

TEMPOROMANDIBULAR JOINT AND FACIAL-QUESTIONNAIRE

Please check all categories below – feel free to ask for assistance if you do not understand any question.

<u>YES</u>	<u>NO</u>	<u>Section #1</u>
___	___	Does your jaw make noise so that it bothers you or others?
___	___	Does your jaw get stuck as you Try to open?
___	___	Does it hurt when you chew or open wide to take a big bite?
___	___	Do you have earaches or pain in front of the ears?
___	___	Do you have pain in the face, cheeks, jaws, throat or temples?
___	___	Is it difficult for you to open your mouth as far as you want to?
___	___	Do you suffer from frequent headaches?
___	___	Does your jaw “feel tired” after a big meal or dental visit?
___	___	Are you aware of an uncomfortable or bad bite?

<u>YES</u>	<u>NO</u>	<u>Section #2</u>
___	___	Are you aware that you grind your teeth at night or during the day? Circle: Day Night
___	___	Do you have a habit of clamping or clenching (“setting”) your teeth? Circle: Day Night
___	___	Do you have any jaw symptoms or headache upon Waking in the A.M.?
___	___	Must you chew excessively on one side?
___	___	Have you had a blow to the jaw (trauma)?
___	___	Are you a habitual gum-chewer?

<u>YES</u>	<u>NO</u>	<u>Section #3</u>
___	___	Does the pain or discomfort disturb your sleep?
___	___	Does the pain or discomfort interfere with your daily routine or other activities?
___	___	Do you take medications or pills for pain or discomfort? (pain relievers, muscle relaxants)
___	___	Does the pain or discomfort affect your appetite?
___	___	Do you feel the pain or discomfort extremely frustrating or depressing?

<u>YES</u>	<u>NO</u>	<u>Section #4</u>
___	___	Do you suffer from arthritis or pain in other joints?
___	___	Do you suffer from stomach or ulcers?
___	___	Do you suffer from back or neck pain (whiplash)?
___	___	Do you suffer from skin problems or allergies?
___	___	Have you ever been treated for jaw muscle or jaw joint disorders?

Signature

Date

Office Witness

Date