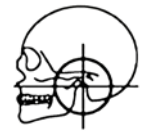


SDS TMD Questionnaire



Patient:	Date of Birth:	Male/Female
Surgeon:	Date of Exam:	
Ref. By:		

Primary Complaint:	1 2 3 4 5 6 7 8 9 10
Date of Onset:	
Other Symptoms:	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10

Symptom	Y/N	Frequency	Time of day	Location
Head Pain				
Tooth Pain				
TMJ Pain				
TMJ Noises				
TMJ Locking				
Neck Pain				
Shoulder Pain				
Arm/hand Pain				
Hand Numbness				
Back Pain				
Eye Pain				
Sinus Pain				
Ear Pain				
Hearing Loss				
Tinnitus				
Dizziness				
Sore Throat				
Joint Pain (not TMJ)				

SDS TMD Questionnaire

History of Trauma	Details	Date
Emotional Stress Level		

SIGNS

PARAFUNCTIONAL SIGNS	Y/N	Severity/Location
Cheek Lines		
Tongue Scalloping		
Masseter Hypertrophy		
Tooth Wear/Facets		
Abfractions		
Mobility		
Fractures		
Sensitivity		
Awareness of parafunction?		day/night bruxism/clenching
Sleep Disturbances		

MUSCLE TENDERNESS	R	L	0 = absent, 1 = mild, 2 = moderate, 3 = severe
Anterior Temporalis	0 1 2 3	0 1 2 3	Role: Elevation/Retrusion
Middle Temporalis	0 1 2 3	0 1 2 3	Role: Elevation/Retrusion
Posterior Temporalis	0 1 2 3	0 1 2 3	Role: Elevation/Retrusion
Masseter (superficial)	0 1 2 3	0 1 2 3	Role: Elevation/Protrusion
Masseter (deep)	0 1 2 3	0 1 2 3	Role: Elevation/Protrusion
Sternocleidomastoid	0 1 2 3	0 1 2 3	Role: Head Rotation
Nuchal Line	0 1 2 3	0 1 2 3	Role: Head Rotation/Posture
Trapezius Upper (Horiz)	0 1 2 3	0 1 2 3	Role: Head Posture
Trapezius Middle	0 1 2 3	0 1 2 3	Role: Head Posture
Trapezius Lower (Vert)	0 1 2 3	0 1 2 3	Role: Head Posture
Lateral Pterygoid	0 1 2 3	0 1 2 3	Role: Depression/Protrusion
Medial Pterygoid	0 1 2 3	0 1 2 3	Role: Elevation/Protrusion
Coronoid (Ins Temporalis)	0 1 2 3	0 1 2 3	Role: Elevation/Protrusion
Digastric (Anterior Belly)	0 1 2 3	0 1 2 3	Role: Depression/Retrusion
Mylohyoid	0 1 2 3	0 1 2 3	Role: Depression

SDS TMD Questionnaire

TMJ Signs	R	L
External Tenderness	0 1 2 3	0 1 2 3
Tenderness in Ear Canal (closed)	0 1 2 3	0 1 2 3
Tenderness in Ear Canal (open)	0 1 2 3	0 1 2 3
Crepitus	0 1 2 3	0 1 2 3
Clicking or popping	0 1 2 3	0 1 2 3
Pain on full opening	0 1 2 3	0 1 2 3
Deviation on Opening	Y/N	
Deviation on Closing	Y/N	
Maximum Opening	mm	
Left Lateral Excursion	mm	
Right Lateral Excursion	mm	
End Feel		

OCCLUSION

Skeletal Classification	I, II, III	
Occlusal Classification	I, Ildiv1, Ildiv2, III	
Overjet	mm	
Overbite	mm	
First Contact in Retruded (RCP)	8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	Painful? Y/N
Leaf Gauge number in RCP		
Lateral Interferences	RLE 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8	LLE 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Slide - Vertical	mm	
Slide – Horizontal (A-P)	mm	
Slide – Horizontal (Lateral)	mm	Right/Left

PROVISIONAL DIAGNOSIS

Muscle Related	Y/N
Neurological	Y/N
Reduced Function	Y/N
Tooth Related (wear/fracture)	Y/N
Periodontal breakdown	Y/N
TMJ Lat Pole	Y/N
TMJ Medial Pole	Y/N
With reduction	Y/N
Lock	Closed/open
	Acute/chronic

PHASE 1 TREATMENT

Deprogrammer	Y/N
Stabilisation Splint	Y/N/Poss/Prob
Ant Repositioning Appliance	Y/N/Poss/Prob
Refer:	