



# Creekside Physical Therapy

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ DOB: \_\_\_\_\_ SCORE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **TMJ Activities Questionnaire**

**Please read:** This questionnaire has been designed to give the therapist information as to how your jaw pain has affected your ability to manage in everyday life. Please answer every section, marking only ONE line which best describes your status TODAY. We realize you may consider two of the statements in any one section relate to you, but please mark ONLY ONE line which most closely describes your problem.

### **1. I can chew bagels, steak, raw carrots, French bread, apples and licorice...**

- Without pain or fatigue.
- Some of the time without pain and/or fatigue.
- But I experience fatigue.
- But I experience pain and/or fatigue.
- But I stop after several bites because of pain and/or fatigue.
- I am unable to chew these foods because of pain and/or fatigue.

### **2. I can chew sandwiches, chicken, pizza, salads, crackers, hamburgers, cornflakes...**

- Without pain or fatigue.
- Some of the time without pain and/or fatigue.
- But I experience fatigue.
- But I experience pain and/or fatigue.
- But I stop after several bites because of pain and/or fatigue.
- I am unable to chew these foods because of pain and/or fatigue.

### **3. I can chew pasta, casseroles, baked potatoes, bananas, rice and fish...**

- Without pain or fatigue.
- Some of the time without pain and/or fatigue.
- But I experience fatigue.
- But I experience pain and/or fatigue.
- But I stop after several bites because of pain and/or fatigue.
- I am unable to chew these foods because of pain and/or fatigue.

### **4. I can chew eggs, cottage cheese and oatmeal...**

- Without pain or fatigue.
- Some of the time without pain and/or fatigue.
- But I experience fatigue.
- But I experience pain and/or fatigue.
- But I stop after several bites because of pain and/or fatigue.
- I am unable to chew these foods because of pain and/or fatigue.

### **5. Biting into foods:**

- I can bite into hard foods (bagel, steak, apples, carrots) without any extra pain.
- I can bite into hard foods, but it gives me extra pain.
- I can bite into regular foods (sandwiches, chicken, pasta, salad) without extra pain.
- I can bite into only semi-soft foods (pasta, cookies, sandwich bread) without extra pain.
- I am unable to bite because of factors other than pain (weakness, open bite, post-op).
- Pain prevents me from biting into any foods.

OVER

**6. Smiling/Laughing:**

- I can smile as long as I want without extra pain.
- I can smile as long as I want, but it gives me extra pain.
- Pain prevents me from smiling/laughing more than 1 hour.
- Pain prevents me from smiling/laughing more than 30 minutes.
- Pain prevents me from smiling/laughing more than 1 minute.
- Pain prevents me from smiling/laughing at all.

**7. Talking:**

- I can talk as long as I want without any extra pain.
- I can talk as long as I want, but it gives me extra pain.
- Pain prevents me from talking more than 1 hour.
- Pain prevents me from talking more than 30 minutes.
- Pain prevents me from talking more than 1 minute.
- Pain prevents me from talking at all.

**8. Yawning:**

- I can yawn at full opening without any extra pain.
- I can yawn at full opening, but it gives me extra pain.
- I can yawn at 3 fingers opening, but it gives me extra pain.
- I can yawn at 2 fingers opening, but it gives me extra pain.
- I can yawn at 1 finger opening, but it gives me extra pain.
- Pain prevents me from yawning at all.

**9. Brushing Teeth:**

- I can brush my teeth without extra pain.
- I can brush my teeth some of the time without pain.
- I can brush my teeth, but I fatigue.
- I can brush my teeth, but it gives me extra pain.
- I can brush my front teeth without extra pain.
- Pain prevents me from brushing my teeth at all.

**10. Sleeping:**

- Pain does not prevent me from sleeping well.
- Pain interrupts my sleep 1x during the night.
- Pain interrupts my sleep 2x during the night.
- Pain interrupts my sleep 3x during the night.
- Pain interrupts my sleep 4 or more times during the night.
- Pain prevents me from sleeping at all.

**11. Have you or others noticed yourself regularly (more than once per week)...Check all that apply.**

- Chewing on one side only?
- Clenching/Grinding your teeth when awake? **(circle)** \_\_\_\_\_  None apply
- Chewing gum?
- Holding or pressing the tongue against your teeth?
- Touching or holding your teeth together?
- Holding your jaw forward, or in a rigid position?
- Leaning on jaw?
- Biting your lips, tongue, cheeks, nails, objects (pencils, hard candy)? **(circle all that apply)**
- Clenching/Grinding your teeth at night? **(circle)** \_\_\_\_\_
- Waking up with sore jaws?
- Sleeping on stomach?
- Play musical instrument (using mouth)? \_\_\_\_\_ (instrument)
- Do you sing regularly?
- Do you have/wear an appliance (mouth guard) at night or have you had an appliance in the past?
- Have you worn braces? \_\_\_\_\_ (date)