

# TMD Health Questionnaire



For Children, Teens, & Adults

## Pain Symptoms

- |                          |  |                          |   |   |   |
|--------------------------|--|--------------------------|---|---|---|
| <input type="checkbox"/> | Headaches                                | <input type="checkbox"/> | Headaches in right or left temple areas | R | L |
| <input type="checkbox"/> | Migraine headaches                       | <input type="checkbox"/> | Headaches in front or back of head      | F | B |
| <input type="checkbox"/> | Frequent neck aches or sore neck muscles | <input type="checkbox"/> | Teeth clenching during day              |   |   |
| <input type="checkbox"/> | Chronic Shoulder Pain                    | <input type="checkbox"/> | Teeth grind when asleep                 |   |   |
| <input type="checkbox"/> | Trouble sleeping soundly                 | <input type="checkbox"/> | Teeth sore on waking                    |   |   |
| <input type="checkbox"/> | Jaws tired on waking                     | <input type="checkbox"/> | Wisdom teeth have been extracted        |   |   |

When are you pain symptoms the worst? \_\_\_\_\_

Does anything make you feel better? \_\_\_\_\_

How often do you take medication for the relief of pain? \_\_\_\_\_

## Trauma

- |  |     |    |
|--|-----|----|
| Have you ever had a severe blow to the head or jaw?                          | Yes | No |
| Any Whiplash neck injuries?  | Yes | No |
| Have you ever been involved in any serious accident, such as a car accident? | Yes | No |

## Jaw 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 tired?   | Y | N |
| Do you ever feel faint?   | Y | N |
| Do you ever feel nauseated?   | Y | N |
| Is there a family history of jaw joint problems or headaches?               | Y | N |
| Do you feel or hear a "clicking" 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 difficult 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 |

## Eye and Ear Symptoms




- |  |   |   |
|--|---|---|
| Do you have pain in either ear?                                | Y | N |
| Do you suffer from any hearing loss?                           | Y | N |
| Do you have itchiness or stuffiness in either ear?             | Y | N |
| Do you hear a ringing hissing or buzzing noises in either ear? | 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 |

## Breathing

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

# DRAW YOUR PAIN PATTERNS FOLLOWING THIS KEY

DRAW YOUR PAIN PATTERNS FOLLOWING THIS KEY:

MILD PAIN		B Burning
		D Dull
		N Numbing
MODERATE PAIN		P Pressure
		S Sharp
SEVERE PAIN		T Tingling
		R Radiating

