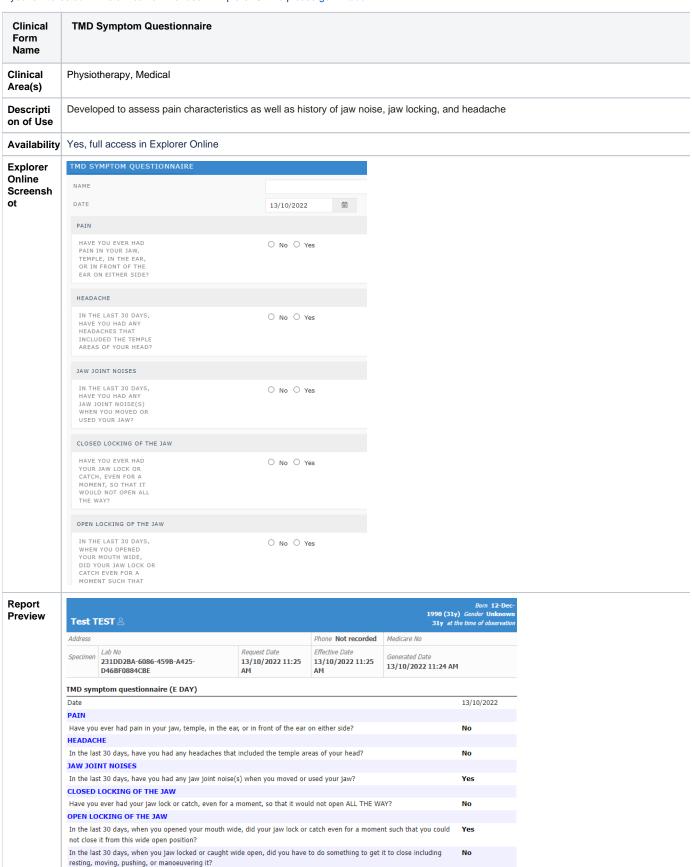
TMD Symptom Questionnaire

If you're interested in this clinical form for use in Explorer Online please get in touch.



Mind Map

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* BBSC* - See 10 Miles of the 10 Miles of the
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Excel File /Structure

CEN.TMDSymptomQuestionnaire.v1.xlsx

Editor Screensh ot

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CEN.TMDSymptomQuestionnaire.v1
    Description
Uses 0 Archetype(s)
Ė- ● ENTRY -- TMD Symptom Questionnaire
            ELEMENT -- Name
        □ FLEMENT - Date
        CLUSTER -- PAIN
        ELEMENT -- Have you ever had pain in your jaw, temple, in the ear, or in front of the ear on either side?

CLUSTER -- How many years or months ago did your pain in the jaw, temple, in the ear, or in front of the ear first begin?

    ELEMENT -- Number of years

                    ELEMENT -- Number of months
                 ELEMENT -- 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?
        占 🐵 CLUSTER -- 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?
                    ELEMENT -- Chewing hard or tough food
                    ELEMENT -- Opening your mouth,or moving your jaw forward or to the side 
ELEMENT -- Jaw habits such as holding teeth together, clenching/grinding teeth, or chewing gum
                    ELEMENT -- Other jaw activities such as talking, kissing, or yawning
     - CLUSTER - HEADACHE
                 ELEMENT - In the last 30 days, have you had any headaches that included the temple areas of your head?
        ELEMENT - Number of months
        CLUSTER -- 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?
                    ELEMENT - Chewing hard or tough food
                    ELEMENT - Opening your mouth, or moving your jaw forward or to the side 
ELEMENT - Jaw habits such as holding teeth together, clenching/grinding, or chewing gum
                    ELEMENT - Other jaw activities such as talking, kissing, or yawning

    CLUSTER -- JAW JOINT NOISES

    ☐ ELEMENT -- In the last 30 days, have you had any jaw joint noise(s) when you moved or used your jaw?
☐ CLUSTER -- CLOSED LOCKING OF THE JAW
                 ELEMENT -- Have you ever had your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY?
                ELEMENT -- Was your jaw lock or catch severe enough to limit your jaw opening and interfere with your ability to eat?

ELEMENT -- In the last 30 days, did your jaw lock so you could not open ALL THE WAY?
    ⊕ □ ELEMENT -- Is your jaw currently locked or limited so that your jaw will not open ALL THE WAY?
□ □ CLUSTER -- OPEN LOCKING OF THE JAW
                 ELEMENT -- 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?
        🖶 🗆 ELEMENT -- 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 manoeuvering it?

    Presentation
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