

**RESEARCH DIAGNOSTIC CRITERIA
FOR TEMPOROMANDIBULAR DISORDERS: REVIEW, CRITERIA,
EXAMINATIONS AND SPECIFICATIONS, CRITIQUE**

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ID# _____
Date: ___ ___ / ___ ___ / ___ ___

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 front of the ear or in the ear in the past month?

No	0
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? ___ ___ years ago

[If one year ago or more SKIP to question 5]	[If less than one year ago, code 00]
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- 4.b. How many months ago did your facial pain begin for the first time? ___ ___ months ago

- 5. Is your facial pain persistent, recurrent or was it only a one-time problem?

Persistent	1
Recurrent.....	2
One-Time	3

6. Have you ever gone to a physician, dentist, chiropractor or other health professional for facial ache or pain?

No	1
Yes, in the last six months	2
Yes, more than six months ago	3

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"?

	NO PAIN											PAIN AS BAD AS COULD BE
	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].

	NO PAIN											PAIN AS BAD AS COULD BE
	0	1	2	3	4	5	6	7	8	9	10	

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?

_____ / _____ / _____
DAYS

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"?

	NO INTERFERENCE											UNABLE TO CARRY ON ANY ACTIVITIES
	0	1	2	3	4	5	6	7	8	9	10	

- 16.a. Do you have rheumatoid arthritis, lupus, or other systemic arthritic disease? No 0
Yes..... 1
- 16.b. Do you know of anyone in your family who has had any of these diseases? No 0
Yes..... 1
- 16.c. Have you had or do you have any swollen or painful joint(s) other than the joints close to your ears (TMJ)? No 0
Yes..... 1
- [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? No 0
Yes..... 1
- 17.a. Have you had a recent injury to your face or jaw? No 0
Yes..... 1
- [If no recent injuries SKIP to question 18]
If Yes,
- 17.b. Did you have jaw pain before the injury? No 0
Yes..... 1
18. During the last six months have you had a problem with headaches or migraines? No 0
Yes..... 1
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

In the last month, how much have you been distressed by. . .

		<u>Not</u> <u>At All</u>	<u>A Little</u> <u>Bit</u>	<u>Moder-</u> <u>ately</u>	<u>Quite</u> <u>A Bit</u>	<u>Ex-</u> <u>tremely</u>
v.	Feeling hopeless about the future	0	1	2	3	4
w.	Feeling weak in parts of your body	0	1	2	3	4
x.	Heavy feelings in your arms or legs	0	1	2	3	4
y.	Thoughts of ending your life	0	1	2	3	4
z.	Overeating	0	1	2	3	4
aa.	Awakening in the early morning	0	1	2	3	4
bb.	Sleep that is restless or disturbed	0	1	2	3	4
cc.	Feeling everything is an effort	0	1	2	3	4
dd.	Feelings of worthlessness	0	1	2	3	4
ee.	Feeling of being caught or trapped	0	1	2	3	4
ff.	Feelings of guilt	0	1	2	3	4

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

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

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

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

23. When were you born? Month ___ Day ___ Year ___

24. Are you male or female? Male 1
Female 2

25. Which of the following groups best represent your race?

Aleut, Eskimo or American Indian	1	White	4
Asian or Pacific Islander.....	2	Other	5
Black.....	3		

_____ (please specify)

26. Are any of these groups your national origin or ancestry?

Puerto Rican	1	Chicano.....	5
Cuban.....	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:	1	2	3	4	5	6	7	8
High School:	9	10	11	12				
College:	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)?

Yes..... 1
No 2

[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?

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?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0-\$14,999 | <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> \$50,000 or more |
| <input type="checkbox"/> \$15,000-\$24,999 | <input type="checkbox"/> \$35,000-\$49,999 | |

31. What is your 5 digit zip code? _____