FORT LORAMIE
DENTAL CENTER

Family Dentistry, Orthodontics, & Dental Implants

Christopher M. Ashby, D.D.S.

TMJ HEALTH QUESTIONNAIRE

Date_____

CHIEF CONCERN _____

DATE OF ONSET _____

PAIN SYMPTOMS

Do you get headaches?	Y	N
Do you get migraine headaches?	Y	N
Do you frequently have neck aches or stiff neck muscles?	Y	N
Have you ever had chronic shoulder or back pain?	Y	N
Do you have trouble sleeping soundly?	Y	N
Are your jaws tired when you awaken?	Y	N
Are your teeth sore when you awaken?	Y	N
Have your wisdom teeth been extracted?	Y	N

What medications, if any, are you taking?

_____

TRAUMA OR ACCIDENTS

Have you ever had a severe blow to the head or jaw?	Y	N
Any whiplash neck injuries?	Y	N

JAW JOINT SYMPTOMS

Does your jaw feel tired after a big meal?	Y	N
Are there any foods you avoid eating?	Y	N
Do you ever get dizzy?	Y	N
Do you ever feel faint?	Y	N
Do you ever feel nauseated?	Y	N
Is there a family history of jaw joint (TMJ) problems or headaches?	Y	N

EAR AND EYE SYMPTOMS

Do you have pain in either ear?	Y	N
Do you suffer from any loss of hearing?	Y	N
Do you have itchiness or stuffiness in either ear?	Y	N
Do you hear ringing, buzzing, or hissing sounds in either ear?	Y	N

BREATHING

Do you have allergies?	Y	N
Do you have sinus problems?	Y	N
Do you snore at night?	Y	N

Do you get headaches in the right or left temple areas?	Y	N
Do you get headaches in the front or back of your head?	Y	N
Do you clench your teeth during the day?	Y	N
Do you clench your teeth at night?	Y	N
Do you grind your teeth when asleep?	Y	N

When are your pain symptoms the worst?

_____

Does anything make you feel better?

_____

How often do you take medication for relief of pain?

_____

Have you ever been involved in any serious accidents, such as a car accident?	Y	N

Details _____

_____

Do you feel or hear a 'clicking', 'popping' or 'cracking' noise from either jaw joint?	Y	N
Has your jaw ever locked when you were unable to open or close?	Y	N
Do you have difficulty opening wide or yawning?	Y	N
Have you ever had pain in either jaw joint?	Y	N
Does your jaw ache when you open wide?	Y	N

Do you wear glasses or contacts?	Y	N
Are there times when your eyesight blurs?	Y	N
Do you get pain in, around or behind either eye?	Y	N

Is your nose stuffed when you don't have a cold?	Y	N
Have you been diagnosed with Sleep Apnea?	Y	N
Have you had a sleep study done at a Sleep Clinic (hospital)?	Y	N

_____ Signature

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