This questionnaire is designed to help your doctor evaluate your problem. Please answer all questions as honestly as possible. Use a dark #2 lead pencil. Mark answers clearly, erasing completely any changes. Make no marks outside answer spaces. Do not skip any questions, even if you are not absolutely sure. (Marking Example: [ ] [■])

Initials: ___ ___ ___  
File No. (filled in by clinician) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ 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___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ __________
Mark the number which best describes how much of the time each statement below applies to you, using the following key:

- none of the time 0
- a little of the time 1
- a moderate amount of time 2
- quite a bit of the time 3
- all of the time 4

9. Just a light touch on my face causes shock-like pain. [0] [1] [2] [3] [4]
10. My jaw must click or pop before I can open it wide. [0] [1] [2] [3] [4]
11. My jaw opens all the way without any sideways movements. [0] [1] [2] [3] [4]
12. My jaw locks open. [0] [1] [2] [3] [4]
13. I have headaches which begin after seeing flashes of light or dark spots. [0] [1] [2] [3] [4]
14. My jaw moves easily. [0] [1] [2] [3] [4]
15. I have health problems which haven't responded to treatment. [0] [1] [2] [3] [4]
16. I have pain in my jaw joint(s) (B on the diagram). [0] [1] [2] [3] [4]
17. My jaw tires easily when chewing. [0] [1] [2] [3] [4]
18. I have headaches which are made worse by bright light. [0] [1] [2] [3] [4]
19. It hurts my teeth when I bite. [0] [1] [2] [3] [4]
20. I have muscle or joint pain in areas other than my head or neck. [0] [1] [2] [3] [4]
21. I can move my jaw more to one side than the other. [0] [1] [2] [3] [4]
22. I feel tense and worried. [0] [1] [2] [3] [4]
23. I have drainage from my ear(s). [0] [1] [2] [3] [4]
24. I feel sad and depressed. [0] [1] [2] [3] [4]
25. I clench my teeth. [0] [1] [2] [3] [4]
26. My bite feels comfortable. [0] [1] [2] [3] [4]
27. I have jaw pain which gets worse the more I move my jaw. [0] [1] [2] [3] [4]
28. It is difficult to find a comfortable position for my jaw. [0] [1] [2] [3] [4]
29. I have pain in my ear(s) (E on diagram). [0] [1] [2] [3] [4]
30. I have sinus problems. [0] [1] [2] [3] [4]
31. When I bite down normally, my front teeth touch. [0] [1] [2] [3] [4]
32. During my life, I've had many different painful disorders. [0] [1] [2] [3] [4]
33. I have facial pain which comes on suddenly like electric shocks. [0] [1] [2] [3] [4]
34. I can open my mouth as far as possible without pain. [0] [1] [2] [3] [4]
35. I have pain in or behind my eye(s). [0] [1] [2] [3] [4]
36. My jaw makes a grating or grinding noise when it opens and closes. [0] [1] [2] [3] [4]
37. I think my bite is off. [0] [1] [2] [3] [4]
38. I have pain which gets worse with stress or tension. [0] [1] [2] [3] [4]
Mark the number which best describes how much of the time each statement below applies to you, using the following key:

- none of the time 0
- a little of the time 1
- a moderate amount of time 2
- quite a bit of the time 3
- all of the time 4

(mark one)

39. My jaw clicks or pops when I chew
40. I can bite down hard without pain in my jaw
41. One painful problem is followed by another
42. I have jaw pain which makes me feel sick and feverish
43. I grind my teeth during the day
44. I have numb areas on my face
45. I use nerve pills, sleeping pills, or alcohol for relief
46. I can move my jaw smoothly
47. I can chew without bumping my teeth unexpectedly
48. I have a feeling of pins and needles on my face
49. I have pain in my jaw muscles (C on diagram)
50. I have pain in the back of my neck (G on diagram)
51. Over the years, I’ve been under a lot of stress
52. My jaw twitches or jerks uncontrollably
53. When I bite down normally, my back teeth touch
54. The way my front teeth fit seems to be changing
55. A light touch on one side of my face causes shock-like pain on the other
56. I have a ringing in my ear(s)
57. I have pain which gets worse with certain people or situations
58. I have pain in the side(s) of my neck (H on diagram)
59. I have a steady pain across my forehead
60. I have many changing pains
61. I feel angry
62. Other people notice noise from my jaw when I chew
63. I can chew food as well as I used to
64. I have health problems which seem to be getting worse
65. I have pain in the muscles under my jaw (D on diagram)
66. I have pain in my temple(s) (A on diagram)
67. I feel anxious
68. I can open my mouth as wide as I used to
Mark the number which best describes how much of the time each statement below applies to you, using the following key:

| none of the time | 0 |
| a little of the time | 1 |
| a moderate amount of time | 2 |
| quite a bit of time | 3 |
| all of the time | 4 |

69. The way my back teeth fit seems to be changing. 
70. I sleep well. 
71. I have head or facial pain which gets worse when I bend over. 
72. When I touch one side of my face, the other side gets numb. 
73. My jaw gets stuck and won't open all the way. 
74. The only real problems in my life are problems with my physical health. 
75. I've had conflicting doctors' opinions about health problems. 
76. I can move my jaw in any direction without pain. 
77. I have facial pain which gets worse in cold weather. 
78. I feel frustrated. 
79. I have a stuffy nose. 
80. Recently I've been under a lot of stress. 
81. I have headaches which make me feel sick to my stomach. 
82. I can take big bites of things like apples. 
83. I have work or family pressures. 
84. I have pain and stiffness in my finger joints. 
85. My back teeth feel like they fit properly. 
86. I believe I have an incurable problem in spite of reassurance by doctors. 
87. In the morning my teeth are sore and my jaw is tired. 
88. My ears feel blocked or stopped up. 
89. I have many health problems. 
90. My jaw moves just as far forward as it used to. 
91. I have difficulty swallowing. 
92. I have pain behind my ear(s) (F on diagram). 
93. I have facial pain when other joints are also sore. 
94. I have nervous problems. 
95. I have throbbing headaches. 
96. I feel dizzy. 
97. I consider myself to be a sickly person.