TMD-PAIN SCREENER

1. In the last 30 days, how long did any pain last in your jaw or temple area on either side?

| | | a. | No pain |
|----|---|----------------------------|--|
| | | b. | Pain comes and goes |
| | | C. | Pain is always present |
| | | | |
| 2. | In t | he last 3 | 30 days, have you had pain or stiffness in your jaw on awakening? |
| | | a. | No |
| | | b. | Yes |
| | | | |
| 3. | In the last 30 days, did the following activities change any pain (that is, make it better or make it worse) in your jaw or temple area on either side? | | |
| | A. | Chewing hard or tough food | |
| | | a. | No |
| | | b. | Yes |
| | | | g your mouth or moving your jaw forward or to the side |
| | | a. | No |
| | | b. | Yes |
| | | | bits such as holding teeth together, clenching, grinding, or chewing gum |
| | | a. | No |
| | | b. | Yes |
| | D. Other jaw activities such as talking, kissing, or yaw | | |
| | | a. | No |
| | | b. | Yes |
| | | | |