

# Temporomandibular Disorder Questionnaire

Patient Name: \_\_\_\_\_

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

YES NO

- 1. Do you have grating, clicking or popping in either or both jaws when you chew?.....  YES  NO
- 2. Do you have sensations of stiffness, pressure/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:

- 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?.....  YES  NO
- 16. Have you had 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 narrative of your past medical and dental history (including injuries) pertaining to the jaw joint and any treatment performed (nightguard, splint, bite adjustment, surgery):

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