

Healthy Finland-survey:
Diagnostic Criteria for Temporomandibular Disorders
Symptom Questionnaire

1 / 1

Identification number

Date

1 . Have you ever had pain in your jaw, temple, in the ear, or in front of the ear on either side?

- no , → *You can proceed to question 5*
- yes

2 .

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

_____ years

_____ months

3 . 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?

- no pain , → *You can proceed to question 5*

- pain comes and goes
- pain is always present

4 . 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?

	no	yes
Chewing hard or tough food	<input type="radio"/>	<input type="radio"/>
Opening your mouth, or moving your jaw forward or to the side	<input type="radio"/>	<input type="radio"/>
Jaw habits such as holding teeth together, clenching/grinding teeth, or chewing gum	<input type="radio"/>	<input type="radio"/>
Other jaw activities such as talking, kissing, or yawning	<input type="radio"/>	<input type="radio"/>

5 . In the last 30 days, have you had any headaches that included the temple areas of your head?

- no , → *You can proceed to question 8*
- yes

6 .

How many years or months ago did your temple headache first begin?

_____ years

_____ months

7 . 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?

	no	yes
Chewing hard or tough food	<input type="radio"/>	<input type="radio"/>

	no	yes
Opening your mouth, or moving your jaw forward or to the side	<input type="radio"/>	<input type="radio"/>
Jaw habits such as holding teeth together, clenching/grinding teeth, or chewing gum	<input type="radio"/>	<input type="radio"/>
Other jaw activities such as talking, kissing, or yawning	<input type="radio"/>	<input type="radio"/>

	no	yes
JAW JOINT NOISES	<input type="radio"/>	<input type="radio"/>
8. In the last 30 days, have you had any jaw joint noise(s) when you moved or used your jaw?		
LOCKING OF THE JAW	<input type="radio"/>	<input type="radio"/>
9. Have you ever had your jaw lock or catch, even for a moment, so that it would not open ALL THE WAY?		
10. Was your jaw lock or catch severe enough to limit your jaw opening and interfere with your ability to eat?	<input type="radio"/>	<input type="radio"/>
11. In the last 30 days, did your jaw lock so you could not open ALL THE WAY, even for a moment, and then unlock so you could open ALL THE WAY?	<input type="radio"/>	<input type="radio"/>
12. Is your jaw currently locked or limited so that your jaw will not open ALL THE WAY?	<input type="radio"/>	<input type="radio"/>
OPEN LOCKING OF THE JAW	<input type="radio"/>	<input type="radio"/>
13. 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?		
14. 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 maneuvering it?	<input type="radio"/>	<input type="radio"/>

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