TMJ QUESTIONNAIRE

Name______________________________________ Date____________________

		Y	N
1. Do you have clicking, popping, or grating in your	Right jaw joint?	_____	_____
	Left jaw joint?	_____	_____

2. When did you first notice the noise?__________________________________

		Y	N
3. Has the noise recently become more pronounced?		_____	_____
4. Do you have pain in or around the	Right jaw joint?	_____	_____
	Left jaw joint?	_____	_____

5. When did you first notice the pain?___________________________________

	Y	N
6. Has the pain recently become more pronounced?	_____	_____

7. Is the pain worse:

Mornings_____ At meals_____
Evenings_____ No specific time_____

8. Is the pain:

Dull_____ Continuous_____
Stabbing_____ Intermittent_____
Throbbing_____ Other_____________

	Y	N
9. Does the pain sometimes feel like it is in your ear?	_____	_____
10. Does your jaw problem interfere with normal daily activities?	_____	_____
11. Are you taking or have you taken any medication for this problem?	_____	_____
12. Did anything occur that might be related to the onset of this problem?	_____	_____

If yes, please explain____

	Y	N
13. Have you had problems opening your mouth wide?	_____	_____

14. The sequence in which you became aware of the following problems (1st, 2nd, etc.). Number only the problems which apply to you.
PAIN_____ NOISE_____ LIMITED OPENING_____ LOCKING_____ OTHER_____

15. Which aspects of your problem concern you the most?_________________
____

		Y	N
16. Are you aware of clenching your teeth	Night?	_____	_____
	Day?	_____	_____
	Both?	_____	_____
17. Has there been a recent change in lifestyle such as a change in marital status, childbirth, change of employment, death in immediate family, or any other stressful events?		_____	_____
18. Do you think nervous tension seems to affect this problem?		_____	_____

If yes, please explain____

	Y	N
19. Have you had problems with other joints?	_____	_____
20. Have you had recent dental treatment?	_____	_____
21. Have you had x-rays taken for this problem?	_____	_____

When?______________ Where?___________________________________

	Y	N
22. Have you received previous treatment for this problem?	_____	_____
23. Have you ever had orthodontic treatment or treatment for a "bad bite"?	_____	_____
24. Have you ever had periodontal disease (pyorrhea)?	_____	_____
25. Do you ever awaken with awareness of your teeth or jaws?	_____	_____
27. Do you have any pain or soreness around your eyes, ears or other parts of your face?	_____	_____
28. Do you ever have "tension" headaches?	_____	_____
29. Do you ever have migraine headaches?	_____	_____

PLEASE ANSWER THE QUESTIONS ON THE BACK OF THIS PAGE

	Y	N
30. Do you frequently have neck aches or stiff neck muscles?	______	______
31. Do your jaw muscles become tired frequently?	______	______
32. Do you have difficulty in swallowing?	______	______
33. Have you ever had arthritis?	______	______
34. Have you ever had gout?	______	______
35. Have you ever received a severe blow to the side of the head or jaw?	______	______
36. Have you ever had problems with your ears, such as ringing or a change of hearing?	______	______
37. Do you ever hear grating sounds from your jaw joint?	______	______
38. Do you ever hear clicking or popping sounds from your jaw joint?	______	______
39. Do you feel your bite is closed?	______	______
40. Are you presently in any pain from your jaw joint or muscles?	______	______
41. Are there times when you notice that this problem or pain is less or gone completely?	______	______
42. Are you afraid your problem is serious?	______	______
43. Do you feel you need treatment for this problem?	______	______
44. Do you have a problem with insomnia?	______	______
45. Do you take aspirin frequently?	______	______
46. Are you taking any tranquilizers, hypnotics, muscle relaxants or anti-depressants?	______	______
47. Do you take more than one alcoholic drink per day?	______	______
48. Do you smoke cigarettes or cigars?	______	______
49. Do you smoke a pipe?	______	______
50. Do you bite your nails, tongue or lips?	______	______
51. Do you usually eat breakfast?	______	______