

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?