



### TMJ EVALUATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

1. Does your jaw problem interfere with your normal activities ? **YES** **NO**
2. Are you taking or have taken medication for this problem ? **YES** **NO**  
Name of medication: \_\_\_\_\_
3. Did anything occur that may be related to the onset of this problem? **YES** **NO**  
Explain: \_\_\_\_\_
4. Do you have difficulty chewing? **YES** **NO**  
Because of: Pain in Joint \_\_\_\_\_ Limited Opening \_\_\_\_\_ Pain in teeth \_\_\_\_\_  
Missing Teeth \_\_\_\_\_ Clicking \_\_\_\_\_ Other(explain) \_\_\_\_\_
5. Has your mouth ever locked open ? **YES** **NO** locked closed? **YES** **NO**
6. Have you had problems opening your mouth wide? **YES** **NO**  
Explain: \_\_\_\_\_
7. Has there been a recent change in your lifestyle, marital status, childbirth, change in employment, death in family, or other stressful events? **YES** **NO**
8. Do you think nervous tension seems to affect this problem? **YES** **NO**
9. Have you had problems with other joints? **YES** **NO**
10. Have you had recent dental treatment? **YES** **NO**
11. When do you normally Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Sleep? Broken or Continuous
12. Do you drink coffee or anything containing caffeine? **YES** **NO**  
How often? \_\_\_\_\_
13. Do you drink alcohol? **YES** **NO**  
How often? \_\_\_\_\_
14. Do you chew gum? **YES** **NO**
15. Do you eat a proper breakfast? Daily \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_
16. How many meals do you eat daily?  
Two Large Meals \_\_\_\_\_ Three Moderate Meals \_\_\_\_\_ Five Small Meals \_\_\_\_\_
17. How many servings of fresh fruit do you eat daily? \_\_\_\_\_
18. How many servings of vegetables do you eat daily? \_\_\_\_\_
19. Do you consume dairy products? (milk, cheese, etc.) **YES** **NO**
20. Which meat do you eat more: Red \_\_\_\_\_ White \_\_\_\_\_ Vegetarian \_\_\_\_\_
21. How often do you eat in restaurants (fast food)?  
Very Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Seldom \_\_\_\_\_
22. Do you snack between meals? Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Seldom \_\_\_\_\_
23. What do you snack on: Fruits \_\_\_\_\_ Nuts \_\_\_\_\_ Vegetables \_\_\_\_\_ Chips \_\_\_\_\_ Chocolate \_\_\_\_\_  
IceCream \_\_\_\_\_ Juice \_\_\_\_\_ Other: \_\_\_\_\_
24. How many hours do you exercise in a week? \_\_\_\_\_