

# TMD QUESTIONNAIRE

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please elaborate in available spaces...*

Have you ever had a problem with your jaw joints? \_\_\_\_\_

\_\_\_\_\_

Have you ever had an injury to the jaw, head, or neck? \_\_\_\_\_

\_\_\_\_\_

Have your jaws ever hurt or become tender when chewing, talking, or opening wide? \_\_\_\_\_

\_\_\_\_\_

Has your jaw ever gotten "stuck", "locked", or "gone out"? \_\_\_\_\_

\_\_\_\_\_

Have you ever had arthritis? If so, where? \_\_\_\_\_

\_\_\_\_\_

Do you ever have difficulty opening your jaw? If so, when does it happen? \_\_\_\_\_

\_\_\_\_\_

Do your jaws periodically feel stiff, tight, or tired? \_\_\_\_\_

\_\_\_\_\_

Does your bite ever feel uncomfortable or unusual? \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for a jaw or bite related disorder? If so, when?

Treatment rendered and outcome? \_\_\_\_\_

\_\_\_\_\_

Do you have frequent headaches and/or neck aches? If so, what areas are affected? What brings them on? Time of day? \_\_\_\_\_

\_\_\_\_\_

Do you have pain in or about the ears, temples, or cheeks? \_\_\_\_\_

\_\_\_\_\_

Are you aware of clenching or grinding your teeth? \_\_\_\_\_

\_\_\_\_\_