

# TMD Checklist

**Zhao NN, Evans RW, Byth KB, Murray GM, Peck CC**

from Zhao NN, Evans RW, Byth KB, Murray GM, Peck CC. Development and validation of a screening checklist for Temporomandibular Disorders. J Orofac Pain 2011;25:210-222.

## Section A Questionnaire

	Tick if yes	
		Clinician use
		If yes, score
1. Do you have pain in the face, jaw, temple, in front of ear or in the ear in the past month?	[ ]	4
2. Are you older than 36?	[ ]	3
3. During the last 6 months have you had a problem with headache or migraine?	[ ]	-1
4. Does your present jaw problem prevent prevent or limit you from chewing or yawning or having your usual facial appearance?	[ ]	1
5. Does your jaw click or pop when you open or close your mouth or when chewing?	[ ]	1
<b>Total</b>		

**If total score < 3, prediction is TMD negative.**

**If total score ≥ 3, patient needs further exam (Section B).**

## Section B Clinical Examination

1. Joint pain on mouth opening	[ ]	
2. Muscle pain on protrusive jaw movement	[ ]	
3. Joint sound on mouth closing	[ ]	
4. Joint pain on palpation	[ ]	

**If none of above exam items is positive, prediction is TMD negative.**

**Otherwise, TMD is predicted.**