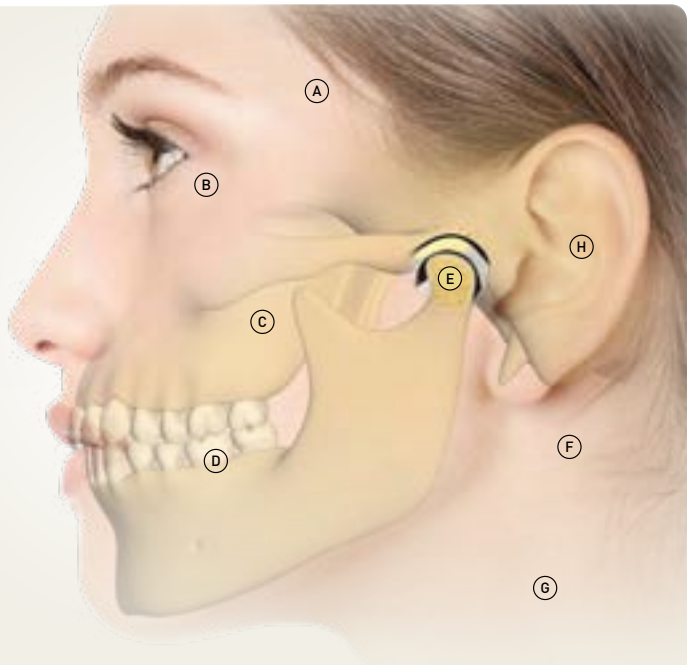
PATIENT USE ONLY

TMJBDS® PATIENT QUESTIONNAIRE

Facial pain, headaches, neck/shoulder soreness, nighttime snoring and daytime fatigue are all symptoms of TMJBDS.

Dysfunction relating to the teeth, muscles, jaws, breathing and/or sleep can result in a wide range of symptoms that may seem unrelated. However, in most cases, they are all a part of a singular health problem - TMJBDS. Symptoms will often occur simultaneously because the causes of jaw joint (TMJ) dysfunction and Sleep-Related Breathing Disorders (SRBD) are interrelated.

If the root cause of this pain is TMJBDS, multiple symptoms below will be present. The following questionnaire will help determine if you have TMJBDS and if help can be provided at our clinic.



TMJBDS® SYMPTOMS - QUESTIONNAIRE

Ⓐ Head Pain, Headache Problems, Facial Pain

- ☐ Forehead (frontal)
- ☐ Temples (temporal)
- ☐ 'Migraine' type headache
- ☐ 'Cluster' headache
- ☐ Maxillary sinus headache (under the eyes)
- ☐ Headaches at the back of the head

Ⓑ Eye Pain and Eye Orbital Problems

- ☐ Eye (orbital) pain; above, below, behind
- ☐ Bloodshot eyes (hyperemia)
- ☐ Blurring of vision
- ☐ Bulging appearance
- ☐ Pressure behind the eyes
- ☐ Light sensitivity (photophobia)
- ☐ Watering of the eyes

Ⓒ Mouth, Face, Cheek, and Chin Problems

- ☐ Discomfort
- ☐ Limited opening
- ☐ Inability to open smoothly, evenly
- ☐ Jaw deviates to one side when opening
- ☐ Inability to 'find bite'

Ⓓ Teeth and Gum Problems

- ☐ Clenching, grinding at night (bruxism)
- ☐ Looseness and/or soreness of back teeth
- ☐ Tooth pain (toothache)

Ⓔ Jaw and Jaw Joint (TMJ) Problems

- ☐ Clicking, popping jaw joints
- ☐ Grating sounds (crepitus)
- ☐ Jaw locking opened or closed
- ☐ Pain in cheek muscles
- ☐ Uncontrollable jaw, tongue movements

Ⓕ Neck and Shoulder Problems

- ☐ Lack of mobility – reduced range of movement
- ☐ Neck pain and/or stiffness
- ☐ Tired, sore neck muscles
- ☐ Shoulder aches
- ☐ Back pain (upper and lower)
- ☐ Arm and finger tingling, numbness/pain

Ⓖ Throat Problems

- ☐ Swallowing difficulties
- ☐ Tightness of throat
- ☐ Sore throat without infection
- ☐ Frequent coughing or constant clearing of throat
- ☐ Feeling of foreign object in throat
- ☐ Tongue pain

Ⓗ Ear Pain, Ear Problems, and Loss of Balance

- ☐ Hissing, buzzing or ringing (tinnitus)
- ☐ Diminished hearing (subjective hearing loss)
- ☐ Ear pain without infection (otalgia)
- ☐ Clogged, stuffy, 'itchy' ears, feeling of fullness
- ☐ Balance problems, 'vertigo' (disequilibrium)

Tick most severe group of symptoms:

☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H

Indicate your three (3) main complaints:

.....

.....

.....

When did these symptoms first become apparent?

When are the symptoms worse?

.....

Triggered by:

Health practitioners previously consulted:

.....

.....

THE TMJ APPLIANCE

myosa®

TMJBDS® FOR TMJ, BREATHING & DISORDERED SLEEP

MRC MYOFUNCTIONAL RESEARCH CO. CORRECTING BREATHING HABITS SINCE 1989

PATIENT USE ONLY

TMJBDS® SLEEP QUESTIONNAIRE

Please answer the following questions on your average sleep habits/quality during the past month.

Going to sleep		**YES**	**NO**	Unsure
Do you have any problems going to bed or falling asleep?		☐	☐	☐
Do you have an irregular bedtime?		☐	☐	☐
Do you have an irregular wake time?		☐	☐	☐
Does your bedtime/wake time differ greatly between weekdays and weekends?		☐	☐	☐
While sleeping		**YES**	**NO**	Unsure
Do you often wake up at night after falling asleep?		☐	☐	☐
Do you snore while sleeping?		☐	☐	☐
Please answer these → additional questions if you answered **'Yes'** to the question above.	Do you snore on most nights (more than three nights per week)?	☐	☐	☐
	Do you snore for more than half of the night's sleep duration?	☐	☐	☐
	Do you snore loudly?	☐	☐	☐
Do you have heavy, loud breathing habits while sleeping?		☐	☐	☐
Do you have your mouth open while sleeping?		☐	☐	☐
Do you have difficulty breathing at night while sleeping?		☐	☐	☐
Has it been reported that you stop breathing or gasp during sleeping?		☐	☐	☐
Do you have regular nightmares, sleep walk or have any other unusual sleep behaviours?		☐	☐	☐
Do you think you are not getting enough sleep?		☐	☐	☐
Have you ever had a sleep study (PSG or portable take home study)?		☐	☐	☐
While awake		**YES**	**NO**	Unsure
Do you feel overtired or sleepy during the day?		☐	☐	☐
Do you wake up feeling unrefreshed in the morning?		☐	☐	☐
Do you find it difficult to wake up in the morning?		☐	☐	☐
Do you wake up with headaches in the morning?		☐	☐	☐
Do you take excessive naps during the day?		☐	☐	☐
Do you tend to breathe through the mouth while awake?		☐	☐	☐
Do you have a dry mouth when you wake up in the morning?		☐	☐	☐
Do you occasionally fall asleep during the day...	... when you are busy or active?	☐	☐	☐
	... when you are driving or stopped at a traffic light?	☐	☐	☐
	... when you are sitting and talking to someone?	☐	☐	☐
	... when you are sitting or inactive in a public place?	☐	☐	☐
Have you been previously or currently treated for high blood pressure?		☐	☐	☐
Are you overweight?		☐	☐	☐

Date:	Name:	Age:	D.O.B (DD/MM/YYYY):
Address:		Postcode:	Mobile Number:
Occupation:		Health Fund:	
Referred by:		Payment Method:	

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