

TMD Screening Questionnaire

1. **In the last 30 days, on average, how long did any pain in your jaw or temple on either side last?**
 - a. No pain
 - b. From very brief to more than a week, but it does stop
 - c. Continuous

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