



## TMJ HEALTH QUESTIONNAIRE

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

### 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  
 Have your wisdom teeth been extracted? Y N  
 What medications, if any, are you taking?

When are your pain symptoms the worst?  
 \_\_\_\_\_

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

How often do you take medication for pain or relief?  
 \_\_\_\_\_

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

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

### 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 headaches? 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

Is your nose stuffed when you don't have a cold? Y N

### Breathing

Do you have allergies? Y N  
 Do you have sinus problems? Y N  
 Do you snore at night? 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 during the day? Y N  
 Do you grind your teeth when asleep? 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