

TMJ HEALTH QUESTIONNAIRE

Patient's Name: _____

CHIEF COMPLAINT _____

HISTORY OF CHIEF COMPLAINT SINCE ONSET _____

DATE OF ONSET _____

PAIN SYMPTOMS

Do you get "tension headaches"?	Y	N	Do you get headaches in right or left temple areas?	Y	N
Do you ever get "migraine headaches"?	Y	N	Do you get headaches in the back of your head?	Y	N
Do you feel you need treatment for this problem	Y	N	Do you grind your teeth when asleep?	Y	N
Do you frequently have neck aches or stiff neck muscles?	Y	N	Are your jaws tired when you awoken from sleep?	Y	N
Do you have trouble sleeping soundly?	Y	N	Are your symptoms worse		
Have your teeth been sore upon awakening?	Y	N	a) Upon rising in the morning?		
Does your jaw ache when you chew?	Y	N	b) At work (school)?		
Do you have ear pain?	Y	N	c) At home?		
Do your jaws ache when you open wide?	Y	N	How often do you take medicine for relief of pain?		
Have you ever had chronic shoulder or back pain?	Y	N	a) Never b) Weekly to Monthly		
			c) Weekly d) Daily		
			What medication, if any, are you taking? _____		

TRAUMA OR ACCIDENTS

Have you had a severe blow to the head or jaw?	Y	N	Have you ever been involved in any serious accidents, such as a car accident?	Y	N
Any whiplash neck injuries?	Y	N			

JAW JOINT SYMPTOMS

Does your jaw feel tired after a big meal?	Y	N	Do you feel or hear a "clicking" or "popping" noise from either jaw joint?	Y	N
Do you ever get dizzy?	Y	N	Has your jaw ever locked where you were unable to open or close it?	Y	N
Do you ever feel faint?	Y	N	Have you ever had pain in either jaw joint?	Y	N
Do you ever feel nauseated (sick)?	Y	N			
Is there a family history of jaw joint (TMJ) problems?	Y	N			

EAR AND EYE SYMPTOM

Do you have itchiness or stuffiness in either ear?	Y	N	Do you have any pain in your ears?	Y	N
Do you suffer from any loss of hearing?	Y	N	Do you hear ringing, buzzing, or hissing sounds in either ear?	Y	N
Do you get pain in, around, or behind either eye?	Y	N	Do you hear grating noises in ears (like sand particles rubbing)?	Y	N
Are there times when your eyesight blurs?	Y	N			

BREATHING

Do you have allergies?	Y	N	Is your nose stuffed when you don't have a cold?	Y	N
Do you have sinus problems?	Y	N			
Do you snore at night?	Y	N			