



Tinnitus related to TMJD questionnaire

Yes	No	
_____	_____	Is the ringing in your ear(s) on one or both sides?
		Which side?
_____	_____	Have you had your hearing checked?
_____	_____	Is your hearing normal on the side it is ringing?
_____	_____	Is the ringing associated with any trauma?
_____	_____	Do you have pain in the ear where the ringing is occurring?
_____	_____	Do you have pain in the ear on the opposite side the ringing is occurring?
_____	_____	Did your tinnitus begin when your TMD symptoms began?
_____	_____	Is your tinnitus worse when your TMD symptoms are worse?
_____	_____	Is your tinnitus related to stress?
_____	_____	Does your tinnitus change with jaw movement?
		Please describe:
_____	_____	Does your tinnitus change with clenching?
_____	_____	Does your tinnitus fluctuate in intensity?
		Please describe:
_____	_____	Is your tinnitus accompanied by fullness/stuffiness in the same ear?
_____	_____	Does your tinnitus have 2 or more sounds?
_____	_____	Did/does your tinnitus come on gradually?
_____	_____	Is your tinnitus related to loud noise?
_____	_____	Do you have a dental splint?
_____	_____	Does your tinnitus change when wearing the dental splint?
		Please describe: