

Centreville Dental Wellness Center, PC

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Temporomandibular Joint (TMJ) Dysfunction Questionnaire

Patient Name: _____ Date: _____

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