

**Michael S. McCormick, D.M.D., FAGD**  
168 Quaker Road  
East Aurora, NY 14052  
(716)652-1140

### TMJ Questionnaire

NAME \_\_\_\_\_  
CHIEF CONCERN \_\_\_\_\_

DATE \_\_\_\_\_  
DATE OF ONSET \_\_\_\_\_

**PAIN SYMPTOMS**

Do you get headaches? Y N  
Do you get migraine headaches? Y N  
Do you frequently have neck aches?  
or stiff neck muscles? Y N  
Have you ever had chronic back or  
shoulder pain? Y N  
Do you have trouble sleeping soundly? Y N  
Are your jaws tired when you awaken? Y N  
Are your teeth sore when you awaken? Y N  
Have your wisdom teeth been extracted? Y N  
What medications, if any are you taking?

\_\_\_\_\_

How often do you take medication for relief of  
pain? \_\_\_\_\_

Do you get headaches in the right or left temple  
areas? Y N  
Do you get headaches in the front or back of  
your head? Y N  
Do you clench your teeth during the day? Y N  
Do you clench your teeth while asleep? Y N  
When are your pain symptoms the worse?

\_\_\_\_\_

Does anything make you feel better? Y N

**TRAUMA OR ACCIDENTS**

Have you ever had a severe blow to the  
jaw or head? Y N  
Any whiplash neck injuries? Y N  
Have you ever been involved in any serious  
accidents, such as a car accident?  
Details: \_\_\_\_\_

**JAW JOINT SYMPTOMS**

Does your jaw feel tired after a big meal? Y N  
Are there any foods you avoid eating? Y N  
Do you ever feel faint? Y N  
Do you get dizzy? Y N  
Do you ever feel nauseated? Y N  
Is there a family history of jaw joint (TMJ)  
problems or headaches? Y N

Do you feel or hear a clicking, popping, or  
cracking noise from either jaw joint? Y N  
Has your Jaw ever locked, when you were  
unable to open or close? Y N  
Do you have any difficulty opening wide or  
yawning? Y N  
Have you ever had pain in either jaw joint? Y N  
Does your jaw ache when you open wide? Y N  
**Have you ever seen a dentist or TMJ specialist  
for any of the above symptoms? Y N**

**EAR & EYE SYMPTOMS**

Do you have pain in either ear? Y N  
Do you suffer from any loss of hearing? Y N  
Do you have itchiness or stuffiness in  
either ear? Y N  
Do you hear ringing, buzzing, or hissing  
sounds in either ear? Y N  
Do you wear glasses or contacts? Y N  
Are there times when your eyesight blurs? Y N  
Do you get pain in, around, or behind either  
eye? Y N

**BREATHING**

Do you have allergies? Y N  
Do you have sinus problems? Y N  
Do you snore at night? Y N  
Is your nose stuffed when you don't have  
a cold? Y N  
Have you been diagnosed with Sleep  
Apnea? Y N  
Have you had a sleep study done at a  
sleep clinic or hospital? Y N

Signature \_\_\_\_\_ Date: \_\_\_\_\_