

SELF – ASSESSMENT TEST

You may want to ask yourself these questions to determine if you have any symptoms.

Do you get an usual amount of headaches, tension, sinus, migraine?	Y	N
Do you have pain in any of these areas: jaw joints, upper/lower jaw, side of neck, back of head, forehead, behind eyes, temples?	Y	N
Do you have trouble sleeping soundly?	Y	N
Do you grind your teeth when asleep?	Y	N
Do you snore?	Y	N
Are your teeth/jaws sore on awakening?	Y	N
Does your jaw feel tired after a big meal?	Y	N
Does your jaw ache when you chew?	Y	N
Are there any foods you avoid eating?	Y	N
Does your jaw ache when you open wide (three fingers vertical)?	Y	N
Have you ever had chronic shoulder/back pain?	Y	N
Do you have ear pain?	Y	N
Do you have itchiness or stiffness in either ear?	Y	N
Do you have ringing, buzzing, hissing or grating noises in either ear?	Y	N
Do you ever get dizzy?	Y	N
Do you ever feel faint/ nauseated?	Y	N
Do you feel or hear a “clicking, popping or cracking” noise from either jaw?	Y	N
Has your jaw ever locked where you were unable to open or close?	Y	N
Do you get pain in, around or behind either eye?	Y	N
Do you get blurred vision at times?	Y	N
Have you had a severe blow to the head or jaw?	Y	N
Any whiplash injuries?	Y	N
Have you ever been involved in any serious accidents, such as a car accident?	Y	N
Are there imprints of your teeth on the sides of your tongue?	Y	N
Does your tongue go between your teeth when you swallow?	Y	N
Do you have any missing back teeth?	Y	N
Is your face crooked and not symmetrical?	Y	N

Have your wisdom teeth been extracted?	Y	N
Have you had braces (orthodontics)?	Y	N
Do you take medications for relief of pain on a regular basis?	Y	N
Have you reached a point where drugs no longer relieve your symptoms?	Y	N

If you answered yes to some of these questions, you may have a TMJ disorder (TMD). Please contact our office (519.985.6988) and make an appointment to review these symptoms.