

9. In the past 6 months, on the average, how intense was your pain rated on a 0 to 10 scale where 0 is “no pain” and 10 being “extreme pain?” (That is, your usual pain at times you were experiencing pain)

No pain 0 1 2 3 4 5 6 7 8 9 **Extreme Pain** 10

10. About how many days in the last 6 months have you been kept from your usual activities (work, school, or housework) because of facial pain? _____ Days

11. In the past 6 months, how much has facial pain interfered with your daily activities rated on a 0 to 10 scale where 0 is “no interference” and 10 is “inability to carry on any activities?”

No interference 0 1 2 3 4 5 6 7 8 9 **Inability** 10

12. In the past 6 months, how much has facial pain changed your ability to take part in recreational, social, and family activities where 0 is “no change” and 10 being “extreme change?”

No change 0 1 2 3 4 5 6 7 8 9 **Extreme change** 10

13. In the past 6 months, how much has facial pain changed you ability to work (including housework) where 0 is “no change” and 10 being “extreme change?”

No change 0 1 2 3 4 5 6 7 8 9 **Extreme change** 10

14. Have you ever had your jaw lock or catch so that it won’t open all the way? (If you have never experienced this problem, SKIP to question 15)

No0
Yes1

If yes, was this limitation in jaw opening severe enough to interfere with your ability to eat?

No0
Yes1

15. a) Does your jaw click or pop when you chew, open, or close your mouth?

No0
Yes1

b) Does your jaw make a grating/grinding noise when you open, close or chew?

No0
Yes1

c) Have you been told, or do you notice, that you grind your teeth or clench your jaw while sleeping at night?

No0
Yes1

d) During the day, do you grind your teeth or clench your jaw?

No0
Yes1

e) Does your jaw ache or feel still when you wake up in the morning?

No0
Yes1

- f) Do you have noises or ringing in your ears?
- No0
Yes1
- g) Does your bite feel uncomfortable or unusual?
- No0
Yes1
16. a) Do you have rheumatoid arthritis, lupus, or any other systemic arthritis disease?
- No0
Yes1
- b) Do you know of anyone in your family who has had any of these diseases?
- No0
Yes1
- c) Have you had or do you have any swollen or painful joints other than the joints close to your ears (TMJ)?
(If no swollen or painful joints, SKIP to 17a.)
- No0
Yes1
- If yes, is this a persistent pain that you have had for at least one year?
- No0
Yes1
17. a) Have you had a recent injury to your face or jaw? (If no recent injuries, SKIP to question 18)
- No0
Yes1
- b) If yes, did you have jaw pain before the injury?
- No0
Yes1
18. During the last 6 months, have you had a problem with headaches or migraines?
- No0
Yes1
19. What activities does your present jaw problem prevent or limit you from doing?
- a) Chewing -----No0
Yes1
- b) Drinking-----No0
Yes1
- c) Exercising-----No0
Yes1
- d) Eating hard foods-----No0
Yes1
- e) Eating soft foods-----No0
Yes1
- f) Smiling/Laughing-----No0
Yes1
- g) Sexual activity-----No0
Yes1
- h) Cleaning teeth or face-----No0
Yes1
- i) Yawning -----No0
Yes1
- j) Swallowing-----No0
Yes1

- k) Talking ----- No0
Yes1
- l) Having your usual facial appearance-----No0
Yes1

20. In the last month, how much have you been distressed by:

	Not at all	a little bit	moderately	quite a bit	extremely
Headaches	0	1	2	3	4
Loss of sexual interest or pleasure	0	1	2	3	4
Faintness or dizziness	0	1	2	3	4
Pains in the heart or chest	0	1	2	3	4

Feeling low in energy or slowed down	0	1	2	3	4
Thoughts of death or dying	0	1	2	3	4
Poor appetite	0	1	2	3	4
Crying easily	0	1	2	3	4

Blaming yourself for things	0	1	2	3	4
Pains in the lower back	0	1	2	3	4
Feeling lonely	0	1	2	3	4
Feeling blue	0	1	2	3	4

Worrying too much about things	0	1	2	3	4
Feeling no interest in things	0	1	2	3	4
Nausea or upset stomach	0	1	2	3	4
Soreness of your muscles	0	1	2	3	4

Trouble falling asleep	0	1	2	3	4
Trouble getting your breath	0	1	2	3	4
Hot or cold spells	0	1	2	3	4
Numbness/tingling in parts of your body	0	1	2	3	4

A lump in your throat	0	1	2	3	4
Feeling hopeless about the future	0	1	2	3	4
Feeling weak in parts of your body	0	1	2	3	4
Heavy feelings in your arms or legs	0	1	2	3	4

Thoughts of ending your life	0	1	2	3	4
Overeating	0	1	2	3	4
Awakening in the early morning	0	1	2	3	4
Sleep that is restless or disturbed	0	1	2	3	4

Feeling everything is an effort	0	1	2	3	4
Feelings of worthlessness	0	1	2	3	4
Feeling of being caught or trapped	0	1	2	3	4
Feelings of guilt	0	1	2	3	4

21. How good a job do you feel you are doing in taking care of your overall health?

- Excellent1
Very Good2
Good3
Fair4
Poor5

22. How good a job do you feel you are doing in taking care of your oral health?

Excellent1
Very Good 2
Good3
Fair4
Poor5

23. When were you born? Month _____ Day _____ Year _____

24. Are you a male or female? Male.....1
Female.....2

25. Which of the following group best represent your race?

Aleut, Eskimo, or American Indian.....	1
Asian or Pacific Islander.....	2
Black.....	3
White.....	4
Other_____	5

Please specify

26. Are any of these groups your national origin or ancestry?

Puerto Rican.....	1
Cuban.....	2
Mexican/Mexicano.....	3
Mexican American.....	4
Chicano.....	5
Other Latin American.....	6
Other Spanish.....	7
None of the Above.....	8

27. What is your highest grade or year of regular school that you have completed?

Never attended or Kindergarten			00						
Elementary School	1	2	3	4	5	6	7	8	9
High School	9	10	11	12					
College	13	14	15	16	17	18+			

28. During the past 2 weeks, did you work at a job or business, not counting work around the house (include unpaid work in the family farm/business)? (If yes, SKIP to question 29)

Yes1
No2

If No, even though you did not work during the past 2 weeks, did you have a job or business? (If Yes, SKIP to question 29)

Yes1
No2

If No, were you looking for work or on a layoff from a job during those two weeks?

Yes, looking for work.....	1
Yes, layoff.....	2
Yes, both on layoff and looking for work....	3
No.....	4

29. What is your marital status?

- Married, spouse in household..... 1
- Married, spouse not in household..... 2
- Widowed..... 3
- Divorced..... 4
- Separated..... 5
- Never married..... 6

30. Which of the following best represents your total combined household income during the past 12 months?

- \$0 to \$14,999 _____
- \$15,000 to \$24,999 _____
- \$25,000 to \$34,999 _____
- \$35,000 to \$49,999 _____
- \$50,000 or more _____

31. What is your 5-digit zip code?
