TMD-7

Complete before appointment

How often are you bothered by any of the following problems	Rarely or never	A few times per month	Once or twice a week	Nearly every day
Check (√) one box for each item below	0	1	a week	3 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				
TMD-7 SCORE	* ° O	* 1	* 2	* 3

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