1. Do you have difficulty or pain, or both, when opening your mouth, as for instance, when yawning?

2. Does your jaw get “stuck,” “locked” or “go out?”

3. Do you have difficulty or pain, or both, when chewing, talking or using your jaws?

4. Are you aware of noises in the jaw joints?

5. Do you have pain in or about the ears, temples or cheeks?

6. Does your bite feel uncomfortable or unusual?

7. Do you have frequent headaches?

8. Have you had a recent injury to your head, neck or jaw?

TMD SCREENING QUESTIONNAIRE
8 Simple Questions to Answer

TMD SCREENING QUESTIONNAIRE
Comprehensive history and exam is warranted if:

- Yes to questions #1–3;

- Yes to any 2 questions #4–8

Patients with Yes answers to the above should be referred to Dr. Barnes at TMJ & Sleep Solutions.