TEMPOROMANDIBULAR JOINT DYSFUNCTION QUESTIONNAIRE

Name:_____ **Date:**_____

1. Do you have a grating, clicking or popping sound in either or both jaws when you chew? ☐ Yes ☐No
2. Do you have sensations or stiffness, pressure or blockage, ringing, hissing or buzzing in your ears? ☐ Yes ☐No
3. Do you ever feel dizzy or faint? ☐ Yes ☐No
4. Is your jaw painful or locked when you wake up in the morning? ☐ Yes ☐No
5. Do you consider yourself chronically fatigued? ☐ Yes ☐No
6. Are you ever nauseated for no apparent reason? ☐ Yes ☐No
7. Do your fingers sometimes go numb? ☐ Yes ☐No
8. Check any area where you have pain or soreness: ☐ Yes ☐No

☐ Jaw Joints	☐Upper jaw or teeth	☐Back of head
☐Forehead	☐Lower jaw or teeth	☐Chewing muscles
☐Temples	☐Side of neck	☐Behind the eyes
☐Tongue		

9. Is it hard to move your jaw side-to-side, forward or backward? ☐ Yes ☐No
10. Do you have difficulty chewing? ☐ Yes ☐No
11. Do you have back teeth missing? ☐ Yes ☐No
12. Have you had extensive dental crowns and bridgework? ☐ Yes ☐No
13. Do you clench your teeth during the day? ☐ Yes ☐No
14. Do you grind your teeth at night? (Ask someone else) ☐ Yes ☐No
15. Do you ever have a headache when you wake up in the morning? ☐ Yes ☐No
16. Have you had a whiplash injury? ☐ Yes ☐No
17. Have you worn a cervical collar or had neck traction? ☐ Yes ☐No
18. Have you ever had a blow to the chin, face or head? ☐ Yes ☐No
19. Have you reached the point at which drugs no longer relieve your symptoms? ☐ Yes ☐No
20. Does chewing gum start your symptoms? ☐ Yes ☐No
21. Does your jaw deviate to the left or right when you open wide? ☐ Yes ☐No
22. When your mouth is wide open, can you insert three fingers into your mouth vertically? ☐ Yes ☐No
23. Please write a brief history of your medical and dental history (including injuries) pertaining to the jaw joint. _____

_____

_____

_____

TMJ

PATIENT PROGRESS REPORT

Patient's Name:_____ **Date:**_____

The current status of the patient's original chief complaints are as follows:

CHIEF COMPLAINT	NEVER HAD	UNCHANGED	DECREASED	INCREASED
Cephalgia (headache)	☐	☐	☐	☐
Neck Pain	☐	☐	☐	☐
Shoulder Pain	☐	☐	☐	☐
Back Pain (upper/lower)	☐	☐	☐	☐
Otalgia (ear pain)	☐	☐	☐	☐
Ear/Sinus Congestion	☐	☐	☐	☐
Loss of auditory acuity (hearing)	☐	☐	☐	☐
Tinnitus	☐	☐	☐	☐
Vertigo (dizziness)	☐	☐	☐	☐
Pharyngeal pain (throat pain)	☐	☐	☐	☐
TMJ click/pop	☐	☐	☐	☐
TMJ Crepitation (rating sound)	☐	☐	☐	☐
Jaw Pain	☐	☐	☐	☐
Pain with chewing food	☐	☐	☐	☐
Facial Pain	☐	☐	☐	☐
Trismus (inability to open wide)	☐	☐	☐	☐
Retro-orbital pain (pain behind the eye socket)	☐	☐	☐	☐
Visual symptoms	☐	☐	☐	☐
Referred or non-specific tooth pain	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Other	☐	☐	☐	☐