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Temporomandibular Joint (TMJ) Pain Questionnaire

Do you have jaw joint pain, clinically known as temporomandibular joint (TMJ) pain? No ___ Yes ___
Is the pain? Mild ___ Moderate ___ Severe ___

Do you have TMJ noises when you open and close your mouth? No ___ Yes ___

Are the noises? Clicking ___ Popping ___ Grinding ___

Are the noises? Mild ___ Moderate ___ Severe ___

Is the pain in the TMJ on the Left ___ Right ___

Are the TMJ noises on the Left ___ Right ___

When did your jaw joint problems (i.e., pain, noises, headache) begin? Age _____ Year _____

What started your jaw joint problems? Injury ___ Disease ___ Unknown ___

Explain: _____

Have you had previous TMJ surgery? No ___ Yes ___

How many operations? Right TMJ ___ Left TMJ ___

Have your jaw alignment or bite changed? No ___ Yes ___

How much change? Mild ___ Moderate ___ Severe ___

Do you get headaches? No ___ Yes ___

Are the headaches: Mild ___ Moderate ___ Severe ___

Are your headaches worse in the:

Morning ___ Afternoon ___ Evening ___ Night ___ No Difference ___

How many headaches do you get? a week ___ a month ___

Are they: Occasional ___ Frequent ___ Constant ___

Where do the headaches occur?

Left Forehead ___ Right Forehead ___ Left Temple ___ Right Temple ___

Back of the Head ___ Top of Head ___ Behind Left Eye ___ Behind Right Eye ___

Do you have pain elsewhere? Neck ___ Shoulder ___ or Back pain ___

Is the pain: Mild ___ Moderate ___ Severe ___

Do you clench ___ and/or grind ___ your teeth at night? No ___ Yes ___

During the day? No ___ Yes ___

Is your clenching/grinding: Mild ___ Moderate ___ Severe ___

Dr. Larry M. Wolford treats temporomandibular joint (TMJ) pain and dysfunction. Please contact our office using our [online contact form](#) or call 214-828-9115 if you would like to schedule an appointment.



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Do you get earaches? No ___ Yes ___ On which side? Left ___ Right ___

Are they: Mild ___ Moderate ___ Severe ___

Do they occur: Occasionally ___ Moderately ___ Frequently ___ Continuously ___

Do you get ringing in your ears? No ___ Yes ___

Is the ringing: Mild ___ Moderate ___ Severe ___

Does it occur: Occasionally ___ Moderately ___ Frequently ___ Continuously ___

Do you get lightheadedness or dizziness?

No ___ Yes ___ Is it Mild ___ Moderate ___ Severe ___

Does it occur: Occasionally ___ Moderately ___ Frequently ___ Continuously ___

Do you suffer from depression? No ___ Yes ___

Are you under treatment for depression? No ___ Yes ___

Do you have problems with other body joints? No ___ Yes ___

Please list the other joints: _____

Circle the number that best describes your jaw situation:

Temporomandibular Joint (TMJ) Pain

(No pain) 0—1—2—3—4—5—6—7—8—9—10 (Worse Pain Imaginable)

Headache

(No pain) 0—1—2—3—4—5—6—7—8—9—10 (Worse Pain Imaginable)

Average daily pain for head and neck area

(No pain) 0—1—2—3—4—5—6—7—8—9—10 (Worse Pain Imaginable)

Rate your jaw function for opening, side to side movement, and chewing

Function Normal 0—1—2—3—4—5—6—7—8—9—10 No Function (Jaws Frozen)

What can you chew?

No Restriction (Chew Anything) 0—1—2—3—4—5—6—7—8—9—10 Liquids Only (Cannot Chew)

How much does your jaw problem affect your ability to carry out normal life activities?

No Interference In Any Way 0—1—2—3—4—5—6—7—8—9—10 Totally Disabled

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