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*Oral Health Solutions*

## SYMPTOMS QUESTIONNAIRE FOR TMJ DISORDERS

Please check the symptoms that apply to you:

### HEADACHES

- Type**
- Tension
  - Migraine
  - Sinus
  - Other: \_\_\_\_\_
- Location**
- Temple Area
  - Eyes
  - Forehead
  - Back of Head/Neck
  - Other: \_\_\_\_\_
- Frequency** \_\_\_\_\_ X week \_\_\_\_\_ X month \_\_\_\_\_ X year
- Severity**    Mild        Moderate        Severe

### TMJ PAIN

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- TMJ Noise**
- Clicking
  - Popping
  - Grinding
- Limited Opening
  - Ear Congestion
  - Vertigo (dizziness)
  - Tinnitus (ringing in the ears)
  - Dysphagia (difficulty swallowing)
  - Loose Teeth
  - Clenching         Daytime
  - Nighttime
  - Tooth Grinding     Daytime
  - Nighttime
  - Neck Pain
  - Facial Pain
  - Sensitive Teeth
  - Cold
  - Hot
  - Tapping or Biting
  - Difficulty Chewing
  - Postural Problems
  - Trigeminal Neuralgia
  - Bell's Palsy
  - Nervousness
  - Insomnia