## TEMPOROMANDIBULAR DISORDER QUESTIONNAIRE

atient	t Name Date		
		YES	NO
1.	Do you have a grating, clicking or popping sound in either, or both jaw joints when you chew?	_ 🔘	
2.	Do you have sensations or stiffness, pressure or blockage, ringing, hissing or buzzing in your ears?	_ 0	
3.	Do you ever feel dizzy or faint?	_ 🔾	
4.	Is your jaw painful or locked when you wake up in the morning?	- 0	
5.	Do you consider yourself chronically fatigued?		
6.	Are you ever nauseated for no apparent reason?		
7.	Do your fingers sometimes go numb?		
8.	Check any area where you have pain or soreness:    Jaw Joints		
9.	Is it hard to move your jaw side-to-side, forward or backward?	. 🗆	
10.	Do you have difficulty chewing?	. 🔾	
11.	Do you have back teeth missing?	. 🗆	
12.	Have you had extensive dental crowns and bridgework?	. 🔾	
13.	Do you clench your teeth during the day?	. 🔾	
14.	Do you grind your teeth at night? (Ask someone else)	. 🔾	
15.	Do you ever have a headache when you wake up?	. 🔾	
16.	Have you had a whiplash injury?	. 🔾	
17.	Have you worn a cervical collar or had neck traction?	. 🔘	
18.	Have you ever had a blow to the chin, face or head?	. 🔾	
19.	Have you reached the point at which drugs no longer relieve your symptoms?	. 🗆	
20.	Does chewing gum initiate your symptoms?	. 🔾	
21.	Does your jaw deviate to the left or right when you open wide?	. 🔾	
22.	When your mouth is wide open, can you insert three fingers into your mouth vertically?		
23.	Please write a brief narrative of your past medical and dental history (including injuries) pertaining to the jaw joint:		
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