TMJ QUESTIONARE

Name_____Date_____D.O.B._____

Fill in the appropriate response indicating whether or not you currently have, or previously had the following conditions or symptoms.

1. Have you had Orthodontic treatment? ☐yes ☐no
2. Wisdom teeth removed? ☐yes ☐no
3. Do you chew gum regularly? ☐yes ☐no
3. Treated for a "bad bite"? ☐yes ☐no
4. TMJ (jaw joint) treatment? ☐yes ☐no
5. Sore or sensitive teeth? ☐yes ☐no
6. Do you have chronic headaches? ☐yes ☐no
7. Do you ever have migraines? ☐yes ☐no
8. Do you have tension headaches? ☐yes ☐no
9. Headaches in back of the head? ☐yes ☐no
10. Do you have ear pain? ☐yes ☐no
11. Does it hurt to open wide? ☐yes ☐no
12. Do you have difficulty chewing? ☐yes ☐no
13. Does your jaw ache when you chew? ☐yes ☐no
14. Pain in teeth on awakening? ☐yes ☐no
15. Do you have neck aches? ☐yes ☐no
16. Sinus problems? ☐yes ☐no
17. Do you snore? ☐yes ☐no
18. Do you have sleep apnea? ☐yes ☐no
19. Earaches or ear pain? ☐yes ☐no
20. Grating noises in ears (like grating sand particles) ☐yes ☐no
21. Are your teeth badly worn? ☐yes ☐no
22. Pain in, around, or behind eyes? ☐yes ☐no
23. Are you under a lot of stress? ☐yes ☐no
24. Whiplash or neck injury? ☐yes ☐no

Jaw (TMJ) symptoms

1. Have you ever been treated for jaw joint problems? ☐yes ☐no
2. Do you grind your teeth at night? ☐yes ☐no
3. Are you aware of clenching your teeth? ☐yes ☐no
4. Are there times when you can't open your mouth widely? ☐yes ☐no
5. Does it hurt to open your mouth widely? ☐yes ☐no
6. Has your jaw ever locked and made you unable to open/close your mouth? ☐yes ☐no
7. Do your jaws make a clicking or popping sound when you chew? ☐yes ☐no
8. Is it painful to yawn ☐yes ☐no
9. Do you have pain in your neck/shoulders? ☐yes ☐no
10. Have you ever had a severe blow to the head? ☐yes ☐no
11. Have you ever had a night guard/ splint? ☐yes ☐no
12. Do you currently wear a night guard/splint? ☐yes ☐no
13. Pain in Right jaw joint? ☐yes ☐no
14. Pain in left jaw joint? ☐yes ☐no
15. Do you hear sound in your jaw joint? ☐yes ☐no
16. Do you have generalized facial pain? ☐yes ☐no

If yes, which side? ☐right ☐left

On a scale from 1 – 10 please rate your current level of pain of your jaw joints

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

low moderate high