RapidSound, Inc / Green Valley Imaging
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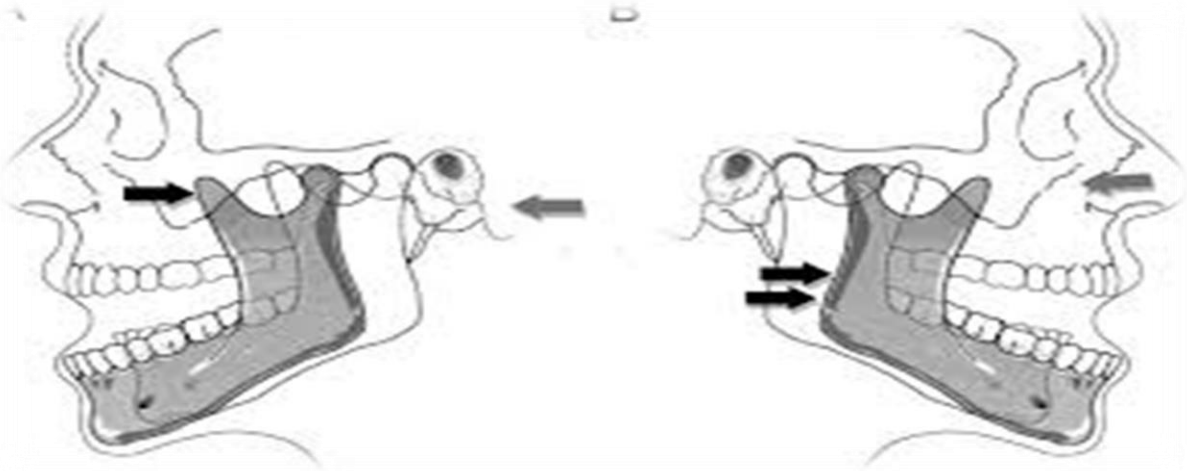
TEMPOROMANDIBULAR JOINT DISORDER (TMJ) QUESTIONNAIRE

Name: _____ Date: _____/_____/_____

The following questions will help us provide more useful results to your referring physician. Please circle either 'Y' or 'N' for each question. If the answer is 'Y' to any of the questions, please indicate if the symptoms are on the left, right or both sides. Thank you for your cooperation.

- How long have you had the symptoms? _____
- Is it difficult or painful to open your mouth (i.e. yawning, chewing, talking)? Y N
  If Yes, please explain: _____
- Does your jaw 'get stuck', 'lock up' or 'go out'? Y N
  If Yes, please explain: _____
- Does your jaw make noise while moving (i.e. click, pop or grind)? Y N
  If Yes, please explain: _____
- Do you experience frequent headaches, neck aches, facial pain or toothaches? Y N
  If Yes, please explain: _____
- Has there been a recent injury to your head, neck or jaw? Y N
  If Yes, please explain: _____
- Have you had any treatment (including surgery) for any facial pain or jaw issues? Y N
  If Yes, please explain: _____

If you are having pain, please indicate with an 'x' where the pain is on the diagram below.



Left Right