

TMJ Dysfunction Questionnaire

Name: _____

1. Do you have a grating, clicking or popping sound in either or both jaws when you chew? Yes or No
2. Do you have sensations of stuffiness, pressure or blockage, ringing, hissing, or buzzing in your ears? Yes or No
3. Do you ever feel dizzy or faint? Yes or No
4. Is your jaw painful or locked when you wake up in the morning? Yes or No
5. Do you consider yourself chronically fatigued? Yes or No
6. Are you ever nauseated for no apparent reason? Yes or No
7. Do your fingers sometimes go numb? Yes or 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 or No
10. Do you have difficulty chewing? Yes or No
11. Do you have back teeth missing? Yes or No
12. Have you had extensive dental crowns and bridgework? Yes or No
13. Do you clench your teeth during the day? Yes or No
14. Do you grind your teeth at night? (Ask someone) Yes or No
15. Do you ever have a headache when you wake up? Yes or No
16. Have you ever had a whiplash injury? Yes or No
17. Have you worn a cervical collar or had neck traction? Yes or No
18. Have you ever had a blow to the chin, face or head? Yes or No
19. Have you reached the point at which drugs no longer relieve your symptoms? Yes or No
20. Does chewing gum start up your symptoms? Yes or No
21. Does your jaw deviate to the left or right when you open wide? Yes or No
22. When your mouth is wide open, can you insert three fingers into your mouth vertically? Yes or No