TMJ/ Jaw Joint Questionnaire

Patient name: ______________________________ Date: ________________

The Temporomandibular joint is located in front of your ears. You can feel it move when you open and close your jaw.

Temporomandibular joint (TMJ)-Pain and other symptoms affecting the jaw, head, neck and face can be caused when the jaw joints and muscles controlling them don't work correctly with each other or your teeth.

If you answer yes to a substantial number of these questions, this may be affecting your overall health.

1. Have you ever had a problem with TMJ? Yes_____ No_____
2. Have you ever been injured by a blow to the jaw? Yes_____ No_____
   If yes, When? ________________________
   Where? Right_____ Left_____ Front_____
   Do you still have pain? Right_____ Left_____ Front_____
   If yes, Constant_____ Intermittent_____
   Worse in, AM_____ PM______ Varies_____
3. Do your joints ever hurt or become tender when you chew or talk? Yes_____ No_____
   If yes, when? Regularly_____Occasionally____
4. Do you have any tenderness in your jaw muscles when you open wide? Yes_____ No_____
   If yes, Where? Right_______ Left________
5. Do you hear any sounds in your jaw? Yes_____ No_____
   If yes, Clicks_____ Pops______ Grating______
   How long? Months________ Years_________
   Which side? Right________ Left________
   Worse in, AM______ PM_______ Eating______
   If no, have you ever in the past heard sounds? Yes_____No_____
6. Do you have frequent headaches? Yes_____ No______
   If yes, when? AM_____ Daytime______ PM______
   Where? Temporal___ Frontal___ Cervical___
   How many headaches do you have a week? _____________
7. Has your jaw ever locked open or closed? Yes_____ No______
   If yes, when? Day's ago_____ Months ago_____ Years ago_____

10. Do you have sensations of stuffiness, pressure or blockage in your ears? Is there extensive ear wax production? Yes_____ No______

11. Do you have ringing, roaring, hissing or buzzing sounds in your ears? Yes_____ No______
12. Do you ever feel dizzy or faint? Yes_____ No______
13. Is your jaw painful or locked when you get up in the morning? Yes_____ No______

Initial: _______

14. Do you fatigue easily or consider yourself chronically fatigued? Yes_____ No______

15. Are there imprints of your teeth on the sides of your tongue? Yes_____ No______

16. Does your tongue go in between your front teeth when you swallow? Yes_____ No______

17. Is it hard to move your jaw from side to side or forward and backward? Yes_____ No______

18. Do you have pain or soreness in any of the following areas: Jaw joints, upper jaw or teeth, lower jaw or teeth, side of neck, back of head, forehead, behind the eyes, temples, tongue or chewing muscles? Yes_____ No_____

19. Do you have difficulty when chewing your food? Yes_____ No_____

20. Are you unable to insert your first three fingers vertically into your mouth when it's open wide? Yes_____ No_____

21. Do you have missing back teeth? Yes_____ No_____

22. Have you had extensive dental crowns and bridge work? Yes_____ No_____

23. Do you clench your teeth during the day? Yes_____ No_____

24. Do you grind your teeth during the night? Yes_____ No_____

25. Have you ever had a whiplash injury? Yes_____ No_____

26. Have you ever worn a cervical collar or had neck traction? Yes_____ No_____

27. Does chewing gum start your symptoms? Yes_____ No_____

28. Is it painful to stick your "pinky" fingers in your ears with your mouth open wide and the close your mouth while pressing forward with your "pinky" fingers? Yes_____ No_____

29. is it painful, or is there soreness, when you press on your jaw joints or on the cheek just below them? Yes_____ No_____

30. Have you ever had permanent teeth pulled for orthodontic treatment? Yes_____ No_____

31. Do you snore during the night? Yes_____No_____

32. Have you ever suffered from sleep apnea? Yes_____No_____

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Patient or Guardian's Signature

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Date