


TMJ QUESTIONNAIRE

<p>Where on your head and/or neck do you experience pain?</p> 	<p>Do you wear a splint (night guard/occlusal guard) and does it help? How frequently do you wear it and does it help? Yes, I wear one ___ No, I don't wear one ___ I wear it every night ___ 1-3 nights a week ___ 4-6 nights a week ___ I never wear it ___</p> <p>Comments: _____ _____</p>
<p>Do you wake up with a stiff jaw?</p> <p>_____</p>	<p>Does the onset of your symptoms relate to dental work or injury? Yes ___ No ___</p> <p>If yes, explain: _____ _____ _____</p>
<p>Do you clench/grind in your sleep or during the day?</p> <p>_____</p>	
<p>Does your jaw: ___ Pop ___ Click ___ Lock ___ Not sure</p>	<p>Have you had any of the below therapies for your pain? Botox ___ Medications ___</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Acupuncture ___ Other ___</p> <p>_____</p> <p>_____</p>
<p>Do you experience facial tension in the morning and/or throughout the day? ___ Yes ___ No</p> <p>Comments: _____ _____</p>	
<p>Do you experience discomfort while chewing gum, normal foods, or drinking ice water? ___ Yes ___ No</p> <p>Comments: _____ _____</p>	
<p>Do you sometimes rest your tongue between your upper and lower jaw? ___ Yes ___ No</p>	<p>Did any of the above help? Yes ___ No ___ Temporarily ___</p>
<p>Does this ease discomfort? ___ Yes ___ No</p>	
<p>Do you sometimes rest your tongue between your upper and lower jaw? ___ Yes ___ No</p>	<p>If you've had orthodontics, were teeth removed or were you required to wear head-gear? Yes ___ No ___ I've had no orthodontic work ___ Teeth removed ___ Head gear ___</p>
<p>Does this ease discomfort? ___ Yes ___ No</p>	

Dr. Notes:
