

14. In the last 30 days, rate the intensity, on average, of your temple headache.
Select ONE response.
- Mild to moderate
- Moderate to severe
-
15. Did your temple headaches originally begin close to the time when your jaw pain originally began? No Yes
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16. In the last 30 days, did your temple headaches begin or get worse close to the time(s) when your jaw pain got worse? No Yes
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17. In the last 30 days, did your temple headaches get better (improve) close to the time(s) when your jaw pain got better? No Yes
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18. In the last 30 days, did the following activities change any headache (that is, make it better or make it worse) in your temple area on either side?
- A. Chewing hard or tough food No Yes
- B. Opening your mouth, or moving your jaw forward or to the side No Yes
- C. Jaw habits such as holding teeth together, clenching/grinding, or chewing gum No Yes
- D. Other jaw activities such as talking, kissing, or yawning No Yes

19. Where is the headache located?
Mark **ALL** that apply.
- Temple
- Front of head
- Top of head
- Back of head
- Behind eye(s) or inside head

JAW JOINT NOISES

20. In the last 30 days, have you had any jaw joint noise(s) when you moved or used your jaw? No Yes

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CLOSED LOCKING OF THE JAW

21. Have you ever had your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY? No Yes

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If you answered NO to question 21 then skip to question 28.

22. Was your jaw lock or catch severe enough to limit your jaw opening and interfere with your ability to eat? No Yes

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23. In the last 30 days, did your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY? No Yes

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If you answered NO to question 23 then skip to question 28.

