6) Does your jaw make noise? YES NO
RIGHT Clicking Popping Grinding Other________
LEFT Clicking Popping Grinding Other________
7) Does your jaw lock open? YES NO When did this first occur? ________ How often? ____
8) Has your jaw ever locked closed or partly closed? YES NO
When did this first occur?________ How often?________
9) Have any dental appliances been prescribed? YES NO
If yes, by whom?________ When? ________
Describe: ________
10) Are these appliances effective? YES NO
11) Is there any additional information that can help us in this area? ________

CURRENT STRESS FACTORS: (Please check each factor that applies to you)

[ ] Death of Spouse
[ ] Business Adjustment
[ ] Financial Problems
[ ] Fired From Work
[ ] Death of Family Member
[ ] Marital Separation
[ ] Major Illness or Injury
[ ] Divorce
[ ] Pregnancy
[ ] Marital Reconciliation
[ ] New Person Joins Family
[ ] Major Health Change in Fam
[ ] Pending Marriage
[ ] Career Change
[ ] Taking on Debt
[ ] Other

HABIT HISTORY: (Circle your answer to each question)

1) Do you clench your teeth together under stress?............YES NO DON'T KNOW
2) Do you grind/clench your teeth at night?............YES NO DON'T KNOW
3) Do you sleep with an unusual head position?............YES NO DON'T KNOW
4) Are you aware of any habits or activities that may aggravate this condition?............YES NO DON'T KNOW
Describe: ________

SYMPTOMS: (Circle each symptom that applies)

A. HEAD PAIN, HEADACHES, FACIAL PAIN
Forehead L R
Temples L R
Migraine Type Headaches
Cluster Headaches
Maxillary Sinus Headaches (under the eyes)
Occipital Headaches (back of the head with or without shooting pain)
Hair and/or Scalp Painful to Touch

B. EYE PAIN OR EAR ORBITAL PROBLEMS
Eye Pain — Above, Below or Behind
Bloodshot Eyes
Blurring of Vision
Bulging Appearance
Pressure Behind the Eyes
Light Sensitivity
Watering of the Eyes
Drooping of the Eyelids

C. MOUTH, FACE, CHEEK AND CHIN PROBLEMS
Discomfort
Limited Opening
Inability to Open Smoothly

D. TEETH AND GUM PROBLEMS
Clenching, Grinding at Night
Looseness and/or Soreness of Back Teeth
Tooth Pain

E. JAW AND JAW JOINT (TMJ) PROBLEMS
Clicking, Popping Jaw Joints
Grating Sounds
Jaw Locking Opened or Closed
Pain in Cheek Muscles
Uncontrollable Jaw/Tongue Movements

F. PAIN, EAR PROBLEMS, POSTURAL IMBALANCES
Hissing, Buzzing, Ringing or Roaring Sounds
Ear Pain without Infection
Clogged, Stuffy, Itchy Ears
Balance Problems — "Vertigo"
Diminished Hearing

G. OTHER PAIN
If so, please describe: ________

H. THROAT PROBLEMS
Swallowing Difficulties
Tightness of Throat
Sore Throat
Voice Fluctuations
Laryngitis
Frequent Coughing/Clearing Throat
Feeling of Foreign Object in Throat
Tongue Pain
Salivation
Pain in the Hard Palate

I. NECK AND SHOULDER PAIN
Reduced Mobility and Range of Motion
Stiffness
Neck Pain
Tired, Sore Neck Muscles
Back Pain, Upper and Lower Shoulder Ac
Arm and Finger Tingling, Numbness, Pain

On the figures below, mark an "X" where you have pain. Circle the "X" where the pain is most severe.