

TMJ & MUSCLE QUESTIONNAIRE

Patient Name: _____ Date: _____

Please check all that apply:

- Have you *ever* heard any clicking or popping in your jaw joints (immediately in front of your ears)?
- Have you *ever* experienced headaches, near your temples, upon awakening in the morning?
- Have you *ever* experienced chewing muscle soreness or tension upon awakening in the morning?
- Have you *ever* had jaw joint pain during chewing?
- Has yawning or opening wide *ever* caused you pain?
- Has your jaw *ever* been stuck or locked open, even if only for a brief moment?
- Have you *ever* felt that your teeth didn't meet in a comfortable position?
- Has a dentist *ever* devoted one or more appointments to precision bite adjustment or "equilibration"?
- Have you *ever* been struck on, or received traumatic injury to the head, neck or jaw?
- Have you *ever* had any episodes of pain in the jaw joint?
- Have you *ever* ground your teeth while sleeping?
- Do you find yourself clenching your teeth during the day?
- Do your jaw muscles tire while eating or talking?
- Do you have Arthritis?
- Have you ever been treated in the past for TMJ problems?
- Have you ever noticed: difficulty or limitation in opening?
Or, recent shifting, crowding, rotating or new spaces opening?
Or, loose teeth?
- Additional concerns you have:
