

# TMJ HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Chief Concern \_\_\_\_\_

Date Of Onset \_\_\_\_\_

## Pain Symptoms

Do you get headaches?  Y  N  
Do you get migraine headaches?  Y  N  
Do you frequently have neck aches or stiff neck muscles?  Y  N  
Have you ever had chronic shoulder or back pain?  Y  N  
Do you have trouble sleeping soundly?  Y  N  
Are your jaws tired when you awaken?  Y  N  
Are your teeth sore when you awaken?  Y  N  
Have your wisdom teeth been extracted?  Y  N  
What medications, if any, are you taking?  
\_\_\_\_\_  
\_\_\_\_\_

Do you get headaches in the right or left temple areas?  Y  N  
Do you get headaches in the front or back of your head?  Y  N  
Do you clench your teeth during the day?  Y  N  
Do you clench your teeth at night?  Y  N  
Do you grind your teeth when asleep?  Y  N  
When are your pain symptoms the worst?  
\_\_\_\_\_

Does anything make you feel better?  
\_\_\_\_\_

How often do you take medication for relief of pain?  
\_\_\_\_\_

## Trauma or Accidents

Have you ever had a severe 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 feel faint?  Y  N  
Do you ever feel nauseated?  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 when 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  
Does your jaw ache when you open wide?  Y  N

## Ear And Eye Symptoms

Do you have pain in either ear?  Y  N  
Do you suffer from any loss of hearing?  Y  N  
Do you have itchiness or stuffiness in either ear?  Y  N  
Do you hear ringing, buzzing or hissing sounds in either ear?  Y  N

Do you wear glasses or contacts?  Y  N  
Are there times when your eyesight blurs?  Y  N  
Do you get pain in, around or behind either eye?  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  
Have you ever been diagnosed with Sleep Apnea?  Y  N  
Have you had a sleep study done at a Sleep Clinic (hospital)?  Y  N