Temporomandibular Joint Dysfunction (TMJ) *Questionnaire*

Name: _____

Age: _____

Referred by: _____

1. **Describe your problem:**

2. **Which side hurts?** ❑ Right ❑ Left ❑ Both

   For how long:

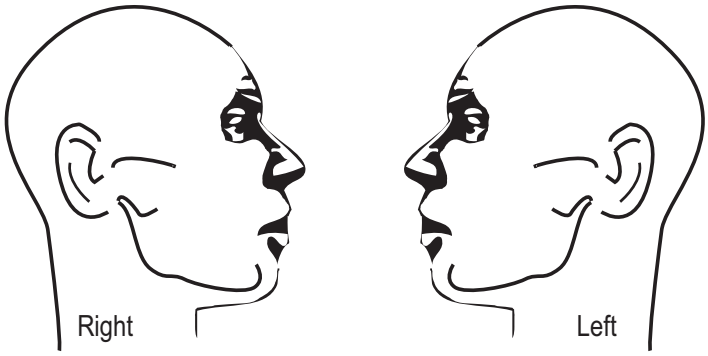
3. **Is the pain constant or intermittent?**

4. **When is the pain worse?** ❑ Morning ❑ Afternoon ❑ Evening

5. **Does it hurt to move your jaw?** ❑ Yes ❑ No

6. **Does it hurt to chew?** ❑ Yes ❑ No

7. **On the figures to the right, please outline where your pain is located.**



8. **Does your jaw make noise?** ❑ Clicking ❑ Grinding ❑ Other

   When: For how long:

9. **Has your jaw ever locked open?** ❑ Yes ❑ No

10. **Has your jaw ever locked closed?** ❑ Yes ❑ No

    When: How often:

11. **If your jaw does not make noise or lock now, has it ever in the past?** ❑ Yes ❑ No

12. **Have you ever suffered from?**

    ❑ Headaches ❑ Neckaches ❑ Shoulder Pain

    ❑ Ear Pain ❑ Dizziness ❑ Change in Hearing

Turn over...

13 **Do you grind or clench your teeth?** ❑ At night ❑ During the day

14 **Do you have sore or sensitive teeth?** ❑ Yes ❑ No ❑ Sometimes

15 **Do you have trouble getting to sleep?** ❑ Yes ❑ No ❑ Sometimes

16 **Do you sleep well?** ❑ Yes ❑ No ❑ Sometimes

17 **Do you consider yourself to be under a lot of stress?** ❑ Yes ❑ No ❑ Sometimes

18 **Are you nervous or anxious about anything?** ❑ Yes ❑ No ❑ Sometimes

19 **Have you had a nervous stomach, ulcers, skin disease?** ❑ Yes ❑ No ❑ Sometimes

20 **Do you have or have you ever had arthritis?** ❑ Yes ❑ No ❑ Sometimes

21 **Does your pain keep you from doing anything?** ❑ Yes ❑ No If yes, what?

22 **Can you remember any injury to your jaw?** ❑ Yes ❑ No If yes, describe:

23 **Do you take medications for the pain?** ❑ Yes ❑ No If yes, what?

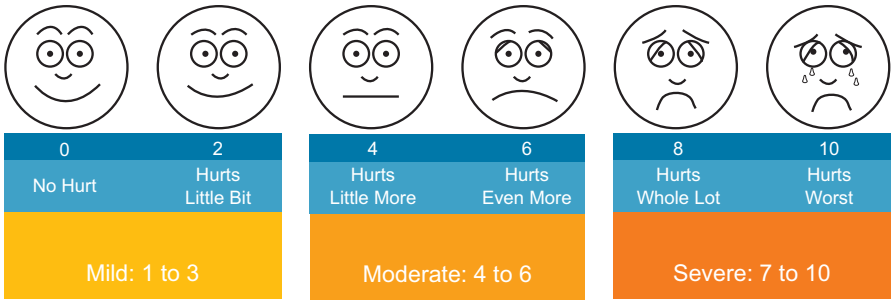
24 **Do you take medications for relaxation?** ❑ Yes ❑ No If yes, what?

25 **Have you had any treatments for your problem?** ❑ Yes ❑ No

26 **Please check any treatments you have had:**

❑ Bite splint ❑ Medication ❑ Physical therapy ❑ Counseling
❑ Occlusal adjustment ❑ Orthodontics ❑ Surgery ❑ Other:

27 **Rate your pain now:**



28 **At its worst, how bad was the pain?**