TMJ QUESTIONAIRE

Name_____ Date_____

1. What aspects of your problem concern you the most?

2. On the lines below, please list any physicians, dentists, neurologists, ear, nose and throat specialists, orthodontists, chiropractors, psychiatrists, or clinical teams consulted. Please list their specialty and briefly describe their diagnosis and treatment.

   Doctor_____ MD / DDS Specialty_____
   Address_____
   Diagnosis and treatment_____
   _____

   Doctor_____ MD / DDS Specialty_____
   Address_____
   Diagnosis and treatment_____
   _____

   Doctor_____ MD / DDS Specialty_____
   Address_____
   Diagnosis and treatment_____
   _____

   Doctor_____ MD / DDS Specialty_____
   Address_____
   Diagnosis and treatment_____
   _____

3. What are your specific problems / complaints? Please list most important first.
   A.

   B.

   C.

   D.

4. What was the approximate date when you first noticed these symptoms? _____
5. What do you think first caused these symptoms? _____

Patient Initials

6. Please answer the following questions, add comments if necessary.

- ☐ Have you had an injury to or been hit in the jaw or face?
- ☐ Have you had whiplash or been injured in the neck or back?
- ☐ Have you ever had cervical traction?
- ☐ Have you ever worn a neck brace?
- ☐ Have you had orthodontics treatment (braces)?
- ☐ Were any teeth extracted for orthodontic reasons?
- ☐ Has your bite ever been adjusted by a dentist?
- ☐ Have you ever had TMJ treatment before?
- ☐ Do your teeth ever get sensitive?
- ☐ Do you ever get dizzy?
  How often?
- ☐ Have you ever had medication injected into the jaw joint?
- ☐ Do you consider yourself to be under a lot of stress?
- ☐ Do you think that you may grind your teeth while sleeping?
- ☐ Do you sleep well?

Do you awaken with any of the following?

- ☐ Sore face muscles
- ☐ Stiff neck
- ☐ Sore teeth
- ☐ Headaches

- ☐ Has your jaw ever locked open?
  How often?
- ☐ Has your jaw ever locked closed?
  How often?
- ☐ Do your jaw joints make noises?
  - ☐ Right Side ☐ Left Side
  - ☐ Clicking
  - ☐ Popping
  - ☐ Grinding
  - ☐ Other

Do your jaw joints:

- ☐ Feel painful
- ☐ Feel tired
- ☐ Get stuck

Do you drink any of the following?

- ☐ Coffee
- ☐ Tea
- ☐ Soft drinks
  How much daily?

PAIN SYMPTOMS / COMPLAINTS

7. Is your pain best described as any of the following?
   - ☐ Dull
   - ☐ Throbbing
   - ☐ Stabbing
   - ☐ Continuous
   - ☐ Intermittent
   - ☐ Other

8. How long does the pain last each day?
   - ☐ 8+ hours
   - ☐ 4-8 hours
   - ☐ 1-4 hours
   - ☐ Less than 1 hour
9. Has your pain recently become worse? ☐ Yes ☐ No
10. Do your problems interfere with your normal lifestyle? ☐ Yes ☐ No
11. Do you have difficulty in chewing? ☐ Yes ☐ No
    Because of:
    - ☐ Joint pain
    - ☐ Pain in teeth
    - ☐ Limited opening
    - ☐ Missing teeth
    - ☐ Clicking
    - ☐ Other
12. When do you have pain / discomfort?
    - ☐ Mornings
    - ☐ Afternoons
    - ☐ Evenings
    - ☐ Awakened at night
    - ☐ Chewing
    - ☐ Yawning
    - ☐ After talking
    - ☐ After meals
    - ☐ During times of stress
    - ☐ Opening mouth wide
    - ☐ All the time
13. What eases the pain / discomfort?

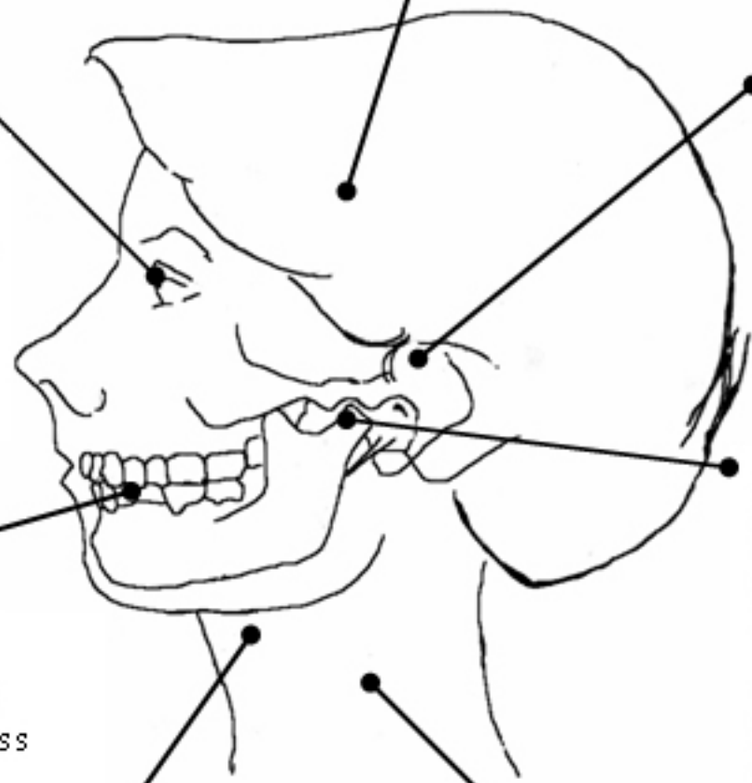
14. What makes the pain / discomfort worse?

15. Is there anything else about your condition that we should know?

Signature Date

TMD VISUAL INDEX

DIRECTIONS: To indicate those symptoms which you experience, EITHER check the box OR circle R,L or B (RIGHT, LEFT or BOTH) to indicate the sides affected.



EYES

R L B Pain behind eye
R L B Bloodshot eyes
[ ] Sensitive to sunlight

HEAD PAIN, HEADACHE

R L B Temples
R L B Sinus type
R L B Shooting pain up back of head
R L B Hair and/or scalp painful to touch
R L B Forehead
[ ] Migraine type

EAR PROBLEMS

R L B Hissing, buzzing or ringing
R L B Decreased hearing
R L B Clogged "itchy" ears
R L B Ear pain/ache – no infection
[ ] Vertigo, dizziness
[ ] Nausea

MOUTH

R L B Pain in gums
R L B Pain in cheek muscles
R L B Frequent cold sores or canker sores
[ ] Pain in tongue

JAW PROBLEMS (JOINT)

R L B Clicking, popping jaw joints
R L B Grating sounds
R L B Jaw deviates to one side when opening
R L B Pain in jaw joint
R L B Locks shut or open
[ ] Inability to open smoothly
[ ] Limited opening of mouth

TEETH

R L B Sensitive to hot/cold
R L B Looseness and soreness of back teeth.
R L B Teeth chip or break easily
[ ] Grinding at night
[ ] Clenching
[ ] Can't find bite

THROAT

[ ] Swallowing difficult
[ ] Laryngitis
[ ] Sore throat with no infection
[ ] Voice irregularities

NECK

R L B Lack of mobility or stiffness
R L B Neck pain
R L B Tired sore muscles.