

TMJ Self-Examination Checklist

- ☐ Do you have symptoms of tinnitus, such as buzzing, ringing, hissing or roaring in the ears?
- ☐ Do you ever clench your jaw, either sleeping or waking?
- ☐ Have you had braces in the past?
- ☐ Do you experience sounds of clicking, grating or popping in your jaw joints when you move your jaw?
- ☐ Do your ears feel stuffy, blocked or over-pressured?
- ☐ When you wake up, does your jaw feel locked up or painful?
- ☐ Do you feel fatigued quickly, or experience chronic fatigue?
- ☐ Do you have a high amount of ear wax?
- ☐ Do you experience faint or dizzy spells?
- ☐ Do you experience unexplained nausea?
- ☐ Are you missing any of your back teeth?
- ☐ Have you ever required a large number of crowns or bridges?
- ☐ Do your teeth leave imprints on the sides of your tongue?
- ☐ At any point, have you been in neck traction, or worn a cervical collar?
- ☐ Have you ever been dealt a blow to the head, chin or face?
- ☐ Does it cause pain if you place your little finger into your ear with you mouth wide open, and then try to move your finger forward while closing your mouth?
- ☐ If you open your jaw wide, does it deviate either right or left?
- ☐ Do you have trouble inserting your first three fingers comfortably into your mouth vertically while your mouth is wide open?
- ☐ Do prescription drugs not relieve your symptoms?
- ☐ Are your symptoms triggered by chewing gum?
- ☐ Do you put your tongue between your front teeth when you swallow?
- ☐ Do you experience unexplained numbness in your fingers?
- ☐ Do you hurt or feel sore in any of the following areas (circle all that apply): tongue, muscles involved in chewing, forehead, back of head, side of the neck, temples, behind the eyes, jaw joints, upper jaw, lower jaw, upper teeth or lower teeth?
- ☐ Is it difficult to chew?

- ☐ Is it difficult to move your jaw from side to side or back and forth?
- ☐ Do you grind your teeth in your sleep?
- ☐ Do you ever wake up with a headache?
- ☐ Have you ever been subjected to a whiplash injury?
- ☐ Do you feel pain or soreness when pressing on the joints of your jaws or near them on the cheek?
- ☐ From 0 – 10, 0 being no pain, and 10 being the worst pain this condition has ever caused you, what are you currently experiencing? (Circle your pain level below)
- ☐ No Pain 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 Worst Pain
- ☐ If you have checked four or more of the above and have a pain level that is a five or higher, it's likely you are experiencing TMJ. Call Brandywine Dental today at 610-266-9048 to schedule an appointment with our dentist, Dr. Michael Kun at his dental practice in Mertztown, Pennsylvania.