# RESEARCH DIAGNOSTIC CRITERIA <br> FOR TEMPOROMANDIBULAR DISORDERS: REVIEW, CRITERIA, EXAMINATIONS AND SPECIFICATIONS, CRITIQUE 

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Date: $\quad$ ID\# $/-\quad$ _ $/ \ldots$

## A. HISTORY QUESTIONNAIRE

TEMPOROMANDIBULAR DISORDERS QUESTIONNAIRE
Please read each question and respond accordingly. For each of the questions below circle only one response.

1. Would you say your health in general is excellent, very good, good, fair or poor?

Excellent ..................... 1
Very good ................... 2
Good ............................ 3
Fair.............................. 4
Poor ............................. 5
2. Would you say your oral health in general is excellent, very good, good, fair or poor?

Excellent ...................... 1
Very good .................... 2
Good ............................ 3
Fair............................... 4
Poor .............................. 5
3. Have you had pain in the face, jaw, temple, in

No 0
front of the ear or in the ear in the past month?
Yes 1
[If no pain in the past month SKIP to question 14]
If Yes,
4.a. How many years ago did your facial pain begin for the first time? $\qquad$
[If one year ago or more SKIP to question 5]
[If less than one year ago, code 00]
4.b. How many months ago did your facial pain begin for the first time? $\qquad$ months ago
5. Is your facial pain persistent, recurrent

Persistent
1 or was it only a one-time problem?

Recurrent................................ 2
One-Time .............................. 3
6. Have you ever gone to a physician, dentist,

No .................................... 1 chiropractor or other health professional

Yes, in the last for facial ache or pain? $\qquad$
six months 2
Yes, more than six months ago
7. How would you rate your facial pain on a 0 to 10 scale at the present time, that is right now, where 0 is "no pain" and 10 is "pain as bad as could be"?

PAIN AS BAD

| NO PAIN |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

8. In the past six months, how intense was your worst pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"?

NO PAIN | PAIN AS BAD |
| :--- |
| AS COULD BE |

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

9. In the past six months, on the average, how intense was your pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"? [That is, your usual pain at times you were experiencing pain].

PAIN AS BAD

10. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of facial pain?
11. In the past six months, how much has facial pain interfered with your daily activities rated on a 0 to 10 scale where 0 is "no interference" and 10 is "unable to carry on any activities"?

UNABLE TO

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

12. In the past six months, how much has facial pain changed your ability to take part in recreational, social and family activities where 0 is "no change" and 10 is "extreme change"?

NO INTERFERENCE
UNABLE TO
CARRY ON ANY
ACTIVITIES
0
12
3
4
5
6
7
8
$9 \quad 10$
13. In the past six months, how much has facial pain changed your ability to work including housework) where 0 is "no change" and 10 is "extreme change"?

UNABLE TO
NO INTERFERENCE

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

14.a. Have you ever had your jaw lock or
catch so that it won't open all the way?
[If no problem opening all the way
SKIP to question 15] If Yes,
14.b. Was this limitation in jaw opening severe enough to interfere with your ability to eat?

No 0
Yes

No 0
$\qquad$
15. a. Does your jaw click or pop when you open or close
$\qquad$ your mouth or when chewing?
$\qquad$
b. Does your jaw make a grating or grinding noise when it
opens and closes or when chewing?
c. Have you been told, or do

No
0
you notice that you grind your teeth or clench your jaw while sleeping at night?
d. During the day, do you

No 0 grind your teeth or $\qquad$ clench your jaw?
e. Does your jaw ache or feel stiff when you

No $\qquad$ wake up in the morning?
f. Do you have noises or ringing in your ears?

No $\qquad$ 0
Yes.......... 1
g. Does your bite feel uncomfortable or unusual?

No ........... 0
Yes.......... 1
16.a. Do you have rheumatoid arthritis, lupus, or other systemic arthritic disease?
16.b. Do you know of anyone in your family who has had any of these diseases?
16.c. Have you had or do you have any swollen or painful joint(s) other than the joints close to your ears (TMJ)?
[If no swollen or painful joints, SKIP to question 17.a.] If Yes,
16.d. Is this a persistent pain which you have had for at least one year?
17.a. Have you had a recent injury to your face or jaw?
[If no recent injuries SKIP to question 18] If Yes,
17.b. Did you have jaw pain before the injury?
18. During the last six months have you had a problem with headaches or migraines?
19. What activities does your present jaw problem prevent or limit you from doing?
a. Chewing
No ........... 0
Yes.......... 1
b. Drinking
No ........... 0
Yes.......... 1
c. Exercising
No ........... 0
Yes.......... 1
d. Eating hard foods
No ........... 0
Yes.......... 1
e. Eating soft foods
No ........... 0
Yes.......... 1
f. Smiling/laughing
No ........... 0
Yes.......... 1
g. Sexual activity
No ........... 0 Yes.......... 1
h. Cleaning teeth or face
No ........... 0
Yes.......... 1
i. Yawning
No ........... 0 Yes.......... 1

No ............................... 0
Yes1

No ..... 0

Yes ..... 1

No

0

Yes............................... 1
$\qquad$
Yes1

No ..... 0
Yes ..... 1

No ..... 0
$\qquad$

No 0
$\qquad$1
j. Swallowing
No ........... 0
Yes.......... 1
k. Talking
No ........... 0
Yes......... 1
I. Having your usual
No ........... 0
Yes.......... 1
20. In the last month, how much have you been distressed by. . .
a. Headaches
b. Loss of sexual interest or pleasure
c. Faintness or dizziness
d. Pains in the heart or chest
e. Feeling low in energy or slowed down
f. Thoughts of death or dying
g. Poor appetite
h. Crying easily
i. Blaming yourself for thing
j. Pains in the lower back
k. Feeling lonely
I. Feeling blue
m. Worrying too much about things
n. Feeling no interest in things
o. Nausea or upset stomach
p. Soreness of your muscles
q. Trouble falling asleep
r. Trouble getting your breath
s. Hot or cold spells
t. Numbness or tingling in parts of your body
u. A lump in your throat

| Not | A Little | Moder- Quite Ex- |
| :---: | :---: | :---: |
| At All | $\underline{\text { Bit }} \quad \underline{\text { ately }}$ A Bit tremely |  |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |
| 0 | 1 | 2 | 3 | 4 |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |

In the last month, how much have you been
distressed by. . .
v. Feeling hopeless about the future
w. Feeling weak in parts of your body
x. Heavy feelings in your arms or legs
$y$. Thoughts of ending your life
z. Overeating
aa. Awakening in the early morning
bb. Sleep that is restless or disturbed
cc. Feeling everything is an effort
dd. Feelings of worthlessness
ee. Feeling of being caught or trapped
ff. Feelings of guilt
21. How good a job do you feel you are doing in taking care of your health overall?

| Not | A Little | Moder- Quite Ex- |
| :---: | :---: | :---: |
| At All | Bit | ately |


| 0 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |

22. How good a job do you feel you are doing in taking care of your oral health?

$$
\begin{aligned}
& \text { Excellent ..................... } 1 \\
& \text { Very good ................... } 2 \\
& \text { Good .............................. } 3 \\
& \text { Fair.......................... } 4 \\
& \text { Poor ....................... } 5
\end{aligned}
$$

Excellent ..... 1
Very good ..... 2
Good ..... 3
Fair. ..... 4
Poor ..... 5

Month $\qquad$ Day $\qquad$ Year $\qquad$
24. Are you male or female?

Male
Female
1
Female......................... 2
25. Which of the following groups best represent your race?

Aleut, Eskimo or White..................................................... 4
American Indian ..................................... 1 Other..................................................... 5
Asian or Pacific Islander........................... 2
Black......................................................... 3
(please specify)
26. Are any of these groups your national origin or ancestry?

Puerto Rican .......................................... 1 Chicano................................................. 5
Cuban....................................................... 2
2
Other Latin American............................. 6
Mexican/Mexicano .................................... 3
Other Spanish......................................... 7
Mexican American..................................... 4
None of the above
8
27. What is the highest grade or year of regular school that you have completed?

Never attended or Kindergarten 00
Elementary School:
High School:

College:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ---: | ---: | ---: | ---: | :---: | :---: | ---: | ---: |
| 9 | 10 | 11 | 12 |  |  |  |  |
| 13 | 14 | 15 | 16 | 17 | $18+$ |  |  |

28a. During the past 2 weeks, did you work at a job or business not counting work around the house (include unpaid work in the family farm/business)?
$\qquad$
No
[If Yes SKIP to question 29]
If No,
28b. Even though you did not work during the past 2 weeks, did you have a job or business?
$\qquad$
Yes
1
No
2
[If Yes SKIP to question 29]
If No,
28c. Were you looking for work or on layoff from a job during those 2 weeks?
Yes, looking for work ..... 1
Yes, layoff ..... 2
Yes, both on layoff and looking for work ..... 3
No ..... 4
29. Are you married, widowed, divorced, separated or never been married?
Married-spouse in household. ..... 1
Married-spouse not in household ..... 2
Widowed ..... 3
Divorced ..... 4
Separated ..... 5
Never Married ..... 6
30. Which of the following best represents your total combined household income during the past 12 months?

| \$0-\$14,999 | \$25,000-\$34,999 | \$50,000 or more |
| :---: | :---: | :---: |
| \$15,000-\$24,999 | \$35,000-\$49,999 |  |

31. What is your 5 digit zip code?
