

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current TMD Symptoms (TMD/RDC 2002)

RESEARCH COORDINATOR ADMINISTERS TO PARTICIPANT AT BASELINE WEEK 4 AND MONTHS 6, 18, & 36 CLINIC CONTACTS, IF NEEDED.

1. Have you had persistent or recurrent pain in the face, jaw, temple, in front of the ear or in the ear in the past month? ₁ Yes ₀ No (**Stop**)

2. How would you rate your facial pain right now?

No Pain											Pain as bad as could be
	0	1	2	3	4	5	6	7	8	9	10

3. In the past 6 months, how intense was your **worst** pain?

No Pain											Pain as bad as could be
	0	1	2	3	4	5	6	7	8	9	10

4. In the past 6 months, on the **average**, how intense was your pain? [That is, your usual pain at times you were experiencing pain.]

No Pain											Pain as bad as could be
	0	1	2	3	4	5	6	7	8	9	10

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

6. In the past 6 months, how much has facial pain interfered with your daily activities?

No Interference											Unable to carry on any activities
	0	1	2	3	4	5	6	7	8	9	10

7. In the past 6 months, how much has facial pain changed your ability to take part in recreational, social and family activities?

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

8. In the past 6 months, how much has facial pain changed your ability to work (including housework)?

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