

ADDITIONAL TMJ EXAM QUESTIONNAIRE:

Office of Dr. Andrea L. Feather, Orthodontist
 14758 Pipeline Ave. Suite A, Chino Hills CA 91709 909-597-4777

Patient Name _____ Date _____

	<u>No</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Do your jaw joints make clicking or popping sounds?	___	___	___	___
Do your jaws feel tired after eating or use?	___	___	___	___
Do you find it difficult to open your mouth wide?	___	___	___	___
Does it hurt when you open wide or yawn?	___	___	___	___
Does your jaw ever lock open so you cannot close it?	___	___	___	___
Does your jaw get stuck momentarily or for periods Where you cannot open fully?	___	___	___	___
Does it hurt when you chew, or use the jaws?	___	___	___	___
Does your pain continue when you are not using the jaws?	___	___	___	___
Is your pain worse on waking?	___	___	___	___
Do you have pain in front of the ears or ear pain?	___	___	___	___
Do you have jaw muscle pain?	___	___	___	___
Do you have pain in the temples?	___	___	___	___
Do you have neck or shoulder pain?	___	___	___	___
Do you suffer from headaches?	___	___	___	___
Do you have pain or soreness in the teeth?	___	___	___	___
Does your bite feel uncomfortable in the way that the teeth come together?	___	___	___	___
Do you clench or grind your teeth? During the day	___	___	___	___
During sleep	___	___	___	___
Does your problem or pain worsen with stress, anger, anxiety, frustration, concentrated activity, driving?	___	___	___	___
Do you experience any abnormal sounds in your ears?	___	___	___	___
Have you ever injured your face/jaws/whiplash/neck?	___	___	___	___
Do you have arthritis or other sore joints?	___	___	___	___
Do you have any blood relatives have or had arthritis?	YES		NO	
Have you had wisdom teeth or difficult extraction surgery?	YES		NO	
Did you receive orthodontic treatment?	YES		NO	
Did you ever have your bite adjusted?	YES		NO	
Have you been previously treated for a TMJ problem?	YES		NO	
Do you associate any dizziness, numbness, visual, sweating or other unusual effects with your problem?	___	___	___	___

Other Information for the Doctor:
