

PATIENT LABEL

**TEMPEROMANDIBULAR DYSFUNCTION (TMD)  
 SYMPTOM INTENSITY AND FREQUENCY SCALES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**TMD Symptom Intensity Scale (SIS)**

Please indicate the intensity of your symptoms as follows:

- Circle the number of the scale to indicate your most usual symptom level.
- Draw an X through the number to indicate your most severe symptom level

1.	Jaw pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
2.	Painful jaw clicking	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
3.	Jaw locking	No pain to open mouth	0	1	2	3	4	5	6	7	8	9	10	Can barely open mouth
4.	Headaches	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
5.	Neck pain and/or upper shoulder muscle pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
6.	Dizziness	No dizziness	0	1	2	3	4	5	6	7	8	9	10	Most intense dizziness
7.	Ringling in the ears	No ringing	0	1	2	3	4	5	6	7	8	9	10	Most intense ringing

**TMD Symptom Frequency Scale (SFS)**

Please indicate the intensity of your symptoms as follows:

- Circle the number of the scale to indicate how often you experience the following symptoms.

1.	Jaw pain	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
2.	Painful jaw clicking	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
3.	Jaw locking	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
4.	Headaches	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
5.	Neck pain and/or upper shoulder muscle pain	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
6.	Dizziness	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time
7.	Ringling in the ears	Never	0	1	2	3	4	5	6	7	8	9	10	100% of the time

**Scoring for TMD Symptom Intensity and Frequency Scales**

1.	Jaw pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
2.	Painful jaw clicking	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
3.	Jaw locking	No pain to open mouth	0	1	2	3	4	5	6	7	8	9	10	Can barely open mouth
4.	Headaches	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
5.	Neck pain and/or upper shoulder muscle pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Most intense pain
6.	Dizziness	No dizziness	0	1	2	3	4	5	6	7	8	9	10	Most intense dizziness
7.	Ringling in the ears	No ringing	0	1	2	3	4	5	6	7	8	9	10	Most intense ringing

- Maximum score = 70
- Calculate patient score: Total score/maximum score possible x100 = Final Score

Reproduced and modified from Steigerwald DP, Maher JH with permission of *Today's Chiropractic*. The Steigerwald/Maher TMD Disability Questionnaire. *Today's Chiropractic* 1997; 26, July/August: 86-91.

Therapist signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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\* RHBS\*