

19. a. What makes the pain worse? _____
 b. What makes the pain better? _____
20. Has your mouth ever locked open so that you were unable to close it? Yes No
 Explain _____

21. Do you or have you had problems opening your mouth wide? Yes No
 Explain _____

22. Please indicate the time sequence in which you became aware of the following problems 1st, 2nd, 3rd, etc.
 Number only those problems which apply to you.
 Pain _____ Noise _____ Limited opening _____ Locking _____ Other _____
23. Which aspects of your problem concern you the most? What is your chief complaint? _____

24. Are you aware of clenching your teeth? Yes No
25. Do you grind your teeth? Yes No
 When? _____
26. Has there been a recent change in your lifestyle such as a change in marital status, childbirth, change of
 employment, death in immediate family, or other stressful events?..... Yes No
 Explain _____

27. Do you think nervous tension seems to affect this problem? Yes No
 Explain _____

28. Have you had this problem with other joints, or have you been diagnosed with arthritis? Yes No
 Explain _____
29. Have you ever had orthodontic treatment? Yes No
 When? _____ Where? _____
30. Have you had recent dental treatment?
 When? _____ Where? _____
 Explain _____

31. Have you received previous treatment for this problem? Yes No
 Explain _____

32. Do you wish to add to the above information? Yes No

