

TMJ Index

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in ever day life and activities. Please circle one answer that most closely applies to you.

How much pain do you have when opening your mouth or when yawning?

0. No pain
1. A little pain
2. Some pain
3. Moderate pain
4. A lot of pain
5. Severe pain

How often does your jaw get stuck, lock, or go out?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How much pain do you have when chewing, talking, or using your jaw?

0. No pain
1. A little pain
2. Some pain
3. Moderate pain
4. A lot of pain
5. Severe pain

How often does your jaw joint make noises?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How often does your jaw feel stiff, tired, or tight?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How often do you have pain in or about the ears, temples, or cheeks?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How often do you have headaches, neck-aches, or unexplained toothaches?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How often does your jaw pain limit your abilities to eat, talk, or use your jaw?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How often does your pain keep you up at night?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Most of the time
5. Always

How long have you noticed these symptoms?

0. Less than one month
1. 1 to 3 months
2. 3 to 6 months
3. 6 to 12 months
4. More than 1 year
5. As long as you can remember