

# TMD - SST (Symptom Severity Tracker)

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| SYMPTOM LIST  |    | SEVERITY |  |  |  |  |  |  |  |  |  |  |  |  |
|---|----|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| Are you bothered by any of the following symptoms ... | ID | YEAR     |  |  |  |  |  |  |  |  |  |  | Using the Severity Scale below (0-10), how severe are your symptoms at this appointment? |  |
|   | ✓  |          |  |  |  |  |  |  |  |  |  |  |  |  |
| 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  |    |          |  |  |  |  |  |  |  |  |  |  |  |  |
| Greatest pain level past 7 days                       | ✓  |          |  |  |  |  |  |  |  |  |  |  |  |  |

**Severity Scale:** 0=no pain and 10=greatest amount of pain you have ever felt.

