

TMJ
P.O.S.T. / W.B.D.

Name: _____

Date: _____

Please Read: This questionnaire has been designed to give your physician and physical therapist information about your condition and your ability to manage everyday life. Please answer the following questions by marking the box that best relates to your problem.

Walking:

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than ½ mile.
- Pain prevents me walking more than ¼ mile.
- I can walk using a stick or crutches.
- I am in bed mostly and have to crawl to the toilet.

Work (Applies to work in home or out):

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all (only light duty).
- I cannot do any work at all.

Personal Care (Washing, Dressing, etc.):

- I can manage all personal care w/out symptoms.
- I can manage all personal care w/some symptoms.
- I require slow, concise movements due to increase symptoms.
- I need help to manage some personal cares.
- I need help to manage all personal cares.
- I cannot manage any personal cares.

Sleeping:

- I have no trouble sleeping.
- My sleep is mildly disturbed (less than 1 hr. sleepless)
- My sleep is mildly disturbed (1 -2 hrs. sleepless)
- My sleep is moderately disturbed (2-3 hrs. sleepless)
- My sleep is greatly disturbed (3-5 hrs. sleepless)
- My sleep is completely disturbed (5-7 hrs. sleepless)

Recreational / Sports:

- I am able to engage in all my recreational/sport activities w/out increased symptoms.
- I am able to engage in all my recreational/sport activities w/some increased symptoms.
- I am able to engage in most, but not all of my usual recreational sports activities b/c of increased symptoms.
- I am able to engage in a few of my usual recreational/sport activities because of increased symptoms.
- I can hardly do any recreational/sports activities because of increased symptoms.
- I cannot do any recreational/sports activities at all.

Concentration:

- I can concentrate fully when I want w/no difficulty.
- I can concentrate fully when I want w/slight difficulty.
- I have a fair degree of difficulty in concentrating when I want.
- I have a lot of difficulty concentrating when I want. Painfully.
- I have a great deal of difficulty in concentrating when I want.
- I cannot concentrate at all.

Headaches:

- I have no headaches at all.
- I have slight headaches which come less than 3 x per week.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come 4 or more times a week.
- I have severe headaches which come frequently.
- I have headache pain at all times.

Reading:

- I can read as much as I want with no increase pain.
- I can read as much as I want with slight pain.
- I can read as much as I want with moderate pain.
- I cannot read as much as I want because of moderate pain.
- I can hardly read at all because of severe pain.
- I cannot read at all.

Talking:

- I can talk without pain.
- I can talk as long as I want w/slight pain in my jaws.
- I can talk as long as I want w/moderate pain in my jaws.
- I cannot talk as long as I want b/c of moderate pain in my jaws.
- I can hardly talk at all because of severe pain in my jaws.
- I cannot talk at all.

Eating:

- I can eat whatever I want without pain.
- I can eat whatever I want but it gives me extra pain.
- Pain prevents me from eating regular food, but I can manage if I avoid hard foods.
- I can chew soft foods occasionally, but primarily adhere to a liquid diet.
- I cannot chew at all and maintain a liquid diet.