

# TMD - XI (Exam Interview)

| SYMPTOM LIST   | IDENTIFY |      |       |     | ONSET                                    | SYMPTOM DESCRIPTIVES  |
|--|----------|------|-------|-----|--|---|
|  | ✓        | RANK | FREQ? | TX? |  |   |
| <i>Are you bothered by any of the following symptoms ...</i> | ✓        |      |       |     | <b>ONSET,</b><br>Wks?,<br>Mo? or<br>Yrs? | <b>Descriptives:</b> Describe, Location, Time(s) of Day, Duration, Awaken with?, How relieved, Treatment history. |
| Jaw pain   |          |      |       |     |  |   |
| Headache   |          |      |       |     |  |   |
| Earache  |          |      |       |     |  |   |
| TemporoMandibular Joint noise                                |          |      |       |     |  |   |
| Difficulty opening your mouth all the way                    |          |      |       |     |  |   |
| Difficulty moving your head all the way                      |          |      |       |     |  |   |
| Neck pain  |          |      |       |     |  |   |
| Pain in your temples   |          |      |       |     |  |   |
| Pain in your forehead  |          |      |       |     |  |   |
| Pain behind your eye   |          |      |       |     |  |   |
| Your teeth hurt when you grit your teeth                     |          |      |       |     |  |   |
| Toothache  |          |      |       |     |  |   |
| Shoulder pain  |          |      |       |     |  |   |
| Dizziness  |          |      |       |     |  |   |
| Changing bite  |          |      |       |     |  |   |
| Ringing in your ear  |          |      |       |     |  |   |
| Nausea   |          |      |       |     |  |   |
| TemporoMandibular Joint pain                                 |          |      |       |     |  |   |
| Jaw locked shut  |          |      |       |     |  |   |
| Jaw locked open  |          |      |       |     |  |   |
| Sensitivity to light   |          |      |       |     |  |   |
| Sensitivity to sounds  |          |      |       |     |  |   |
| Hyper-sensitive skin outside of mouth                        |          |      |       |     |  |   |
| Hyper-sensitive skin inside of mouth                         |          |      |       |     |  |   |
| Sinus pain   |          |      |       |     |  |   |
| Pain when combing your hair                                  |          |      |       |     |  |   |
| Arm pain   |          |      |       |     |  |   |
| Chest pain   |          |      |       |     |  |   |

## FREQUENCY Scale:

- 0 = Rarely or never
- 1 = A few times per month
- 2 = Once or twice a week
- 3 = Nearly every day

## IDENTIFY:

- Check - check if patient is bothered by this symptom.
- RANK - ask patient to rank top three symptoms which matter most to patient.
- FREQ - use FREQUENCY Scale to identify frequency of this symptom.
- TX? - check if patient has already been treated for this symptom.
- MED? - check if patient is taking medication(s) for relief of this symptom.