

TMJ HEALTH QUESTIONNAIRE

Chief Complaint _____

Onset Date _____

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 medication(s) are you taking?

Do you get headaches in your temple area? 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 during the night? Y N
 Do you grind your teeth while asleep? Y N
 When are your symptoms worse?

 Does anything make it feel better?

 How often do you take medication to relieve pain?

TRAUMA OR ACCIDENTS

Have you ever had a severe blow to the head...
 ...or jaw? Y N
 Have you had 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 get dizzy? Y N
 Do you ever feel faint? Y N
 Do you ever feel nauseated (sick)? Y N
 Is there a family history of jaw joint (TMJ)...
 ...problems or headaches? Y N

Do you hear clicking, popping or cracking noises...
 ...in either jaw joint? Y N
 Does your jaw lock open or close? Y N
 Is it difficult to open wide or yawn? Y N
 Have you 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 ear pain? Y N
 Do you suffer hearing loss? Y N
 Do you have itchy or stuffy ears? Y N
 Do your ears ring, buzz or hiss? Y N

Do you wear glasses or contacts? Y N
 Does your eyesight blur? Y N
 Do you get pain in, around or behind your eye? Y N

BREATHING

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

Is your nose stuffed without having a cold? Y N
 Have you been diagnosed with sleep apnea? Y N
 Have you had a Sleep Clinic study done? Y N

 Name (Print)

 Signature

 Date