

Which side hurts? **RIGHT** **LEFT** **BOTH** **NEITHER**

Is the pain: CONSTANT INTERMITTENT

When is the pain worse? **MORNING** **AFTERNOON** **EVENING**

Does anything you do make the pain worse? NO YES

If yes, what? _____

Does anything you do make the pain better? NO YES

If yes, what? _____

Does it hurt to move your jaw? NO YES Does it hurt to chew? NO YES

Do you have, or have you had, any of the following?

Sinus Problems	Migraines	Headaches	Depression
Stressful Job	Neck Ache	Sensitive Teeth	Trouble Sleeping
Arthritis	Home Stress	Shoulder Pain	Periodontal Disease
Ringing in ears	Dizziness	Hearing Changes	Marital Problems
Ulcers	Skin Diseases	Ear Aches	Nervous Stomach
Allergies	Other Medical Problems		

Does your joint/jaw make noise? NO YES Has it ever? NO YES
Do you hear a Click? NO YES Can you hear it Grind? NO YES
When? _____ For how long?

Does your jaw ever lock open? NO YES Lock closed? NO YES
How has this been treated? _____
What can you do anything to prevent or treat this? _____

Do you grit or grind your teeth? NO YES

On the scales below, mark where your pain falls:

Most of the time, with a line (/)

At its worst, with a circle (o)

At its best or least, with an X