KELOWNA ORAL & FACIAL SURGERY

Temporomandibular Disorder Questionnaire

Patient Name: _____ Date: _____

1. Describe, in as much detail as you can, your main concerns regarding your jaw joints:

   _____

   _____

   _____

2. Please list any other medical or dental specialists who are involved in your regular medical and dental care:

   _____

   _____

   _____

3. What *treatment modalities* (physiotherapy, chiropractic, acupuncture, etc.) and *medications* have you been using to manage you condition up to this point?

   _____

   _____

   _____

4. Please write a brief narrative of your past medical and dental history (including injuries) pertaining to your jaw joints:_____

   _____

   _____

   _____

	YES	NO
5. Do you have a grating, clicking or popping sound in either, or both jaw joints when chewing? _____	☐	☐
6. Do you have sensations or stiffness, pressure or blockage, ringing, hissing or buzzing in your ears?	☐	☐
7. Do you ever feel dizzy or faint? _____	☐	☐
8. Is your jaw painful or locked when you wake up in the morning? _____	☐	☐
9. Do you consider yourself chronically fatigued? _____	☐	☐
10. Are you ever nauseated for no apparent reason? _____	☐	☐
11. Do your fingers sometimes go numb? _____	☐	☐

12. 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
- ☐ Other: _____

13. Is it hard to move your jaw side-to-side, forward or backward? _____ ☐ ☐
14. Do you have difficulty chewing? _____ ☐ ☐
15. Do you have back teeth missing?_____ ☐ ☐
16. Have you had extensive dental crowns and bridgework?_____ ☐ ☐
17. Do you clench your teeth during the day? _____ ☐ ☐
18. Do you grind your teeth at night? (Ask someone else if you are unsure) _____ ☐ ☐
19. Do you ever have a headache when you wake up? _____ ☐ ☐
20. Have you had a whiplash injury? _____ ☐ ☐
21. Have you worn a cervical collar or had neck traction? _____ ☐ ☐
22. Have you ever had a blow to the chin, face or head? _____ ☐ ☐
23. Have you reached the point at which drugs no longer relieve your symptoms? _____ ☐ ☐
24. Does chewing gum initiate your symptoms? _____ ☐ ☐
25. Does your jaw deviate to the left or right when you open wide? _____ ☐ ☐
26. When your mouth is open, can you insert three fingers into your mouth vertically? _____ ☐ ☐
27. Has your jaw ever locked open or closed? _____ ☐ ☐