

TMJ PROBLEM QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS	DO NOT WRITE IN THIS SPACE
Name: _____	Date _____
<p>VIII. Does it hurt to chew? Y N</p> <p>Does it hurt to open wide? Y N</p> <p>Which side of your jaw makes a popping noise? L R</p> <p>Which side of your jaw makes a clicking noise? L R</p> <p>Which side of your jaw makes other noises? L R</p> <p>What noises? _____</p> <p>When did you first notice joint noises? _____</p>	
<p>IX. Has your jaw ever locked? Y N</p> <p>Did it lock open or closed? Open Closed</p> <p>When did this first happen? _____</p> <p>When did this last happen? _____</p> <p>Has your jaw ever slipped out of place? Y N</p> <p>Which side? L R</p>	
<p>X. Have you noticed a change in your bite? Y N</p> <p>Did you notice a change at your front teeth? Y N</p> <p>Did you notice a change at your back teeth? Y N</p> <p>Has your profile changed? Y N</p> <p>Have you noticed any crookedness or asymmetry in your jaw? Y N</p> <p>When did you notice the asymmetry? _____</p>	
<p>XI. Are your teeth sore or sensitive? Y N</p> <p>Do you clench your teeth? Y N</p> <p>Do you grind your teeth? Y N</p> <p>Do you do this during the day or night? Day Night</p> <p>When did you start clenching or grinding? _____</p>	
<p>XII. Do you have problems with your ears? Y N</p> <p>Dizziness? Y N Ringing? Y N</p> <p>Hearing? Y N Other? _____</p>	
<p>XIII. Is it difficult to swallow? Y N</p> <p>Is it painful to swallow? Y N</p> <p>Have you noticed lumps in your face? Y N</p> <p>Throat? Y N Neck? Y N</p> <p>Other _____</p>	
<p>XIV. Have you had any prior treatment for TMJ? Y N</p> <p>Splint? Y N When? _____</p> <p>Nightguard? Y N When? _____</p> <p>Did it help? Y N</p> <p>Bite Adjustment? Y N When? _____</p> <p>Orthodontics? Y N When? _____</p> <p>Did it help? Y N</p> <p>Surgery? Y N When? _____</p> <p>What type and which side? _____</p> <p>_____</p> <p>Did it help? Y N</p> <p>Explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	