

# TMD - 7

Complete before appointment

<b>How often are you bothered by any of the following problems ...</b>	<b>Rarely or never</b>	<b>A few times per month</b>	<b>Once or twice a week</b>	<b>Nearly every day</b>
<i>Check (✓) one box for each item below</i>	0	1	2	3
1. Headache				
2. Pain in your jaw or ears				
3. Pain in your neck or shoulders				
4. Pain in your forehead or temples				
5. Difficulty opening your mouth all the way				
6. Noise when opening or closing your mouth				
7. Difficulty when eating or chewing your food				