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### **TMJ Self-Examination Checklist**

Please check the boxes if any of these symptoms apply.

- Have you ever had braces?
- Do you have a grating, clicking, cracking, or popping sound in either or both jaw joints when you open?
- Do you have sensations of stuffiness, pressure or blockage in your ears?
- Do you ever have ringing, hissing, or buzzing sound in your ears?
- Do you ever feel dizzy or faint?
- Is your jaw painful or ever locked when you get up in the morning?
- Are you ever nauseated for no apparent reason?
- Do you fatigue easily or consider yourself chronically fatigued?
- Are there imprints of your teeth on the side of your tongue?
- Does your tongue go between your front teeth when you swallow?
- Do your fingers sometimes go numb for no apparent reason?
- Do you have pain or soreness in any of the following areas (please circle); jaw joints, upper jaw or teeth, lower jaw or teeth, side of neck, back of head, forehead, behind eyes, temples, tongue or chewing muscles?
- Is it hard to move your jaw from side to side, or forward and back?
- Do you have difficulty chewing your food?
- Do you have missing back teeth?
- Have you had any extensive dental crowns or bridgework?
- Do you clench your teeth during the day or night?
- Do you grind your teeth during the day or night?
- Do you ever awaken with a headache?
- Have you ever had a whiplash injury?
- Have you ever worn a cervical collar or had neck traction?
- Have you ever experienced a blow to the chin, face, or head?
- Have you reached a point where prescription drugs no longer relieve your symptoms?
- Does chewing initiate or aggravate your symptoms?
- Is it painful, or is there soreness, when you press on your jaw joints or on your cheek just below them?
- Is it painful to stick your little finger into your ears with your mouth open wide and then close your mouth while pressing forward with those fingers? (It may sound strange, but try it.)
- Does your jaw deviate to the left or right when you open wide?
- Are you unable to comfortably insert your first three fingers vertically into your mouth when it is opened wide?

On a pain scale of 0-10, and if 10 is the worst pain you have ever experienced with this problem, where are you now? \_\_\_\_\_