



TMJ SYMPTOM INTENSITY SCALE

Please indicate the **intensity** of your symptoms as follows:

- **Circle** the number on the scale to indicate your **most usual** symptom level.

Jaw pain	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Painful jaw clicking	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Jaw locking	No Pain to open mouth	0 1 2 3 4 5 6 7 8 9 10	Can barely open mouth
Headaches	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Neck and/or upper shoulder muscle pain	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Dizziness	No dizziness	0 1 2 3 4 5 6 7 8 9 10	No dizziness
Ringing in the ear	No ringing	0 1 2 3 4 5 6 7 8 9 10	Most intense ringing

- **Draw an X** through the number to indicate your **most severe** symptom level.

Jaw pain	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Painful jaw clicking	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Jaw locking	No Pain to open mouth	0 1 2 3 4 5 6 7 8 9 10	Can barely open mouth
Headaches	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Neck and/or upper shoulder muscle pain	No Pain	0 1 2 3 4 5 6 7 8 9 10	Most intense pain
Dizziness	No dizziness	0 1 2 3 4 5 6 7 8 9 10	No dizziness
Ringing in the ear	No ringing	0 1 2 3 4 5 6 7 8 9 10	Most intense ringing

TMJ SYMPTOM FREQUENCY SCALE

Please indicate the **frequency** of your symptoms as follows

- **Circle** the number on the scale to indicate how often you experience the following symptoms.

Jaw pain	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Painful jaw clicking	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Jaw locking	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Headaches	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Neck and/or upper shoulder muscle pain	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Dizziness	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time
Ringing in the ear	Never	0 1 2 3 4 5 6 7 8 9 10	100% of the time

Signature _____ Date _____