TMJ PROGRESS HEALTH QUESTIONNAIRE

PATIENT'S NAME _____ **DATE** _____

How long have you been in treatment? _____

Have you been in any accidents since treatment started? Y N

Please explain: _____

_____

Do you still get headaches?	Y	N	Sometimes
Where do you get your headaches? _____			
How often do your headaches occur? _____			
Do you get migraine headaches?	Y	N	Sometimes
Do you still clench your teeth?	Y	N	night / day / both
Are your jaws tired when you awaken?	Y	N	Sometimes
Do you still grind your teeth?	Y	N	Sometimes
Have your teeth been sore upon awakening?	Y	N	Sometimes
Do you still have jaw pain?	Y	N	right / left / both
Do you have ear pain?	Y	N	right / left / both
Does your jaw ache when you open wide?	Y	N	right / left / both
Do you feel or hear a 'clicking', 'popping' or 'cracking' noise from either jaw joint?	Y	N	right / left / both
Do you have difficulty opening wide?	Y	N	Sometimes
Do you still get pain in either jaw joint?	Y	N	right / left / both
Do you still take medication for relief of pain?	Y	N	Sometimes
What medication are you taking? _____			
How frequently do you take medication?	Y	N	Sometimes
Do you get neck aches or sore neck muscles?	Y	N	
Do you see a chiropractor for treatment?	Y	N	Sometimes
Please explain: _____			
Are there any foods you avoid eating?	Y	N	Sometimes
Do you get dizzy spells?	Y	N	Sometimes
Do you feel faint?	Y	N	Sometimes
Do you still have any ear symptoms?	Y	N	Sometimes
Please explain: _____			

DO YOU FEEL READY FOR THE NEXT PHASE OF TREATMENT? Y N