

**PRINCETON PARK DENTAL ASSOCIATES, P.A.  
JAW JOINT EVALUATION FORM**

**PLEASE SELECT THE ANSWER THAT BEST APPLIES TO YOU**

- Do you have facial or jaw pain?  Never  Rarely  Sometimes  Often
- Are you aware of clenching or grinding your teeth either during the day or while sleeping?  Never  Rarely  Sometimes  Often
- Are you aware of your jaw clicking or popping while eating or yawning?  Yes  No  
*If yes, is the clicking painful?*  Yes  No
- Do you ever have difficulty opening your mouth widely?  Never  Rarely  Sometimes  Often
- Is your jaw sore or tired upon wakening?  Never  Rarely  Sometimes  Often
- Has your jaw ever locked open or closed?  Yes  No
- Do you experience morning headaches?  Yes  No How often? \_\_\_\_\_
- Do you experience migraine headaches?  Yes  No How often? \_\_\_\_\_
- Do you avoid harder consistency foods because eating them causes soreness?  Yes  No
- Were you ever diagnosed with TMJ?  Yes  No
- Have you experienced ear pain or 'stuffiness' sensation?  Yes  No

***The information I have provided in this questionnaire is true, accurate and complete to the best of my knowledge and I take full responsibility for the answers that I have provided.***

***I understand that the information supplied will only be disclosed to practitioners involved in my treatment and care and consent to such disclosure.***

Date: (day/month/year) \_\_\_\_\_

Patient Signature: \_\_\_\_\_