

TMJ HEALTH QUESTIONNAIRE

Pain Symptoms

- Do you get headaches? Y N
- Do you get migraine headaches? Y N
- Do you frequently have neck aches or stiff neck muscles? Y N
- Have you ever had chronic shoulder or back pain? Y N
- Do you have trouble sleeping soundly? Y N
- Are your jaws tired when you awaken? Y N
- Are your teeth sore when you awaken? Y N
- Do you get headaches in the right or left temple areas? Y N
- Do you get headaches in the front or back of your head? Y N
- Do you clench your teeth at night? Y N
- Do you grind your teeth when asleep? Y N
- When are your pain symptoms the worst? _____
- Does anything make you feel better? _____
- What medications, if any, are you taking? _____
- How often do you take medication for relief of pain? _____
- Have your wisdom teeth been extracted? Y N

Trauma or Accidents

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

Jaw Joint Symptoms

- Does your jaw feel tired after a big meal? Y N
- Are there any foods you avoid eating? Y N
- Do you ever get dizzy? Y N
- Do you ever feel faint? Y N
- Do you ever feel nauseated? Y N
- Is there a family history of jaw joint(TMJ) problems or headache? Y N
- Do you feel or hear a 'clicking','popping' or 'cracking' noise from either jaw joint? Y N
- Has your jaw ever locked when you were unable to open or close? Y N
- Do you have difficulty opening wide or yawning? Y N
- Have you ever had pain in either jaw joint? Y N
- Does your jaw ache when you open wide? Y N

Ear and Eye Symptoms

- Do you have pain in either ear? Y N
- Do you suffer from any loss of hearing? Y N
- Do you have itchiness or stuffiness in either ear? Y N
- Do you hear ringing, buzzing, or hissing sounds in either ear? Y N
- Do you wear glasses or contacts? Y N
- Are there times when your eyesight blurs? Y N
- Do you get pain in, around or behind either eye? 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
- Have you been diagnosed with Sleep Apnea? Y N
- Have you had a sleep study done at a Sleep Clinic (hospital)? Y N