

## TMJ HEALTH QUESTIONNAIRE

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 neckaches or stiff neck muscles?                                    Y    N  
 Do you have trouble sleeping soundly?      Y    N  
 Have your teeth been sore upon awakening? 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

### TRAUMA OR ACCIDENTS

Have you ever had a severe blow to the head or jaw?                                        Y    N  
 Any whiplash neck injuries?                    Y    N

### 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 feel faint?                            Y    N  
 Do you feel nauseated (sick)?                    Y    N  
 Is there a family history of jaw joint (TMJ) problems or headaches?            Y    N

### EAR AND EYE SYMPTOMS

Do you have itchiness or stuffiness 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

### BREATHING

Do you have allergies?                            Y    N  
 Do you have sinus problems?                    Y    N  
 Do you snore at night?                            Y    N

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

Dr.'s initials when page completed and reviewed

