

## TMD-PAIN SCREENER

1. In the last 30 days, which of the following best describes any pain 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

Items 1-3A represent the short screener, and items 1-3D represent the long screener. An 'a' response is 0 points, a 'b' response is 1 point, and a 'c' response is 2 points. See publication for scoring cutoffs.

Gonzalez YM, Schiffman E, Gordon SM, Seago B, Truelove ET, Slade G, Ohrbach R (2011). Development of a brief and effective temporomandibular disorder pain screening questionnaire: reliability and validity. JADA 142:1183-1191.