Jaw Joint – opening	☐	☐
Pain in upper jaw	☐	☐
Pain in lower jaw	☐	☐
Pain in Cheek Muscles	☐	☐
Pain in Temples	☐	☐
Locked Jaw	☐	☐
Limited Jaw Opening	☐	☐
Pain in the neck	☐	☐
Pain in the shoulder	☐	☐
Neck ache	☐	☐
Pain in Forehead	☐	☐
Migraine Headache	☐	☐

	Right	Left
Sinus Headache	☐	☐
Dizziness	☐	☐
Light Sensitivity	☐	☐
Pain around Eyes	☐`	☐
Tearing of Eyes	☐	☐
Pressure behind Eyes	☐	☐
Hearing loss	☐	☐
Ringing or noises in Ear	☐	☐
Pain in Ear	☐	☐
Stuffiness in Ear	☐	☐
Click, snap or pop in Ear	☐	☐
Grating Sound in Ear	☐	☐
Itchy Ear	☐	☐
Arm, Finger numbness	☐	☐
Low Back Pain	☐	☐

List Treatments for this problem you have had.

	DOCTOR	**TREATMENT**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Have you ever had cortisone or any other drug injected into your jaw joint?	Y	N
Do you attribute your problem to any one incident?	Y	N
Is your skin sensitive to metal, finger rings or ear rings?	Y	N
Have you had your bite adjusted by your dentist?	Y	N
Have you had your wisdom teeth removed?	Y	N
Have you had a complete mouth rehabilitation by your dentist or other extensive dental treatment?	Y	N
Do you wear and orthodontic or dental appliance in your mouth?	Y	N

Are your symptoms worse:

	Yes	No
When you get up in the morning	☐	☐
At the end of your work day	☐	☐
At bedtime	☐	☐
At work	☐	☐

	Yes	No
When with children	☐	☐
When under stress	☐	☐
When eating	☐	☐

Date:_____ Signature_____

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