

Name: _____

Date: _____

TEMPOROMANDIBULAR DISORDERS QUESTIONNAIRE

Please answer the following questions about problems you are presently having:

- * Describe in detail the problem(s) you are having.
- * When did your problem(s) first begin?
- * Can you relate your symptom(s) to any event?
- * List all symptom(s) as they occurred in chronological order.
- * Is there pain involved?
- * When does it hurt most?
- * Does the pain affect your quality of life?
- * Does the pain limit your everyday activities?
- * Does the pain change your diet or eating habits?
- * Is there any change in your jaw function?
- * Have you received any treatment for this problem?
 - What?
 - Where?
 - When?
- * Have you taken any medication for your symptoms?
 - If so, what and for how long?