

# TMD-7

Complete before appointment

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