



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ___/___/_____

Visit #: _____

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current TMD Symptoms (TMD/RDC 2002)

RESEARCH COORDINATOR ADMINISTERS TO PATIENT AT BASELINE CONTACT, 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

0 1 2 3 4 5 6 7 8 9 10

Pain as bad as could be

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

No Pain

0 1 2 3 4 5 6 7 8 9 10

Pain as bad as could be

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

0 1 2 3 4 5 6 7 8 9 10

Pain as bad as could be

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

0 1 2 3 4 5 6 7 8 9 10

Unable to carry on any activities

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

0 1 2 3 4 5 6 7 8 9 10

Extreme change

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

No Change

0 1 2 3 4 5 6 7 8 9 10

Extreme change



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TMD Diagnostic Criteria

Must answer yes to q1

| | |
|------------|--|
| Q.#1 = Yes | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
|------------|--|

CHARACTERISTIC PAIN INTENSITY (CPI): (GCP Scale, Questions 2, 3, and 4)

Calculate as follows:

CPI = _____ + _____ + _____ = _____ divided by 3 = _____ x 10=

(Question 2) (Question 3) (Question 4)

DISABILITY POINTS:

Disability Days: (GCP Scale, Question 5)

Number of Disability Days = _____ **0-6 days = 0; 7-14 days = 1; 15-30 days = 2; 31+ days = 3**

Disability Score: (GCP Scale, Questions 6, 7 and 8)

_____ + _____ + _____ = _____ divided by 3 = _____ x10= _____ (Disability Score)

(Question 6)(Question 7)(Question 8)

Score of **0-29 = 0** Disability Points

Score of **30-49 = 1** Disability Point

Score of **50-69 = 2** Disability Points

Score of **70+ = 3** Disability Points

_____ + _____ = **(DISABILITY POINTS)**

(Pts for Disability Days) (Pts for Disability Score)

| | |
|--|--|
| CHRONIC PAIN GRADE CLASSIFICATION: | |
| Grade 0 No TMD pain in prior 6 months Low Disability | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| Grade I <i>Low Intensity</i> Characteristic Pain Intensity < 50, and less than 3 Disability Points | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| Grade II <i>High Intensity</i> Characteristic Pain Intensity > 50, and less than 3 Disability Points High Disability | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| Grade III <i>Moderately Limiting</i> 3 to 4 Disability Points, regardless of Characteristic Pain Intensity | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| Grade IV <i>Severely Limiting</i> 5 to 6 Disability Points regardless of Characteristic Pain Intensity | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |