Temporomandibular Joint Dysfunction (TMJ) Questionnaire

1. Describe your problem:

2. Which side hurts?  
   - Right  
   - Left  
   - Both

   For how long:

3. Is the pain constant or intermittent?

4. When is the pain worse?  
   - Morning  
   - Afternoon  
   - Evening

5. Does it hurt to move your jaw?  
   - Yes  
   - No

6. Does it hurt to chew?  
   - Yes  
   - No

7. On the figures to the right, please outline where your pain is located.

8. Does your jaw make noise?
   - Clicking  
   - Grinding  
   - Other

   When:  
   For how long:

9. Has your jaw ever locked open?  
   - Yes  
   - No

10. Has your jaw ever locked closed?  
    - Yes  
    - No

    When:  
    How often:

11. If your jaw does not make noise or lock now, has it ever in the past?  
    - Yes  
    - No

12. Have you ever suffered from?
   - Headaches  
   - Neckaches  
   - Shoulder Pain
   - Ear Pain  
   - Dizziness  
   - Change in Hearing

Turn over...
13. Do you grind or clench your teeth?  □ At night  □ During the day
14. Do you have sore or sensitive teeth?  □ Yes □ No □ Sometimes
15. Do you have trouble getting to sleep?  □ Yes □ No □ Sometimes
16. Do you sleep well?  □ Yes □ No □ Sometimes
17. Do you consider yourself to be under a lot of stress?  □ Yes □ No □ Sometimes
18. Are you nervous or anxious about anything?  □ Yes □ No □ Sometimes
19. Have you had a nervous stomach, ulcers, skin disease?  □ Yes □ No □ Sometimes
20. Do you have or have you ever had arthritis?  □ Yes □ No □ Sometimes
21. Does your pain keep you from doing anything?  □ Yes □ No  If yes, what?
22. Can you remember any injury to your jaw?  □ Yes □ No  If yes, describe:
23. Do you take medications for the pain?  □ Yes □ No  If yes, what?
24. Do you take medications for relaxation?  □ Yes □ No  If yes, what?
25. Have you had any treatments for your problem?  □ Yes □ No
26. Please check any treatments you have had:
   □ Bite splint  □ Medication  □ Physical therapy  □ Counseling
   □ Occlusal adjustment  □ Orthodontics  □ Surgery  □ Other:
27. Rate your pain now:
   0 2 4 6 8 10
   No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Hurts Worst
   Mild: 1 to 3 Moderate: 4 to 6 Severe: 7 to 10
28. At its worst, how bad was the pain?
   0 2 4 6 8 10
   No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Hurts Worst
   Mild: 1 to 3 Moderate: 4 to 6 Severe: 7 to 10