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

Temporomandibular Pain Disorder Screening Instrument

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

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| 1. In the last 30 days, on average, how long did any pain in your jaw or temple area on either side last? | <input type="checkbox"/> ₀ No pain <input type="checkbox"/> ₁ From very brief to more than a week, but it does stop <input type="checkbox"/> ₂ Continuous |
| 2. In the last 30 days, have you had pain or stiffness in your jaw on awakening? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| 3. In the last 30 days, did the following activities change any pain (that is, make it better or make it worse) in your jaw or temple area on either side? | |
| a. Chewing hard or tough food | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| b. Opening your mouth or moving your jaw forward or to the side | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| c. Jaw habits such as holding teeth together, clenching, grinding or chewing gum | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| d. Other jaw activities such as talking, kissing or yawning | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |

Items 1 through 3A constitute the **short version** of the screening instrument.

Items 1 through 3D constitute the **long version**.

A “No” response receives 0 points, a “Yes” response 1 point and a “Continuous” response 2 points.