

## TMJ Health Questionnaire

### Pain Symptoms

Do you ever experience any of the following:

"Tension headaches"	Y	N	
"Migraine headaches"	Y	N	
Ear pain	Y	N	
Neck aches or stiff neck muscles	Y	N	
Pain in either jaw joint	Y	N	
Aching in jaw when chewing	Y	N	
Aching in jaw when opening wide	Y	N	
Sore teeth upon awakening	Y	N	N
Chronic shoulder or back pain	Y	N	
Jaws tired upon awakening	Y	N	N
Headaches in right or left temples	Y	N	
Headaches in the back of the head	Y	N	
Grinding your teeth while sleeping	Y	N	

When are your symptoms the worse? \_\_\_\_\_

Does anything make you feel better? \_\_\_\_\_

How often do you take medicine for pain relief? \_\_Never \_\_Weekly to Monthly \_\_Weekly \_\_Daily

### Trauma or Accidents

Have you ever been involved in any serious accidents, such as a car accident Y N

Have you ever had:

A severe blow to the head or jaw Y N

Whiplash neck injury Y N

**Details:** \_\_\_\_\_

### Jaw Joint Symptoms

Does your jaw feel tired after a big meal?	Y	N	
Are there 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 headaches?	Y	N	
Do you feel or hear a 'clicking, popping or cracking' noise from either jaw joint?	Y	N	N
Has your jaw ever locked where you were unable to open or close?	Y	N	N
Do you have difficulty opening wide?	Y	N	
Do you have difficulty yawning?	Y	N	

### Ear & Eye Symptoms

Do you suffer from any of the following:

Itchiness or stuffiness in either ear	Y	N	
Any loss of hearing	Y	N	
Pain in around or behind either eye	Y	N	
Blurriness of eyesight	Y	N	
Ringings, buzzing or hissing in your ears	Y	N	
Grating noises in your ears	Y	N	
Do you wear glasses or contacts	Y	N	

### Breathing

Do you have allergies	Y	N	
Do you have sinus problems	Y	N	
Do you snore while sleeping	Y	N	
'Stuffiness' when you don't have a cold	Y	N	