Diagnostic Criteria for Temporomandibular Disorders: Assessment Instruments

Editor: Richard Ohrbach
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www.rdc-tmdinternational.org

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Available at www.RDC-TMDinternational.org
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Overview

This document contains the complete assessment tools for the DC/TMD. The full download package is comprised of three documents pertaining to the use of the DC/TMD:


All of these documents are available at www.rdc-tmdinternational.org. The standard source version of these documents is in English; translated versions of the assessment instruments are available in many languages. The remaining two documents are available primarily in the original English; indeed, we envision that the professional users of the DC/TMD will rely on the English language version documents for how to conduct the examination and how to score the self-report instruments.

The direct patient assessment tools rely critically on language use, either in written form for self-administration by the patient or in verbal form for use by the examiner in speaking to the patient. The tools in this document are primarily those that interface directly with the patient, yet their terminology is tied directly to the patient assessment procedures; these tools include the examination form, decision trees, and diagnostic criteria. The latter tools are also included in this document; for the translated versions of the DC/TMD, these latter tools are in either English or also in translated form.

Translations of the DC/TMD instruments were conducted according to INfORM standards; see Ohrbach R, Bjorner J, Jezewski MA, John MT, and Lobbezoo F (2013) Guidelines for Establishing Cultural Equivalency of Instruments; and Ohrbach R (2017) Translation and Adaptation of the DC/TMD Protocol, available at the same URL indicated above. Please refer to these documents for specific procedures and requirements that the translated instruments adhere to with regard to appropriate semantic and cultural validity compared to the source documents. Note that the Consortium views the assessment protocol and its instruments to be under continued development, and it also considers translated versions of those assessment instruments to be works in progress, with validation an ongoing process just as for the source instruments. Finally, the format of this document is also subject to revision; this is version 2017_09_29.

Disclaimer: The provision of these documents does not constitute endorsement for any empirical validity; that must be established separately and any such documentation will be made available on the Consortium website. For translated versions, full documentation of the translation process is available at the above URL as Translation Logs.

Any questions regarding this document should be directed towards the editor or, for translated versions, the translator, depending on whether the question concerns the source version in English or a translated version.
Printing Guidance

Users of this document may want to print selected pages containing forms of interest. The below table lists the pages associated with each of the identified forms or sections of forms. Intended usage is for the user to copy the page numbers for the sections of interest and paste that information into the ‘select pages’ field on the printer dialog box.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I: TMD Pain Screener</td>
<td>9</td>
</tr>
<tr>
<td>Axis I: All clinical forms</td>
<td>11, 12, 14</td>
</tr>
<tr>
<td>Axis I: Clinical Examination Form (North American)</td>
<td>16, 17</td>
</tr>
<tr>
<td>Axis I: Clinical Examination Form (North American)</td>
<td>19, 20</td>
</tr>
<tr>
<td>Axis I: Pain-related Interview and Examiner Commands</td>
<td>See separate document</td>
</tr>
<tr>
<td>Axis I: Diagnostic trees and criteria tables</td>
<td>23-25, 27-29</td>
</tr>
<tr>
<td>Axis II: Screening</td>
<td>34, 36, 38, 42, 50</td>
</tr>
<tr>
<td>Axis II: Comprehensive</td>
<td>34, 36, 40, 44, 46, 48, 50</td>
</tr>
</tbody>
</table>
How to Cite This Document

The below examples illustrate how to cite both this document, the translated version of the DC/TMD, as well as the associated documents which may often be cited in conjunction with this one, depending on usage. In the below citation examples, “Accessed on <date>” will be completed at the time a citation is used in a document (such as a manuscript).

Cite this document as follows:


For example:


There are five scenarios of usage for the three documents comprising the full assessment set, each of which will have different citation requirements.

1. Use of full DC/TMD (Axis I and Axis II)
   a. Cite both of the following:

2. Use of only DC/TMD Axis I. Cite the following:

3. Use of only DC/TMD Axis II. Cite the following:

4. Citation of the self-report scoring manual. Cite the following:

5. Use of only part of the DC/TMD Axis II
   a. If only English versions of the instruments are used, the user should cite the original source of the instrument(s) that is/are used. For example, only the TMD Pain Screener and the JFLS are used in a given application; then the user would cite Gonzalez et al, 2011, and Ohrbach et al, 2008, respectively.
   b. If translated versions of the instruments were used, then the user would cite the source instruments as well as the fully translated assessment instrument document.
Acknowledgments

The DC/TMD is the result of many, many individuals and sponsors, and the assessment instruments in this document are an outcome of that very large process. Ohrbach and Dworkin, Journal of Dental Research, 2016 provide, as published acknowledgments, a full list of all of the contributors to the DC/TMD from research, publications, and workshops. This document, as a container for the assessment instruments in both English and translated forms, is yet another collaboration. To that end, the editor thanks Thomas List (Malmö, Sweden) and Ambra Michelotti (Naples, Italy) for their assistance regarding the structure and formatting of the completed DC/TMD. In addition, the editor expresses gratitude to Wendy Knibbe (ACTA, Amsterdam, The Netherlands) and to Birgitta Häggman-Henrikson (University of Malmö, Sweden) for their assistance in shaping this document, the major public face of the DC/TMD assessment tools. I also thank Wendy Knibbe and Yoly Gonzalez (University at Buffalo, NY, US) for their complementary assistance in helping refine the English version of all of the assessment instruments during the first translations of the DC/TMD (to Dutch, and to Spanish, respectively) by catching mistakes and typographical errors throughout the documents. Wendy and Yoly have provided all of us with better assessment instruments.
# Axis I Assessment

<table>
<thead>
<tr>
<th>Standard Usage</th>
<th>Instrument</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>DC/TMD Symptom Questionnaire</td>
<td>Impact Study Research Group Form Version: May 12, 2013</td>
</tr>
<tr>
<td>Complete</td>
<td>DC/TMD Demographics</td>
<td>Impact Study Research Group Form Version: May 12, 2013</td>
</tr>
</tbody>
</table>
TMD Pain Screener
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 the last 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
   B. Opening your mouth or moving your jaw forward or to the side
      a. No
      b. Yes
   C. Jaw habits such as holding teeth together, clenching, grinding, or chewing gum
      a. No
      b. Yes
   D. Other jaw activities such as talking, kissing, or yawning
      a. No
      b. Yes
Symptom Questionnaire
# Diagnostic Criteria for Temporomandibular Disorders

## Symptom Questionnaire

**Patient name ___________________________ Date ___________________**

### PAIN

1. Have you ever had pain in your jaw, temple, in the ear, or in front of the ear on either side?  
   - [ ] No  
   - [ ] Yes  
   
   **If you answered NO, then skip to Question 5.**

2. How many years or months ago did your pain in the jaw, temple, in the ear, or in front of the ear first begin?  
   - [ ] _______ years  
   - [ ] _______ months  

3. In the last 30 days, which of the following best describes any pain in your jaw, temple, in the ear, or in front of the ear on either side?  
   - [ ] No pain  
   - [ ] Pain comes and goes  
   - [ ] Pain is always present  
   
   **Select ONE response.**  
   
   **If you answered NO to Question 3, then skip to Question 5.**

4. In the last 30 days, did the following activities change any pain (that is, make it better or make it worse) in your jaw, temple, in the ear, or in front of the ear on either side?  
   - [ ] No  
   - [ ] Yes  
   
   A. Chewing hard or tough food  
   B. Opening your mouth, or moving your jaw forward or to the side  
   C. Jaw habits such as holding teeth together, clenching/grinding teeth, or chewing gum  
   D. Other jaw activities such as talking, kissing, or yawning

### HEADACHE

5. In the last 30 days, have you had any headaches that included the temple areas of your head?  
   - [ ] No  
   - [ ] Yes  
   
   **If you answered NO to Question 5, then skip to Question 8.**

6. How many years or months ago did your temple headache first begin?  
   - [ ] _______ years  
   - [ ] _______ months  

7. 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?  
   - [ ] No  
   - [ ] Yes  
   
   A. Chewing hard or tough food  
   B. Opening your mouth, or moving your jaw forward or to the side  
   C. Jaw habits such as holding teeth together, clenching/grinding, or chewing gum  
   D. Other jaw activities such as talking, kissing, or yawning
## JAW JOINT NOISES

8. In the last 30 days, have you had any jaw joint noise(s) when you moved or used your jaw?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>R</th>
<th>L</th>
<th>DNK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CLOSED LOCKING OF THE JAW

9. Have you ever had your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY?

If you answered NO to Question 9 then skip to Question 13.

10. Was your jaw lock or catch severe enough to limit your jaw opening and interfere with your ability to eat?

11. In the last 30 days, did your jaw lock so you could not open ALL THE WAY, even for a moment, and then unlock so you could open ALL THE WAY?

If you answered NO to Question 11 then skip to Question 13.

12. Is your jaw currently locked or limited so that your jaw will not open ALL THE WAY?

## OPEN LOCKING OF THE JAW

13. In the last 30 days, when you opened your mouth wide, did your jaw lock or catch even for a moment such that you could not close it from this wide open position?

If you answered NO to Question 13 then you are finished.

14. In the last 30 days, when you jaw locked or caught wide open, did you have to do something to get it to close including resting, moving, pushing, or maneuvering it?
Demographics
## Demographics

1. **What is your current marital status?**
   - Married
   - Living as married
   - Divorced
   - Separated
   - Widowed
   - Never married

2. **What is your ethnicity?**
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Unknown

3. **What is your race? Mark all that apply.**
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific
   - White

4. **What is the highest grade or level of schooling that you have completed?**
   - Through high school
   - Some college
   - College graduate
   - Professional or Post-graduate level

5. **What is your family’s current annual household income? Please include all sources of income for all family members such as wages, salaries, investments, etc.**
   - $0 - $19,999
   - $20,000 - $39,999
   - $40,000 - $59,999
   - $60,000 - $79,999
   - $80,000 - $99,999
   - $100,000 - $149,999
   - $150,000 or higher
Clinical Examination Form

(FDI; English)
### 1a. Location of Pain: Last 30 days (Select all that apply)

<table>
<thead>
<tr>
<th>RIGHT PAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>LEFT PAIN</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### 1b. Location of Headache: Last 30 days (Select all that apply)

<table>
<thead>
<tr>
<th>Headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### 2. Incisal Relationships

<table>
<thead>
<tr>
<th>Reference tooth</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDI #11</td>
</tr>
</tbody>
</table>

### 3. Opening Pattern (Supplemental; Select all that apply)

<table>
<thead>
<tr>
<th>Opening Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight</td>
</tr>
</tbody>
</table>

### Uncorrected Deviation

<table>
<thead>
<tr>
<th>Midline Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
</tr>
</tbody>
</table>

### 4. Opening Movements

#### A. Pain Free Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

#### B. Maximum Unassisted Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

#### C. Maximum Assisted Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

#### D. Terminated?

| Yes | No |

### 5. Lateral and Protrusive Movements

#### A. Right Lateral

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

#### B. Left Lateral

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

#### C. Protrusion

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
<tr>
<td>LEFT SIDE</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Familiar Pain</td>
</tr>
<tr>
<td>Familiar Headache</td>
</tr>
</tbody>
</table>

O If negative
### 6. TMJ Noises During Open & Close Movements

<table>
<thead>
<tr>
<th>Examiner</th>
<th>Patient</th>
<th>Pain w/ Click</th>
<th>Familiar Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RIGHT TMJ</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examiner</th>
<th>Patient</th>
<th>Pain w/ Click</th>
<th>Familiar Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEFT TMJ</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 7. TMJ Noises During Lateral & Protrusive Movements

<table>
<thead>
<tr>
<th>Examiner</th>
<th>Patient</th>
<th>Pain w/ Click</th>
<th>Familiar Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RIGHT TMJ</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examiner</th>
<th>Patient</th>
<th>Pain w/ Click</th>
<th>Familiar Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEFT TMJ</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 8. Joint Locking

<table>
<thead>
<tr>
<th>Locking</th>
<th>Patient</th>
<th>Examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>While Opening</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Wide Open Position</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locking</th>
<th>Patient</th>
<th>Examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>While Opening</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Wide Open Position</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

### 9. Muscle & TMJ Pain with Palpation

**RIGHT SIDE**

<table>
<thead>
<tr>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Familiar Headache</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporalis (posterior)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Temporalis (middle)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Temporalis (anterior)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Masseter (origin)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Masseter (body)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Masseter (insertion)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**TEMPORALIS TENDON**

<table>
<thead>
<tr>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lateral pole (0.5 kg)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Around lateral pole (1 kg)</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

### 10. Supplemental Muscle Pain with Palpation

**RIGHT SIDE**

<table>
<thead>
<tr>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posterior mandibular region</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Submandibular region</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Lateral pterygoid area</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Temporalis tendon</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

**LEFT SIDE**

<table>
<thead>
<tr>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posterior mandibular region</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Submandibular region</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Lateral pterygoid area</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Temporalis tendon</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

### 11. Diagnoses

- **None**
- **Myalgia**
- **Myofascial pain with referral**
- **Right Arthralgia**
- **Left Arthralgia**
- **Headache attributed to TMD**

### 12. Comments

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Version 12May2013. No permission required to reproduce, translate, display, or distribute.
Clinical Examination Form

(North American; English)
DC/TMD Examination Form

Patient __________________________ Examiner ______________________

Date filled out (mm-dd-yyyy)

1a. Location of Pain: Last 30 days (Select all that apply)

<table>
<thead>
<tr>
<th>RIGHT PAIN</th>
<th>LEFT PAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>O None</td>
<td>O None</td>
</tr>
<tr>
<td>O Temporalis</td>
<td>O Temporalis</td>
</tr>
<tr>
<td>O Other m muscles</td>
<td>O Other m muscles</td>
</tr>
<tr>
<td>O Non-mast</td>
<td>O Non-mast</td>
</tr>
<tr>
<td>structures</td>
<td>structures</td>
</tr>
</tbody>
</table>

1b. Location of Headache: Last 30 days (Select all that apply)

<table>
<thead>
<tr>
<th>None</th>
<th>Temporal</th>
<th>Other</th>
</tr>
</thead>
</table>

2. Incisal Relationships

Reference tooth

<table>
<thead>
<tr>
<th>US #8</th>
<th>US #9</th>
<th>Other</th>
</tr>
</thead>
</table>

Horizontal Incisal Overjet

If negative

Vertical Incisal Overlap

If negative

Midline Deviation

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>N/A</th>
</tr>
</thead>
</table>

3. Opening Pattern (Supplemental; Select all that apply)

<table>
<thead>
<tr>
<th>Uncorrected Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Straight</td>
</tr>
<tr>
<td>O Corrected deviation</td>
</tr>
</tbody>
</table>

4. Opening Movements

A. Pain Free Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

B. Maximum Unassisted Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

C. Maximum Assisted Opening

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

D. Terminated?

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

5. Lateral and Protrusive Movements

A. Right Lateral

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

B. Left Lateral

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

C. Protrusion

<table>
<thead>
<tr>
<th>RIGHT SIDE</th>
<th>LEFT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precise</td>
<td>Precise</td>
</tr>
</tbody>
</table>

O If negative
### 6. TMJ Noises During Open & Close Movements

<table>
<thead>
<tr>
<th></th>
<th>RIGHT TMJ</th>
<th>LEFT TMJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examiner</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Click</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
<tr>
<td>Repetitive</td>
<td>P Patient</td>
<td>Pain w/ Click</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
</tbody>
</table>

### 7. TMJ Noises During Lateral & Protrusive Movements

<table>
<thead>
<tr>
<th></th>
<th>RIGHT TMJ</th>
<th>LEFT TMJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examiner</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Click</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
<tr>
<td>Repetitive</td>
<td>P Patient</td>
<td>Pain w/ Click</td>
</tr>
<tr>
<td>Crepitus</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
</tbody>
</table>

### 8. Joint Locking

<table>
<thead>
<tr>
<th></th>
<th>RIGHT TMJ</th>
<th>LEFT TMJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examiner</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Locking</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
<tr>
<td>Wide Opening</td>
<td>N Y N Y</td>
<td>N Y N Y</td>
</tr>
</tbody>
</table>

### 9. Muscle & TMJ Pain with Palpation

#### RIGHT SIDE

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Familiar Headache</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 kg) Temporalis (posterior)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis (middle)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis (anterior)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (origin)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (body)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (insertion)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
</tbody>
</table>

#### LEFT SIDE

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Familiar Headache</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 kg) Temporalis (posterior)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis (middle)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis (anterior)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (origin)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (body)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Masseter (insertion)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
</tbody>
</table>

#### Muscle & TMJ Pain with Palpation

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lateral pole (0.5 kg)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Around lateral pole (1 kg)</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
</tbody>
</table>

### 10. Supplemental Muscle Pain with Palpation

#### RIGHT SIDE

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0.5 kg) Posterior mandibular region</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Submandibular region</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Lateral pterygoid area</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis tendon</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
</tbody>
</table>

#### LEFT SIDE

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Familiar Pain</th>
<th>Referred Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0.5 kg) Posterior mandibular region</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Submandibular region</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Lateral pterygoid area</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
<tr>
<td>Temporalis tendon</td>
<td>N Y</td>
<td>N Y</td>
<td>N Y</td>
</tr>
</tbody>
</table>

### 11. Diagnoses

- None
- Myalgia
- Myofascial pain with referral
- Right Arthralgia
- Left Arthralgia
- Headache attributed to TMD

### 12. Comments
**Diagnosis**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Source</th>
</tr>
</thead>
</table>
| Diagnostic Decision Trees, as based on published criteria | The Decision Trees were created for the Consortium website and community, and reside in the public domain. Their scientific linkage, however, is to the following:
Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network* and Orofacial Pain Special Interest Group**


Figure Version: January 24, 2014 |
| Diagnostic Criteria Table, as based on published criteria | The Diagnostic Criteria Table was created for the Consortium website and community, and reside in the public domain. Their scientific linkage, however, is to the following:
Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network* and Orofacial Pain Special Interest Group**


Table Version: October 23, 2015 |
Decision Tree
Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree

Pain-Related TMD and Headache

**Regional pain** [SQ3]
- Pain modified by jaw movement, function, or parafunction [SQ4]

**Examiner confirmation of pain location** [E1a]

**Investigate other pain diagnoses**

**Diagnosis of Myalgia or Arthralgia**

- Headache of any type in temporal region [SQ5]
  - Headache modified by jaw movement, function, or parafunction [SQ7]

**Diagnosis of Myalgia or Arthralgia**

- **Headache not better accounted for by another headache diagnosis** [Symptom review]

- **Examiner confirmation of headache in temporalis area** [E1b]

- **Familiar headache from:**
  - Jaw opening [joint, E4]
  - Jaw horizontal movement [joint, E5]
  - TMJ palpation [joint, E9];
  - AND

**Investigate other pain diagnoses**

**Regional pain** [SQ3]
- Pain modified by jaw movement, function, or parafunction [SQ4]

**Examiner confirmation of pain location** [E1a]

**Investigate other pain diagnoses**

**Diagnosis of Myalgia or Arthralgia**

- **Familiar headache from:**
  - Jaw opening [muscle, E4]
  - Masticatory muscle palpation (2 secs)
  - TMJ palpation [joint, E9];
  - AND

**Investigate other pain diagnoses**

**Diagnosis of Myalgia or Arthralgia**

- **Headache not better accounted for by another headache diagnosis** [Symptom review]

- **Examiner confirmation of headache in temporalis area** [E1b]

- **Familiar headache from:**
  - Jaw opening OR excursive movement, OR temporalis muscle palpation [temporalis, from E4, E5, OR E9]

**Investigate other pain diagnoses**

**Diagnosis of Myalgia or Arthralgia**

- **Headache not better accounted for by another headache diagnosis** [Symptom review]

- **Examiner confirmation of headache in temporalis area** [E1b]

- **Familiar headache from:**
  - Jaw opening OR excursive movement, OR temporalis muscle palpation [temporalis, from E4, E5, OR E9]

**Investigate other pain diagnoses**

**Diagnosis of Myalgia or Arthralgia**

- **Headache not better accounted for by another headache diagnosis** [Symptom review]

Version 7/4/2018 (text revision)

**Note:** 2 secs palpation is sufficient for myalgia; 5secs is required for subtypes
Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): Diagnostic Decision Tree

**Intra-articular Joint Disorders**

- Current TMJ noises by history [SQ8]
  - OR
  - Noise detected by patient during examination [E6 OR E7]

  By examiner:
  - Opening & closing click [E6]
    - OR
    - [Opening or closing click [E6], AND
    - Excursive or protrusive click [E7]]

  Current intermittent locking with limited opening [SQ11=yes & SQ12=no]

  *If present in clinic: Maneuver required to open mouth [E8] else go to ‘Yes’*

  Disc displacement with reduction

  - Confirm by MRI when indicated

- Investigate other diagnoses

**Degenerative Joint Disorder**

- Prior jaw locking in closed position [SQ9] AND Interference in mastication [SQ10]

- Crepitus detected by examiner [E6 OR E7]

  MAO ≥ 40mm (including overbite) [E4C]

  Yes

- Disc displacement without reduction, with limited opening

  - Confirm by CT when indicated

**Subluxation**

- History of open lock [SQ13] AND History of maneuver to close the mouth [SQ14]

- Lock in open position if clinically present [E8]

  Investigate other diagnoses

  Subluxation

- Confirm by CT when indicated

**Degenerative Joint Disorder**

- Current TMJ noises by history [SQ8]
  - OR
  - Noise detected by patient during examination [E6 OR E7]

- Disc displacement without reduction, with limited opening

**HISTORY & EXAMINATION**

Start at each blue-outline box

**CLINICAL DIAGNOSIS**

**IMAGING**

- Confirm by MRI when indicated

Version 09/05/2016 (text revision)
Updates to the decision tree
2018_07_04. Slide 1: change “Myofascial pain” to “Myofascial pain with spreading”.

2016_09_05. Slide 2: add “By examiner” to the joint noise box in the path for disc displacement with reduction diagnosis, in order to distinguish noise identified by the examiner, vs noise identified by the patient, as indicated clearly in the box at the top of the slide. This change is also consistent with what was already in place for the DJD diagnostic path.
Diagnostic Criteria Table
Diagnostic Criteria for the Most Common Temporomandibular Disorders: Symptom Questionnaire and Clinical Examination Items

All listed criteria in History (DC/TMD Symptom Questionnaire) and Examination (DC/TMD Examination Form) are required for the specific Diagnosis unless otherwise stated; each criterion is positive unless otherwise specified. Exact time period for time-relevant History or Examination items is not specified below since that is a function of how the items are constructed to suit a given purpose; the logic does not change according to time period. The time period as assessed by history items for disc displacement without reduction vs with reduction is relative.


Version 2/6/2020

<table>
<thead>
<tr>
<th>Disorder</th>
<th>History</th>
<th>Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pain Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myalgia (ICD-9 729.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sens 0.90</td>
<td>Pain in a masticatory structure</td>
<td>SQ3 Confirmation of pain in masticatory muscle(s)</td>
</tr>
<tr>
<td>• Spec 0.95</td>
<td>Pain modified by jaw movement, function, or parafunction</td>
<td>SQ4 Familiar pain in masticatory muscle(s) with either muscle palpation or maximum opening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E1a E4b, E4c, or E9: familiar pain in temporalis or masseter, or in other masticatory muscles if also relevant; or E10: familiar pain in supplemental muscles, if E10 included</td>
</tr>
<tr>
<td>Myalgia Subtypes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Myalgia (ICD-9 729.1)</td>
<td>[same as for Myalgia]</td>
<td>[SQ3 &amp; SQ4] Confirmed pain in masticatory muscle(s)</td>
</tr>
<tr>
<td>Sens and Spec not established</td>
<td></td>
<td>E1a E9: familiar pain in masseter or temporalis; or E10: familiar pain in supplemental muscles, if E10 included</td>
</tr>
<tr>
<td>Myofascial Pain with Spreading (ICD-9 729.1)</td>
<td>[same as for Myalgia]</td>
<td>[SQ3 &amp; SQ4] Confirmed pain in masticatory muscle(s)</td>
</tr>
<tr>
<td>Sens and Spec not established</td>
<td></td>
<td>E1a E9: familiar pain in masseter or temporalis; or E10: familiar pain in supplemental muscles, if E10 included</td>
</tr>
</tbody>
</table>

<p>| Discrete Myalgia (ICD-9 729.1)  |                                                      |                                                                            |
| Sens and Spec not established   |                                                      |                                                                            |</p>
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Criteria</th>
<th>SQ</th>
<th>Criteria</th>
<th>Examination Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myofascial Pain with Referral (ICD-9 729.1)</td>
<td>[same as for Myalgia]</td>
<td>[SQ3 &amp; SQ4]</td>
<td>Confirmation of pain in masticatory muscle(s)</td>
<td>E1a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Familiar pain with muscle palpation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Referred pain with muscle palpation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>E9: positive referred pain; or E10: positive referred pain, if E10 included</td>
</tr>
<tr>
<td>Arthralgia (ICD-9 524.62)</td>
<td>Pain in a masticatory structure</td>
<td>SQ3</td>
<td>Confirmation of pain in TMJ(s)</td>
<td>E1a</td>
</tr>
<tr>
<td></td>
<td>Pain modified by jaw movement, function, or parafunction</td>
<td>SQ4</td>
<td>Familiar pain with TMJ palpation or range of motion</td>
<td>E4b, E4c, E5a-c, or E9: familiar pain in TMJ</td>
</tr>
<tr>
<td>Headache Attributed to TMD (ICD-9 339.89 [other specified headache syndrome], or ICD-9 784.0 [headache])</td>
<td>Headache of any type in temporal region</td>
<td>SQ5</td>
<td>Confirmation of headache in temporalis muscle</td>
<td>E1b</td>
</tr>
<tr>
<td></td>
<td>Headache affected by jaw movement, function, or parafunction</td>
<td>SQ7</td>
<td>Report of familiar headache in temporalis area from either: a. Palpation of the temporalis muscle or b. Range of motion of jaw</td>
<td>E4b, E4c, E5a-c, or E9: familiar headache pain in the temporalis muscle</td>
</tr>
</tbody>
</table>

Note that for a secondary headache diagnosis, a primary diagnosis of either myalgia or arthralgia is required.
<table>
<thead>
<tr>
<th>Disorder</th>
<th>Criteria</th>
<th>SQ</th>
<th>Examination Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joint Disorders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disc Displacement with Reduction (ICD-9 524.63)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 0.92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current TMJ noises by history, OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient reports noise during the examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click(s) with opening and closing, OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6 or E7: noise reported by patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6 or E7: (open &amp; close) click, OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both (a) click with opening or closing, and (b) click with lateral or protrusive movements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6: (open or close) click, and E7: (protrusive or lateral) click</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disc Displacement with Reduction, with Intermittent Locking (ICD-9 524.63)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 0.98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[same as disc displacement with reduction]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current intermittent locking with limited opening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[same as disc displacement with reduction]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[same as DD with red]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[same as disc displacement with reduction]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[same as DD with red]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitation severe enough to interfere with ability to eat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitation severe enough to interfere with ability to eat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disc Displacement without Reduction, with Limited Opening (ICD-9 524.63)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 0.97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current* TMJ lock with limited opening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive stretch (maximum assisted opening) &lt; 40mm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4c &lt; 40mm including vertical incisal overlap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disc Displacement without Reduction, without Limited Opening (ICD-9 524.63)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 0.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior* TMJ lock with limited opening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive stretch (maximum assisted opening) ≥ 40mm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4c ≥ 40mm including vertical incisal overlap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degenerative Joint Disease (ICD-9 715.18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 0.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current TMJ noises by history, OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient reports noise during the examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crepitus during jaw movement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6 or E7: crepitus detected by examiner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subluxation (ICD-9 830.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sens 0.98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spec 1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMJ locking or catching in wide open jaw position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When disorder present in clinic: maneuver required to close mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E8 (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to close mouth without specific maneuver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - "Current" and "Prior" (as based on S9) for distinguishing, respectively, the “with limitation” vs “without limitation” variants of Disc Displacement without Reduction are interpreted based on change over time as determined by history and as confirmed by the clinical examination for jaw range of motion.
Changes to this document

Feb 6, 2020
- “Myofascial Pain” revised to “Myofascial Pain with Spreading”, to reconcile the table with the decision tree previously updated.

July 4, 2018
- For Disk Displacement with Reduction, Examination E7 was clarified by adding “(protrusive or lateral)” for the type of click expected to fulfill criterion.

Oct 23, 2015
- Incorrect sensitivity and specificity values were present for some disorders; this error was identified by an observant translation team leader, and the error is assumed to have emerged during preparation of the table prior to computation of final sensitivity and specificity estimates for the published DC/TMD.

May 25, 2014
- Added “OR” to “Current TMJ noises by history” for each of Disc Displacement with Reduction and Degenerative Joint Disease, as per published DC/TMD.
- Added diagnostic criterion note to Headache Secondary to TMD, with regard to necessity of either a myalgia or arthralgia diagnosis in order to have a secondary headache.
- Corrected minor punctuation discrepancies.

April 29, 2014
- Corrected name of disorder “myofascial pain”; was incorrectly stated as “myofascial pain with spreading”.
## Axis II Assessment

<table>
<thead>
<tr>
<th>Standard Usage</th>
<th>Instrument</th>
<th>Source</th>
</tr>
</thead>
</table>
| Screening | Complete | **Pain Drawing** | Impact Study Research Group  
Form Version: May 12, 2013 |
Form Version: May 12, 2013 |
Form Version: May 12, 2013 |
Form Version: May 12, 2013 |
A text-revision of this instrument is posted at http://www.phqscreeners.com/ and incorporated into the final instrument for the Consortium.  
Form Version: May 12, 2013 |
<table>
<thead>
<tr>
<th>Standard Usage</th>
<th>Instrument</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral Behaviors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checklist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

32
Pain Drawing
PAIN DRAWING

Indicate the location of ALL of your different pains by shading in the area, using the diagrams that are most relevant. If there is an exact spot where the pain is located, indicate with a solid dot (●). If your pain moves from one location to another, use arrows to show the path.

Mouth and teeth

Right face

Left face
Graded Chronic Pain (version 2)
Graded Chronic Pain Scale Version 2.0

1. On how many days in the last 6 months have you had facial pain? _______ Days

2. How would you rate your facial pain RIGHT NOW? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be".

<table>
<thead>
<tr>
<th>No pain</th>
<th>Pain as bad as could be</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

3. In the LAST 30 DAYS, how would you rate your WORST facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be".

<table>
<thead>
<tr>
<th>No pain</th>
<th>Pain as bad as could be</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

4. In the LAST 30 DAYS, ON AVERAGE, how would you rate your facial pain? Use the same scale, where 0 is "no pain" and 10 is "pain as bad as could be". [That is, your usual pain at times you were in pain.]

<table>
<thead>
<tr>
<th>No pain</th>
<th>Pain as bad as could be</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

5. In the LAST 30 DAYS, how many days did your facial pain keep you from doing your USUAL ACTIVITIES like work, school, or housework? (every day = 30 days) _______ Days

6. In the LAST 30 DAYS, how much has facial pain interfered with your DAILY ACTIVITIES? Use a 0-10 scale, where 0 is "no interference: and 10 is “unable to carry on any activities”.

<table>
<thead>
<tr>
<th>No interference</th>
<th>Unable to carry on any activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

7. In the LAST 30 DAYS, how much has facial pain interfered with your RECREATIONAL, SOCIAL AND FAMILY ACTIVITIES? Use the same scale, where 0 is "no interference: and 10 is “unable to carry on any activities”.

<table>
<thead>
<tr>
<th>No interference</th>
<th>Unable to carry on any activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
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<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

8. In the LAST 30 DAYS, how much has facial pain interfered with your ABILITY TO WORK, including housework? Use the same scale, where 0 is "no interference: and 10 is “unable to carry on any activities”.

<table>
<thead>
<tr>
<th>No interference</th>
<th>Unable to carry on any activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
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<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
**Jaw Functional Limitation Scale – 8**

For each of the items below, please indicate the level of limitation **during the last month**. If the activity has been completely avoided because it is too difficult, then circle ‘10’. If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

<table>
<thead>
<tr>
<th>No limitation</th>
<th>Severe Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chew tough food</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>2. Chew chicken (e.g., prepared in oven)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>3. Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>4. Open wide enough to drink from a cup</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>5. Swallow</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>6. Yawn</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>7. Talk</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>8. Smile</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>
JFLS-20
Jaw Functional Limitation Scale – 20

For each of the items below, please indicate the level of limitation during the last month. If the activity has been completely avoided because it is too difficult, then circle ‘10’. If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

<table>
<thead>
<tr>
<th></th>
<th>No limitation</th>
<th>Severe limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chew tough food</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>2. Chew hard bread</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>3. Chew chicken (e.g., prepared in oven)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>4. Chew crackers</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>5. Chew soft food (e.g., macaroni, canned or soft fruits, cooked vegetables, fish)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>6. Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>7. Open wide enough to bite from a whole apple</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>8. Open wide enough to bite into a sandwich</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>9. Open wide enough to talk</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>10. Open wide enough to drink from a cup</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>11. Swallow</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>12. Yawn</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>13. Talk</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>14. Sing</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>15. Putting on a happy face</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>16. Putting on an angry face</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>17. Frown</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>18. Kiss</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>19. Smile</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>20. Laugh</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
PHQ-4
Patient Health Questionnaire - 4

Over the last 2 weeks, how often have you been bothered by the following problems? Please place a check mark in the box to indicate your answer.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling down, depressed, or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORE =

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PHQ-9
### Patient Health Questionnaire - 9

Over the last 2 weeks, how often have you been bothered by the following problems? Please place a check mark in the box to indicate your answer.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Thinking that you would be better off dead or of hurting yourself in some way</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**TOTAL SCORE =**

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very Difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
GAD-7
GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems? Place a check mark in the box to indicate your answer.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE =**

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PHQ-15
## Patient Health Questionnaire-15: Physical Symptoms

During the last 4 weeks, how much have you have been bothered by any of the following problems? Please place a check mark in the box to indicate your answer.

<table>
<thead>
<tr>
<th></th>
<th>Not bothered</th>
<th>Bothered a little</th>
<th>Bothered a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stomach pain</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. Back pain</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. Pain in your arms, legs, or joints (knees, hips, etc)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Menstrual cramps or other problems with your periods [women only]</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. Headaches</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. Chest pain</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. Dizziness</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>8. Fainting spells</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9. Feeling your heart pound or race</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>10. Shortness of breath</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>11. Pain or problems during sexual intercourse</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>12. Constipation, loose bowels, or diarrhea</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>13. Nausea, gas, or indigestion</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>14. Feeling tired or having low energy</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>15. Trouble sleeping</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**TOTAL SCORE =**
Oral Behaviors Checklist
## The Oral Behavior Checklist

How often do you do each of the following activities, based on the last month? If the frequency of the activity varies, choose the higher option. Please place a (√) response for each item and do not skip any items.

<table>
<thead>
<tr>
<th>Activities During Sleep</th>
<th>None of the time</th>
<th>&lt; 1 Night/Month</th>
<th>1-3 Nights/Month</th>
<th>1-3 Nights/Week</th>
<th>4-7 Nights/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clench or grind teeth <strong>when asleep</strong>, based on any information you may have</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2 Sleep in a position that puts pressure on the jaw (for example, on stomach, on the side)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities During Waking Hours</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Grind teeth together <strong>during waking hours</strong></td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4 Clench teeth together <strong>during waking hours</strong></td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5 Press, touch, or hold teeth together other than while eating (that is, contact between upper and lower teeth)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6 Hold, tighten, or tense muscles without clenching or bringing teeth together</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>7 Hold or jut jaw forward or to the side</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>8 Press tongue forcibly against teeth</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>9 Place tongue between teeth</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10 Bite, chew, or play with your tongue, cheeks or lips</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>11 Hold jaw in rigid or tense position, such as to brace or protect the jaw</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>12 Hold between the teeth or bite objects such as hair, pipe, pencil, pens, fingers, fingernails, etc</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>13 Use chewing gum</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>14 Play musical instrument that involves use of mouth or jaw (for example, woodwind, brass, string instruments)</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>15 Lean with your hand on the jaw, such as cupping or resting the chin in the hand</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>16 Chew food on one side only</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>17 Eating between meals (that is, food that requires chewing)</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>18 Sustained talking (for example, teaching, sales, customer service)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>19 Singing</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>20 Yawning</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>21 Hold telephone between your head and shoulders</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>