

# TMJ QUESTIONNAIRE

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
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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