

TMJ Screening

1. Do you have difficulty or pain, or both, with opening your mouth, as for instance, when yawning?

2. Does your jaw get “stuck”, “locked” or “go out”?

3. Do you have difficulty or pain, or both when chewing, talking, or using your jaws?

4. Are you aware of noises in the jaw joints?

5. Do you have pain in or about the ears, temples, or cheeks?

6. Does your bite feel uncomfortable or unusual?

7. Do you have frequent headaches?

8. Have you had a recent injury to your head, neck, or jaw?

9. Have you previously been treated for a jaw joint problem?

Signature _____ Date _____