

Ravi Doctor DDS



Temporomandibular Joint (TMJ) Questionnaire

Patient Name _____

Date _____

Please answer all questions completely.

1. Which aspects of your condition concern you the most? _____

2. Have you received previous treatment for this condition? Yes No
When? _____ Where? _____

3. Have you ever had a severe impact or trauma to the head, neck, or jaw? Yes No
Which area? _____ When? _____

Explain details: _____

4. Do you have frequent headaches or neck aches? Yes No

What area? _____

How frequent? _____

How do you control the pain? _____

5. Do you have difficult chewing? Yes No

Because of: Pain in Joint Limited Opening Pain in Teeth Missing Teeth Clicking Other

6. Has your mouth ever locked open so you were unable to close it? Yes No

7. Has your mouth ever locked closed? Yes No

Explain details: _____

8. Are you aware of clenching your teeth? Yes No

9. Are you aware of grinding your teeth? Yes No

10. Have you had recent dental treatment? Yes No

Which area? _____ When? _____

Explain details: _____

11. Have you had any orthodontic treatment? Yes No

When? _____ Where? _____

12. Do you think that nervous tension seems to affect this condition? Yes No

Explain details: _____

13. Do you experience ringing or other sounds in your ears? Yes No

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Explain details: _____

14. Do you have pain in or around the right jaw joint? _____ Yes No
left jaw joint? _____ Yes No

15. When did you first notice the pain? _____

16. Has the pain recently become more pronounced? _____ Yes No

Explain details: _____

17. When is the pain worse? Mornings Evenings At Meals No Specific Time

18. Is the pain: Dull Stabbing Throbbing Continuous Intermittent Other

19. Does the pain sometimes feel like it is in your ears? _____ Yes No

20. Do you think the condition has affected your hearing? _____ Yes No

21. Does your jaw condition interfere with your normal activities? _____ Yes No

22. Are you taking or have you taken medication for this condition? _____ Yes No

Explain details: _____

23. Do you have clicking, popping, or a grating noise in the right jaw joint? _____ Yes No
left jaw joint? _____ Yes No

24. When did you first notice the noise? _____

25. Has the noise recently become more pronounced? _____ Yes No

Explain details: _____

26. Has the noise recently disappeared? _____ Yes No

Explain details: _____

27. Have you had complications with other joints? _____ Yes No

28. Have you had x-rays taken for this condition? _____ Yes No

When? _____ Where? _____

29. Is there any additional information you would like to add that may be helpful? _____

Patient / Guardian Signature

Date

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