

# TMJ HEALTH QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

## PAIN SYMPTOMS

Do you get "tension headaches"?	Y	N
Do you ever get "migraine headaches"?	Y	N
Do you feel you need treatment for this Problem?	Y	N
Do you frequently have neckaches or stiff Neck muscles?	Y	N
Do you have trouble sleeping soundly?	Y	N
Have your teeth been sore upon awakening?	Y	N
Does your jaw ache when you chew?	Y	N
Have you ever had chronic shoulder or back pain?	Y	N
Do you get headaches in right or left temple areas?	Y	N
Do you get headaches in the back of your head?	Y	N
Do you grind your teeth when asleep?	Y	N
Are your jaws tired when you awoken from sleep?	Y	N
Are your symptoms worse- a) Upon rising in the morning? b) At work (school)? c) At home?		
How often do you take medicine for relief of pain? 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 ever 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) problem?	Y	N
Do you feel or hear a "clicking" or "popping" noise from either jaw joint?	Y	N
Has your jaw ever locked where you were unable to open or close?	Y	N

## EAR AND EYE SYMPTOMS

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

## BREATHING

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