## Chief complaint:

Do you feel pain / discomfort in TMJ area which radiates to the ear or the head?

(If yes, indicate the areas where the patient feels pain)

- A. TMJ
- B. Temporal
- C. Masseter
- D. Inferior maxillary, anterior of masseter
- E. Superior maxillary, ocular and peri-ocular
- F. Cranial vault
- G. Occipital
- H. Sternocleidomastoid and front of neck

Do you feel pain at rest?
Do you feel pain when chewing?
Do you feel pain when speaking?
Do you feel pain when yawning?
Are there any limitations when:
- 6. opening the mouth?
- 7. closing the mouth?
Do you clench or grind your teeth
- 8. at night?
- 9. during the day?

- 10. Have you lost any dental pieces without replacing them?
- 11. Do you chew gum or bite your nails or foreign objects?
- 12. Do you have sucking habits?
- 13. Do you hear clicking or grating when you chew or open or close your mouth?
- 14. Do you have tinnitus and / or vertigo?
- 15. Do you easily tired when speaking or suffer from dysphonia?
- 16. Do you neck and head feel heavy when you move them?
- 17. Do you take medication?
  - 17.1 Muscle relaxants?
  - 17.2 Anti inflammatory /pain relieves?
  - 17.3 Sleep medication?
  - 17.4 Other?
- 18. Have you had any accidents which resulted in head/neck/face injuries or trauma?
- 19. Has your jaw ever dislocated and locked when opening the mouth?
- 20. Have you ever used a mouth guard?
- 21. Have you recently undergone dental treatment?
- 22. Have you experienced a reddening or inflammation of the A-C area?
Measurement of mandibular movement:

23- Maximum oral aperture: ________ mm
   MIN: 40 mm
   MAX: 55 mm

Mandibular deviations

24- Opening / Closure
   NO   YES

Noises (clicking or grinding when palpating TMJ area)

25 - Noises during mouth opening or closing
   NO   YES

Pain when palpating

RIGHT:
26- Lateral TMJ
27- Posterior TMJ
28- Temporal area
29- Masseter area

LEFT:
30- Lateral TMJ
31- Posterior TMJ
32- Temporal area
33- Masseter area

Intraoral examination

34- Dental abrasion due to bruxism:
   NO   YES

35- Malocclusion (Angle)

   Class I (Normal)

   Class II/1

   Class II/2

   Class III

36- Bite. Occlusion.

   Normal

   Anterior deep bite

   Open bite

   Cross bite (uni. Or bilat.)

37- Alignment

   Normal

   Spacing

   Crowding

38- Recommended assessment by:

   Maxillo-facial surgeon
   Physiotherapist
   Orthodontist
   Speech therapist
   ENT

Authors:
Elsa Bottini, Jordi Coromina, Pablo Echarri, Andreu Esteve, Manel Gorina, Diana Grandi, Lyda Lapitz, Joan Pau Marcó, Javier Mareque, Francisco Fernández Martín, Yvette Ventosa y Emma Vila.