☐ Dr. C ☐ Dr. M

Four Corners
ORAL SURGERY

TMJ/FACIAL PAIN QUESTIONNAIRE
(MUST BE FILLED TO COMPLETION)

Date: _____ Phone Number: _____

Patient Name: _____ Date of Birth: _____

Referring Doctor: _____

Describe your problem: _____

_____

What other Doctors or Healthcare Providers have you seen regarding this problem? _____

_____

Please describe to us your level of pain:

Please draw an X on this line to describe your pain level from 0 (no pain) to 100 (worst pain) on the **RIGHT** side

0 10 20 30 40 50 60 70 80 90 100

Please draw an X on this line to describe your pain level from 0 (no pain) to 100 (worst pain) on the **LEFT** side

0 10 20 30 40 50 60 70 80 90 100

(1) How long has this pain been present?

(2) Is the pain consistent or intermittent (meaning "off and on")?

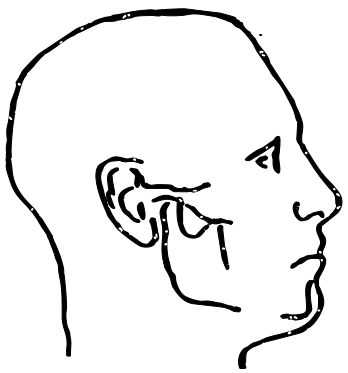
(3) When is the pain worse? (circle one) MORNING AFTERNOON EVENING

(4) Does it hurt to move your jaw? (circle one) YES NO

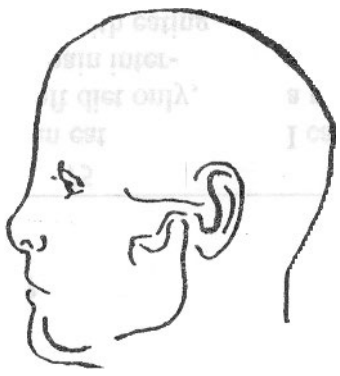
(5) Does anything you do make the pain worse? If so, what?

_____

Please **draw circles** on the images below to show areas that are painful:



Right



Left

HOW DOES THIS PAIN INTERFERE WITH YOUR NORMAL DIET? (Mark an (X) on the scale below.)

0	25	50	75	100
I can eat a normal diet without pain.	**I can eat a normal diet with minimal pain.**	**I can eat a normal diet sometimes but usually eat soft or non chewy foods and have a fair amount of pain.**	**I can eat a soft diet only. My pain interferes with eating.**	**I cannot eat a normal diet without pain. I am mostly on liquids.**

(6) Was there any event or injury which you believe may have caused this problem / pain?

(7) Does the problem / pain limit your function? If so, how?

(8) Does your pain interfere with: (Circle all that apply.)
CHEWING **SPEAKING** **SLEEP** **LIFE IN GENERAL?**

(9) Does your **Right** joint make noise? **CLICK** **GRIND** **POPPING**
Does your **LEFT** joint make noise? **CLICK** **GRIND** **POPPING**

(10) Does or has your jaw ever locked: **OPEN** **CLOSED** **BOTH**

(11) Do you do anything that initiates your pain / problem(s)? (Circle all that apply.)
GRIT OR GRIND YOUR TEETH **NAIL BITING** **CHEW GUM** **CLENCHING**

WHAT TYPE OF TREATMENT HAVE YOU HAD FOR THIS PAIN / PROBLEM?

Occlusal Splint/Nightguard:
Medicines:
Counseling:
Occlusal Adjustments:
Orthodontics:
Physical Therapy:
Previous surgeries/procedures:
Other:

DO YOU HAVE ANY OF THE FOLLOWING?

	YES	**NO**			**YES**	**NO**
Sinus problems				Skin Disease		
Allergies				Headaches		
Periodontal Disease				Migraines		
Sensitive Teeth				Shoulder Pain		
Nervous Stomach				Neck Ache		
Ulcers				Rheumatoid Arthritis		
Dizziness				Hearing Changes		
Anxiety				Ear Ache		
Depression				Ringing in Ears		
Home / Job Stress						

Describe Allergies:

Jaw Functional Limitation Scale – 8

For each of the items below, please indicate the level of limitation **during the last month**. If the activity has been completely avoided because it is too difficult, then circle '10'. If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

		No limitation										Severe Limitation
1.	Chew tough food	0	1	2	3	4	5	6	7	8	9	10
2.	Chew chicken (e.g., prepared in oven)	0	1	2	3	4	5	6	7	8	9	10
3.	Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	0	1	2	3	4	5	6	7	8	9	10
4.	Open wide enough to drink from a cup	0	1	2	3	4	5	6	7	8	9	10
5.	Swallow	0	1	2	3	4	5	6	7	8	9	10
6.	Yawn	0	1	2	3	4	5	6	7	8	9	10
7.	Talk	0	1	2	3	4	5	6	7	8	9	10
8.	Smile	0	1	2	3	4	5	6	7	8	9	10

Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 2	I have a hard time making it through stressful events.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 3	It does not take me long to recover from a stressful event.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 4	It is hard for me to snap back when something bad happens.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 5	I usually come through difficult times with little trouble.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 6	I tend to take a long time to get over set-backs in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

New Clinical Fibromyalgia Diagnostic Criteria – Part 1.

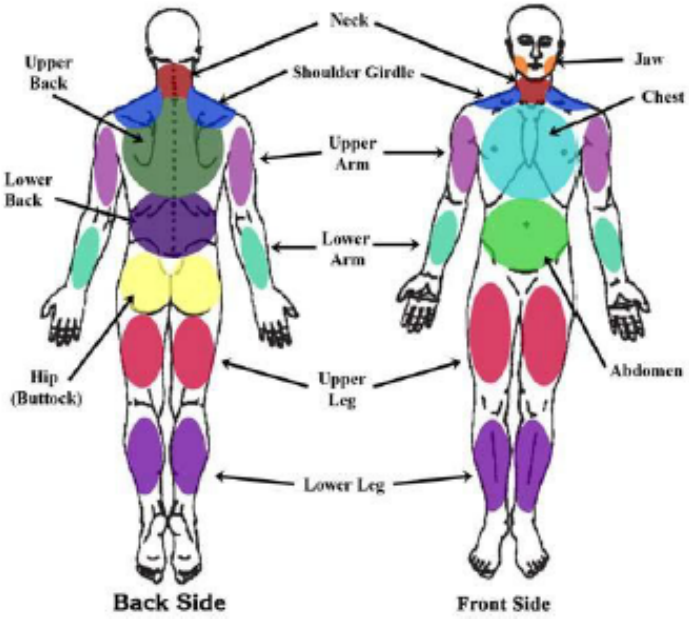
To answer the following questions, patients should take into consideration

- how you felt the **past week**,
- while taking your current therapies and treatments, and
- exclude your pain or symptoms from other known illnesses such as arthritis, Lupus, Sjogren's, etc.

Determining Your Widespread Pain Index (WPI)
The WPI Index score from Part 1 is between 0 and 19.

Check each area you have felt pain in over the past week.

- O Shoulder girdle, left
- O Shoulder girdle, right
- O Upper arm, left
- O Upper arm, right
- O Lower arm, left
- O Lower arm, right
- O Hip (buttock) left
- O Hip (buttock) right
- O Upper leg left
- O Upper leg right
- O Lower leg left
- O Lower leg right
- O Jaw left
- O Jaw right
- O Chest
- O Abdomen
- O Neck
- O Upper back
- O Lower back
- O None of these areas



Count up the number of areas checked and enter your Widespread Pain Index or WPI score score here _____.

Symptom Severity Score (SS score) - Part 2a.

Indicate your level of symptom severity over the past week using the following scale.

Fatigue

- O 0 = No problem
- O 1 = Slight or mild problems; generally mild or intermittent
- O 2 = Moderate; considerable problems; often present and/or at a moderate level
- O 3 = Severe: pervasive, continuous, life disturbing problems

Waking unrefreshed

- O 0 = No problem
- O 1 = Slight or mild problems; generally mild or intermittent
- O 2 = Moderate; considerable problems; often present and/or at a moderate level
- O 3 = Severe: pervasive, continuous, life disturbing problems

Cognitive symptoms

- O 0 = No problem
- O 1 = Slight or mild problems; generally mild or intermittent
- O 2 = Moderate; considerable problems; often present and/or at a moderate level
- O 3 = Severe: pervasive, continuous, life disturbing problems

Tally your score for Part 2a (not the number of checkmarks) and enter it here _____.

Symptom Severity Score (SS score)- Part 2b

Check each of the following OTHER SYMPTOMS that you have experienced over the <u>past week?</u>

- O Muscle pain
- O Irritable bowel syndrome
- O Fatigue/tiredness
- O Thinking or remembering problem
- O Muscle Weakness
- O Headache
- O Pain/cramps in abdomen
- O Numbness/tingling
- O Dizziness
- O Insomnia
- O Depression
- O Constipation
- O Pain in upper abdomen
- O Nausea
- O Nervousness
- O Chest pain
- O Blurred vision
- O Fever
- O Diarrhea
- O Dry mouth
- O Itching
- O Wheezing
- O Raynauld's
- O Hives/welts
- O Ringing in ears
- O Vomiting
- O Heartburn
- O Oral ulcers
- O Loss/change in taste
- O Seizures
- O Dry eyes
- O Shortness of breath
- O Loss of appetite
- O Rash
- O Sun sensitivity
- O Hearing difficulties
- O Easy bruising
- O Hair loss
- O Frequent urination
- O Painful urination
- O Bladder spasms

Count up the number of symptoms checked above.
*If you tallied:

0 symptoms	Give yourself a score of 0
1 to 10	Give yourself a score of 1
11 to 24	Give yourself a score of 2
25 or more	Give yourself a score of 3

Enter your score for Part 2b here ____.

Now add Part 2a <u>AND</u> 2b scores, and enter ____.
This is your Symptom Severity Score (SS score), which can range from 0 to 12.

What Your Scores Mean

A patient meets the diagnostic criteria for fibromyalgia if the following 3 conditions are met:

1a. The WPI score (Part 1) is greater than or equal to 7 **<u>AND</u>** the SS score (Part 2a & b) is greater than or equal to 5

OR

1b. The WPI score (Part 1) is from 3 to 6 **<u>AND</u>** the SS score (Part 2a & b) is greater than or equal to 9.

2. Symptoms have been present at a similar level for at least 3 months.

3. You do not have a disorder that would otherwise explain the pain.

For example:
If your WPI (Part 1) was 9 and your SS score (Parts 2a & b) was 6, then you **<u>would meet</u>** the new FM diagnostic criteria.

If your WPI (Part 1) was 5 and your SS score (Parts 2a & b) was 7, then you **<u>would NOT</u>** meet the new FM diagnostic criteria.

*The new FM diagnostic criteria did not specify the number of "Other Symptoms" required to score the point rankings from 0 to 3. Therefore, we estimated the number of symptoms needed to meet the authors' descriptive categories of:

0 = No symptoms
1 = Few symptoms
2 = A moderate number
3 = A great deal of symptoms

* Wolfe F, et al. <u>Arthritis Care Res</u> DOI 10.1002/acr.20140 [Epub ahead of print] February 23, 2010.

For information about Fibromyalgia Network, call our office Monday through Friday, 9:00 a.m. to 5:00 p.m. (PST) at (800) 853-2929 or visit us online at <u>www.fmnetnews.com</u>

This survey is not meant to substitute for a diagnosis by a medical professional. Patients should not diagnose themselves. Patients should always consult their medical professional for advice and treatment. This survey is intended to give you insight into research on the diagnostic criteria and measurement of symptom severity for fibromyalgia.