

TMD PAIN QUESTIONNAIRE

Patient Name: _____

Date: _____

Please circle the ONE choice that best pertains to you (*not necessarily exactly*) in each of the following categories.

SECTION 1- Communication (talking)

1. I can talk as much as I want, without pain, fatigue, or discomfort.
2. I talk as much as I want, but it causes some pain, fatigue, and/or discomfort.
3. I can't talk as much as I want because of pain, fatigue, and/or discomfort.
4. I can't talk much at all because of pain, fatigue, and/or discomfort.
5. Pain prevents me from talking at all.

SECTION 2-Normal Living Activities (brushing teeth/flossing)

1. I am able to care for my teeth and gums in a normal fashion without restriction, without pain, fatigue, or discomfort.
2. I am able to care for all my teeth and gums, but I must be slow and careful, otherwise pain/discomfort or jaw tiredness results.
3. I do manage to care for my teeth and gums in a normal fashion, but it usually causes some pain/discomfort and jaw tiredness no matter how slow and careful I am.
4. I am unable to properly clean all my teeth and gums because of restricted opening and/or pain.
5. I am unable to care for my teeth and gums because of restricted opening and/or pain.

SECTION 3- Normal living activities (eating, chewing)

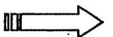
1. I can eat and chew as much of anything I want without pain/discomfort or jaw tiredness.
2. I can eat and chew most anything I want, but it sometimes causes pain/discomfort and/or jaw tiredness.
3. I can't eat much of anything I want because it often causes pain/discomfort, jaw tiredness, or because of restricted opening.
4. I must eat only soft foods (consistency of scrambled eggs or less) because of pain/discomfort, jaw fatigue, and/or restricted opening.
5. I must stay on a liquid diet because of pain and/or restricted opening.

SECTION 4-Social/recreational activities (singing, playing musical instruments, cheering, laughing, social activities, playing amateur, sports/hobbies, and recreation, etc)

1. I am enjoying a normal social life and/or recreational activities without restrictions.
2. I participate in normal social life and/or recreational activities but pain/discomfort is increased.
3. The presence of pain/or fear of likely aggravation only limits the more energetic components of my social life (sports, exercising, dancing, playing musical instruments, singing).
4. I have restrictions socially, as I can't even sing, shout, cheer, play and/or laugh expressively because of increased pain/discomfort.
5. I have practically no social life because of pain.

SECTION 5-Non-specialized jaw activities (yawning, mouth opening, and opening mouth wide)

1. I can yawn in a normal fashion, painlessly.
2. I can yawn and open my mouth fully wide open, but sometimes there is discomfort.
3. I can yawn and open my mouth wide in a normal fashion, but it almost always causes discomfort.
4. Yawning and opening my mouth wide are somewhat restricted by pain.
5. I cannot yawn or open my mouth more than two fingers widths (2.8-3.2 cm) or, if I can, it always causes greater than moderate pain.



SECTION 6-Sexual function (including kissing, hugging, and any all sexual activities to which you are accustomed)

1. I am able to engage in all my customary sexual activities and expressions without limitation and/or causing headache, face, or jaw pain.
2. I am able to engage in all my customary sexual activities and expressions, but it sometimes causes some headache, face, or jaw pain, or fatigue.
3. I am able to engage in all my customary sexual activities but it usually causes enough headache, face, or jaw pain to markedly interfere with my enjoyment, willingness, and satisfaction.
4. I must limit my customary sexual expressions and activities because of headache, face, or jaw pain, or limited mouth opening.
5. I abstain from almost all sexual activities and expression because of the head, face, or jaw pain it causes.

SECTION 7-Sleep (restful, nocturnal, sleep pattern)

1. I sleep well in a normal fashion without any pain medication, relaxants or sleeping pills.
2. I sleep well with the use of pain pills, anti-inflammatory medication, or sleeping pills.
3. I fail to realize 6 hours restful sleep even with the use of pills.
4. I fail to realize 4 hours restful sleep even with the use of pills.
5. I fail to realize 2 hours restful sleep even with the use of pills.

SECTION 8-Effects of any form of treatment, including but not limited to, medications, in-office therapy, treatments, oral orthotics (eg splints, mouthpieces), ice/heat, etc

1. I do not need to use treatment of any type in order to control or tolerate headache, face, or jaw pain and discomfort.
2. I can completely control my pain with some form of treatment.
3. I get partial, but significant, relief through some form of treatment.
4. I don't get "a lot of" relief from any form of treatment.
5. There is no form of treatment that helps enough to make me want to continue.

SECTION 9-Tinnitus, or ringing in the ear (s)

1. I do not experience ringing in my ear (s).
2. I experience ringing in my ear (s) somewhat, but it does not interfere with my sleep and/or my ability to perform my daily activities.
3. I experience ringing in my ear (s) and it interferes with my sleep and/or daily activities, but I can accomplish set goals and I can get an acceptable amount of sleep.
4. I experience ringing in my ear (s) and it causes a marked impairment in the performance of my daily activities and/or results in an unacceptable loss of sleep.
5. I experience ringing in my ear (s) and is incapacitating and/or forces me to use a masking device to get any sleep.

SECTION 10-Dizziness (lightheaded, spinning, and/or balance disturbance)

1. I do not experience dizziness.
2. I experience dizziness, but it does not interfere with my daily activities.
3. I experience dizziness, which interferes somewhat with my daily activities.
4. I experience dizziness, which causes a marked impairment in the performance of my daily activities.
5. I experience dizziness, which is incapacitating