

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

## TMD Screening Questionnaire

(Temporomandibular joint/jaw joint)

	Yes	No		Degree of Discomfort <i>mild-1-2-3-4-5-&gt;severe</i>
1.	_____	_____	Do you suffer from frequent headaches (e.g. more than once a week)?	_____
2.	_____	_____	Do you ever have pain, discomfort, or other sensations (ringing, roaring, stuffiness, etc.) in front of or behind the ear?	_____
3.	_____	_____	Do you ever have pain, discomfort, or other sensations (tiredness, pulling, weakness, burning, etc.) about the ears, temples, neck or cheek?	_____
4.	_____	_____	Does it ever hurt to chew or is your bite ever uncomfortable or unusual?	_____
5.	_____	_____	Does it ever hurt to openwide, take a big bite or yawn?	_____
6.	_____	_____	Does your jaw ever make noise (popping, cracking, grating, etc.) or does your jaw ever lock? Has it ever in the past?	_____
7.	_____	_____	Have you had any serious trouble associated with any previous dental treatment? If so, explain. _____ _____	_____
8.	_____	_____	Have you ever been injured by a blow to the jaw? (auto accident, etc.)	_____
9.	_____	_____	Have you previously been treated for jaw or joint problems? _____ _____	_____
10.	_____	_____	Are you wearing removable dental appliances (e.g. bite plane, retainer, nightguard, etc.)?	_____

## Are You a Candidate For Cosmetic Dentistry?

### self-analysis:

Why change your smile? Don't if you're happy with it, but ask yourself the following questions:	Yes	No
1. Does your self-confidence lessen when smiling in front of other people?	_____	_____
2. Do you ever put your hand up to cover your smile?	_____	_____
3. Do you feel you photograph better from one side of your face?	_____	_____
4. Is there someone you think has a better smile than you?	_____	_____
5. Do you look at magazines and wish you had a smile as pretty as the model's?	_____	_____
6. When you read a fashion magazine, are your eyes drawn to the model's smile?	_____	_____
7. When you look at your smile in the mirror, do you see a minor defect in your gums or in any of your teeth?	_____	_____
8. Do you wish your teeth were whiter?	_____	_____
9. Do you wish your gums looked better?	_____	_____
10. Do you wish you showed more or fewer teeth when smiling?	_____	_____
11. Do you think you show too much or too little gum tissue when you smile?	_____	_____
12. Do you wish you had longer or shorter teeth?	_____	_____
13. Would you prefer wider or narrower teeth?	_____	_____
14. Are your teeth too square or too round?	_____	_____
15. Do you wish your teeth were shaped differently?	_____	_____