

**ADVANCE ORTHODONTICS**  
**Temporomandibular and Facial Pain Questionnaire**

Patient \_\_\_\_\_

**Circle each item below for which the answer to the question is yes.** Feel free to ask for assistance if you do not understand a question.

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1. Does your jaw make noise (i.e. pop or click) when you open or close?
  2. Does your jaw get stuck so that you can't open freely?
  3. Does it hurt when you chew or open wide to take a big bite?
  4. Do you have earaches or pain in front of the ears?
  5. Do you have pain in the face, cheeks, jaws, throat, or temples?
  6. Do you have difficulty opening your mouth as far as you want?
  7. Do you suffer from frequent headaches?
  8. Does your jaw feel tired after a big meal?
  9. Are you aware of an uncomfortable bite?

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10. Are you aware that you grind your teeth at night?
  11. Are you aware that you grind your teeth during the day?
  12. Do you have a habit of clenching your teeth?
  13. Do you have any jaw symptoms or headache upon waking in the morning?
  14. Must you chew exclusively on one side?
  15. Have you ever experienced trauma (i.e. a blow) to the jaw?
  16. Are you a habitual gum-chewer, nail biter, or pipe smoker?

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***If you are not experiencing any pain, skip this section.***

17. Does the jaw pain or discomfort disturb your sleep?
18. Does the jaw pain or discomfort interfere with your daily routine or other activities?
19. Do you take medications for the jaw pain or discomfort? (e.g. pain relievers, muscle relaxants, anti-depressants)
20. Does the jaw pain or jaw discomfort affect your appetite?
21. Do you find the jaw pain or jaw discomfort extremely frustrating or depressing?

22. Briefly describe what the pain keeps you from doing \_\_\_\_\_

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23. Do you suffer from arthritis or pain in other joints?
  24. Do you suffer from nervous stomach or ulcers?
  25. Do you suffer from constipation? Colitis?
  26. Do you suffer from back or neck pain? (whiplash)?
  27. Have you ever been treated for a jaw muscle or jaw joint disorder?
  28. Are you "double jointed" in any of your joints?

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Patient's Signature

Printed Name

Date

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Legal Guardian's Signature

Printed Name

Date

Updates (initial & date) \_\_\_\_\_