Please check X the most appropriate answer for each question.

JAW JOINTS & ALLIED MUSCULO-SKELETAL DISORDERS FOUNDATION, INC.

Jaw Joints Awareness and Wellness Survey™

Although the initials "TMJ" stand for the TemporoMandibular Joints, TMJ is now widely used as the abbreviated term for the TMJ Disorder – also called a syndrome, a disease, a condition, a malady, or a dysfunction. It is a potentially debilitating condition that results when the temporomandibular joints, or jaw joints, are prevented from functioning properly. Trauma or any number of problems associated with the chewing muscles, ligaments, tissues, discs, or bones connected to the jaw joints can result in TMJ disorder.

Your health experience is a very important source for understanding how the jaw joints affect not only your mouth, but also your entire body. Please take some time to complete this voluntary survey about your health experience. Answer the following questions about your life and your health. Most questions ask about how you have felt or what you have done during the past four weeks. There are no right or wrong answers to these questions and most can be answered with a simple check (✓). **Please answer every question.** Your responses are absolutely confidential and will only be used in summary reports by Jaw Joints & Allied Musculo-Skeletal Disorders Foundation™ (JJAMD).*

Please e-mail your completed survey to: TMJoints@aol.com

Jaw Joints & Allied Musculo-Skeletal Disorders Foundation, The Forsyth Institute,
140 Fenway, Boston, MA 02115-3799

Today's Date _____
MONTH DAY YEAR

The following information is optional. Please **print**:

Name _____
LAST FIRST

Address _____
STREET

_____
CITY STATE ZIP

Phone Number **W** _____ **H** _____

e-Mail Address _____

* The Jaw Joints & Allied Musculo-Skeletal Disorders Foundation, Inc. (JJAMD), is a nonprofit 501(c)(3) educational charitable organization. Established in 1982, JJAMD is the pioneer TMJ patient advocacy organization in the United States.

Please check (X) the most appropriate answer for each question.

Level of Energy

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
1. How often did you feel **well rested when you got up in the morning**?	☐	☐	☐	☐	☐
2. How often did you feel **tired during the day**?	☐	☐	☐	☐	☐
3. How often did you feel that you **tired easily**?	☐	☐	☐	☐	☐
4. How often did you feel **too tired to do what you wanted to do**?	☐	☐	☐	☐	☐

Sleep

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
5. How often have you had trouble **falling asleep** at night?	☐	☐	☐	☐	☐
6. How often have you had trouble **staying asleep** at night?	☐	☐	☐	☐	☐

Social Activity

During the past four weeks…	All Days	Most Days	Some Days	Few Days	Never
7. How often did you **get together** with friends or relatives?	☐	☐	☐	☐	☐
8. How often did you have friends or relatives **over to your home**?	☐	☐	☐	☐	☐
9. How often did you visit friends or relatives **at their homes**?	☐	☐	☐	☐	☐
10. How often were you **on the telephone** with close friends or relatives?	☐	☐	☐	☐	☐
11. How often did you **go to a meeting** of a club, team, religious or other group?	☐	☐	☐	☐	☐
12. How often did you **go out to appreciate art, music, or nature**?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

Support from Others

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
13. Did you feel that your family or friends would **be around if you needed assistance**?	☐	☐	☐	☐	☐
14. Did you feel that your family or friends were **sensitive to your personal needs**?	☐	☐	☐	☐	☐
15. Did you feel that your family or friends were **interested in helping you solve problems**?	☐	☐	☐	☐	☐
16. Did you feel that your *family or friends* **understood the effects of your TMJ**?	☐	☐	☐	☐	☐
17. Did you feel that your *health care providers* **understood the effects of your TMJ**?	☐	☐	☐	☐	☐

Independence

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
18. How often did you feel that you were **capable of living completely on your own**?	☐	☐	☐	☐	☐
19. How often did you have to **rely on others for assistance**?	☐	☐	☐	☐	☐
20. How often did you feel that you were **unable to take care of yourself**?	☐	☐	☐	☐	☐

Dressing and Reaching

During the past four weeks…	All Days	Most Days	Some Days	Few Days	No Days
21. Could you easily **put on or take off** a pair of stockings/socks?	☐	☐	☐	☐	☐
22. Could you easily **comb or brush** your hair?	☐	☐	☐	☐	☐
23. Could you easily **reach** shelves that were **above your head**?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

Household Tasks

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
24. If you had necessary transportation, could you go **shopping for groceries** without help?	☐	☐	☐	☐	☐
25. If you had kitchen facilities, could you **prepare your own meals** without help?	☐	☐	☐	☐	☐
26. If you had household tools and appliances, could you **do your own housework** without help?	☐	☐	☐	☐	☐
27. If you had laundry facilities, could you do **your own laundry without help**?	☐	☐	☐	☐	☐

Self-Care Tasks

During the past four weeks…	All Days	Most Days	Some Days	Few Days	No Days
28. Did you need help to **take a bath or shower**?	☐	☐	☐	☐	☐
29. Did you need **help to get dressed**?	☐	☐	☐	☐	☐
30. Did you need **help to use the toilet**?	☐	☐	☐	☐	☐
31. Did you **need help to get in or out of bed**?	☐	☐	☐	☐	☐

Medication

During the past four weeks…	All Days	Most Days	Some Days	Few Days	No Days
32. How often have you taken **prescription medication for your TMJ**?	☐	☐	☐	☐	☐
33. How often have you taken **over-the-counter medication for your TMJ**?	☐	☐	☐	☐	☐
34. How often have you taken **natural/ herbal remedies for your TMJ**?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

Medication (continued)

During the past four weeks…	All Days	Most Days	Some Days	Few Days	No Days
35. How often have you taken **prescription medication for <u>any problem other than your TMJ</u>**?	☐	☐	☐	☐	☐
36. How often have you taken **over-the-counter medication for <u>any problem other than your TMJ</u>**?	☐	☐	☐	☐	☐
37. How often have you taken **natural/ herbal remedies for <u>any problem other than your TMJ</u>**?	☐	☐	☐	☐	☐

Feelings

During the past four weeks…	Always	Very Often	Some-times	Almost Never	Never
38. How often have you felt **tense or stressed**?	☐	☐	☐	☐	☐
39. How often have you been bothered by **nervousness or your nerves**?	☐	☐	☐	☐	☐
40. How often were you **able to relax without difficulty**?	☐	☐	☐	☐	☐
41. How often have you **felt relaxed and free of tension**?	☐	☐	☐	☐	☐
42. How often have you **felt calm and peaceful**?	☐	☐	☐	☐	☐
43. How often have you **enjoyed the things you do**?	☐	☐	☐	☐	☐
44. How often have you **been in low or very low spirits**?	☐	☐	☐	☐	☐
45. How often did you feel that **nothing turned out the way you wanted it to**?	☐	☐	☐	☐	☐
46. How often did you **feel that others would be better off if you were dead**?	☐	☐	☐	☐	☐
47. How often did you **feel so down in the dumps that nothing would cheer you up**?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

TemporoMandibular Joints (TMJ) Pain

During the past four weeks…

		Severe	Moderate	Mild	Very Mild	None
48.	How would you describe the **TMJ pain** you usually had?	☐	☐	☐	☐	☐

		All Days	Most Days	Some Days	Few Days	No Days
49.	How often did you have **pain from your TMJ**?	☐	☐	☐	☐	☐
50	How often did your **TMJ pain make it difficult for you to sleep**?	☐	☐	☐	☐	☐
51.	How often did you experience **TMJ pain from eating**?	☐	☐	☐	☐	☐

		Morning	Afternoon	Evening	While Sleeping
52.	When did you usually experience the **most severe TMJ pain**?	☐	☐	☐	☐

TemporoMandibular Joints (TMJ) Dysfunction

(for example, chewing and/or swallowing difficulties, limited range of jaw motion, etc.)

During the past four weeks…

		Severe	Moderate	Mild	Very Mild	None
53.	How would you describe the **TMJ dysfunction** you usually had?	☐	☐	☐	☐	☐

		All Days	Most Days	Some Days	Few Days	No Days
54.	How often did you have **dysfunction from your TMJ**?	☐	☐	☐	☐	☐
55.	How often did your **TMJ dysfunction make it difficult for you to sleep**?	☐	☐	☐	☐	☐
56.	How often did you experience **TMJ dysfunction from eating**?	☐	☐	☐	☐	☐

		Morning	Afternoon	Evening	While Sleeping
57.	When did you usually experience the **most severe TMJ dysfunction**?	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

Work and TMJ

During the past four weeks…	Paid Work	Care for Home/ Child	School work	Un-employed	Disabled	Retired
58. What has been your **main form of work**?	☐	☐	☐	☐	☐	☐

If you answered 'Unemployed,' 'Disabled,' or 'Retired' please skip to Question 65.

During the past four weeks…	All Days	Most Days	Some Days	Few Days	No Days
59. How often were you unable to do your **usual work** because of your TMJ?	☐	☐	☐	☐	☐
60. How often did your *employer/coworkers* **understand the effects of your TMJ**?	☐	☐	☐	☐	☐
61. On the days that you did your usual work, how often **did you have to work a shorter day** because of your TMJ?	☐	☐	☐	☐	☐
62. On the days that you did your usual work, how often did *you* have to **change the way you usually do your work** because of your TMJ?	☐	☐	☐	☐	☐
63. On the days that you did your usual work, how often did *your employer* offer to **change the way you usually do your work** because of your TMJ?	☐	☐	☐	☐	☐
64. On the days that you did your usual work, how often were you **unable to concentrate or do your work as carefully and accurately as you like** because of your TMJ?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

This question refers to how satisfied you were with each area of your health.

During the past four weeks…

65. How **satisfied** have you been with **each** of these areas of your life?	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
a) **Level of Energy** (*example:* tire easily).....	☐	☐	☐	☐	☐
b) **Sleep** (*example:* trouble sleeping).....	☐	☐	☐	☐	☐
c) **Social Activity** (*example:* visit friends).....	☐	☐	☐	☐	☐
d) **Support from others** (*example:* around if needed).....	☐	☐	☐	☐	☐
e) **Independence** (*example:* take care of yourself).....	☐	☐	☐	☐	☐
f) **Dressing and Reaching** (*example:* reach shelves).....	☐	☐	☐	☐	☐
g) **Household Tasks** (*example:* housework).....	☐	☐	☐	☐	☐
h) **Self Care** (*example:* take bath).....	☐	☐	☐	☐	☐
i) **TMJ Pain** (*example:* dull or sharp pain).....	☐	☐	☐	☐	☐
j) **TMJ Dysfunction** (*example:* stiffness).....	☐	☐	☐	☐	☐
k) **Work** (*example:* hours worked).....	☐	☐	☐	☐	☐
l) **Level of Tension** (*example:* feel tense or stressed).....	☐	☐	☐	☐	☐
m) **Mood** (*example:* down in dumps).....	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

66. Which areas of your life related to health would you **like to improve?**

Please check **up to 3 areas** in which you would like to see improvement.
Read all the choices before making your decision.

Areas of Health	Check Three for Improvement
a) **Level of Energy** (*example:* tire easily).....	☐
b) **Sleep** (*example:* trouble sleeping).....	☐
c) **Social Activity** (*example:* visit friends).....	☐
d) **Support from others** (*example:* around if needed).....	☐
e) **Independence** (*example:* take care of yourself).....	☐
f) **Dressing and Reaching** (*example:* reach shelves).....	☐
g) **Household Tasks** (*example:* housework).....	☐
h) **Self Care** (*example:* take bath).....	☐
i) **TMJ Pain** (*example:* dull or sharp pain).....	☐
j) **TMJ Dysfunction** (*example:* stiffness).....	☐
k) **Work** (*example:* hours worked).....	☐
l) **Level of Tension** (*example:* felt tense or stressed).....	☐
m) **Mood** (*example:* down in dumps).....	☐

Please check (X) the most appropriate answer for each question.

Current/Future Health

		Excellent	Very Good	Good	Fair	Poor
67.	In general, would you say that your **health now** is:	☐	☐	☐	☐	☐

		Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
68.	How satisfied are you with your **health now**?	☐	☐	☐	☐	☐

		All Due to TMJ	Mostly Due to TMJ	Partly Due to TMJ	Little Due to TMJ	No TMJ Problems
69.	How much of your problem with your health now is **due to your TMJ**?	☐	☐	☐	☐	☐

		Always	Usually	Some-times	Rarely	Never
70.	How often does TMJ affect your **relationships with others**?	☐	☐	☐	☐	☐

		Excellent	Very Good	Good	Fair	Poor
71.	In general, do you expect your **health ten years from now** to be:	☐	☐	☐	☐	☐

		No Problem	Minor Problem	Moderate Problem	Major Problem
72.	How **big a problem do you expect your TMJ to be 10 years from now**?	☐	☐	☐	☐

		Very Well	Well	Fair	Poor	Very Poorly
73.	Considering how your TMJ affects YOU, how well are you doing **compared to other people your age**?	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

This section of the survey deals with dysfunction that can be associated with TMJ.

74. Please share how **you have been affected in the following areas** during the past four weeks**.**

	How **often** did you have this **problem**?				
Problem	All Days	Most Days	Some Days	Few Days	No Days
Eyes and Face:					
a) Blurred Vision	☐	☐	☐	☐	☐
b) Light Sensitivity	☐	☐	☐	☐	☐
c) Distorted Face	☐	☐	☐	☐	☐
Ears:					
d) Clogging	☐	☐	☐	☐	☐
e) Ringing/Hissing	☐	☐	☐	☐	☐
f) Reduced Hearing	☐	☐	☐	☐	☐
g) Dizziness	☐	☐	☐	☐	☐
Mouth:					
h) Can't Line Up Teeth	☐	☐	☐	☐	☐
i) Jerky Opening	☐	☐	☐	☐	☐
j) Limited Opening	☐	☐	☐	☐	☐
Teeth:					
k) Chewing Problems	☐	☐	☐	☐	☐
l) Clenching (while awake)	☐	☐	☐	☐	☐
m) Clenching (while asleep)	☐	☐	☐	☐	☐
n) Grinding (while awake)	☐	☐	☐	☐	☐
o) Grinding (while asleep)	☐	☐	☐	☐	☐
Jaw Joints:					
p) Clicking	☐	☐	☐	☐	☐
q) Grating	☐	☐	☐	☐	☐
r) Popping	☐	☐	☐	☐	☐
s) Spasms	☐	☐	☐	☐	☐
t) Locks Open/Shut	☐	☐	☐	☐	☐
Throat:					
u) Laryngitis	☐	☐	☐	☐	☐
v) Swallowing Difficulties	☐	☐	☐	☐	☐
w) Voice Irregularities	☐	☐	☐	☐	☐
Neck:					
x) Stiffness/Lack of Mobility	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

The next section of the survey deals with the pain that can be associated with TMJ.

75. Please share how **you have been affected by pain in the following areas** during the past four weeks.

	Part ①				Part ②			Part ③	
	How **intense** was **this pain**?				How **often** did you feel **pain**?			Which **side** or **sides** did you feel this **pain**?	
Types of Pain	No Pain	Mild	Moderate	Severe	Always/ Usually	Sometimes	Never	Left	Right
Head & Face:									
a) Migraine Type	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Sinus Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Other Face Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
Eyes:									
d) Itch and Burn	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Pain Behind Eyes	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ears:									
f) Ear Ache	☐	☐	☐	☐	☐	☐	☐	☐	☐
Teeth:									
g) Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
Jaw Joints:									
h) Pain in Muscles	☐	☐	☐	☐	☐	☐	☐	☐	☐
Throat:									
i) Sore	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neck:									
j) Sore Neck	☐	☐	☐	☐	☐	☐	☐	☐	☐
k) Throbbing Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
Back, Arms, & Legs:									
l) Shoulder Ache	☐	☐	☐	☐	☐	☐	☐	☐	☐
m) Back Pain	☐	☐	☐	☐	☐	☐	☐	☐	☐
n) Cramps in Legs	☐	☐	☐	☐	☐	☐	☐	☐	☐
o) Muscle Pain in Arms	☐	☐	☐	☐	☐	☐	☐	☐	☐
p) Muscle Pain in Legs	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check (X) the most appropriate answer for each question.

76. Have you ever been **diagnosed** with any of these specific conditions by a **doctor**?

Medical Conditions	Yes	No	If **'Yes'**, approximately which **year** were you diagnosed?	Check box if you **still have** this condition
a) TemporoMandibular Joints (TMJ) Disorder	☐	☐		☐
b) Allergies	☐	☐		☐
c) Arthritis and Related Conditions				
i) Osteoarthritis	☐	☐		☐
ii) Rheumatoid	☐	☐		☐
iii) Juvenile rheumatoid	☐	☐		☐
iv) Lupus	☐	☐		☐
v) Fibromyalgia	☐	☐		☐
vi) Scleroderma	☐	☐		☐
vii) Sjögren's Syndrome	☐	☐		☐
viii) Ankylosing Spondylitis	☐	☐		☐
d) Carpal Tunnel Syndrome	☐	☐		☐
e) Chronic Fatigue Syndrome	☐	☐		☐
f) Depression	☐	☐		☐
g) Eating Disorder – Anorexia	☐	☐		☐
h) Eating Disorder – Bulimia	☐	☐		☐
i) Ectodermal Dysplasias (born without teeth)	☐	☐		☐
j) Ehlers-Danlos	☐	☐		☐
k) Headache – Tension	☐	☐		☐
l) Headache – Migraine-like	☐	☐		☐
m) Irritable Bowel Syndrome	☐	☐		☐
n) Myofascial Pain Disorder	☐	☐		☐
o) Periodic Limb Movement Disorder	☐	☐		☐
p) Primary Dysmenorrhea	☐	☐		☐
q) Restless Legs Syndrome	☐	☐		☐
r) Sleep / Insomnia Disorder	☐	☐		☐
s) Tinnitus	☐	☐		☐
t) Trigeminal Neuralgia	☐	☐		☐
u) Ulcers	☐	☐		☐

Please check (X) the most appropriate answer for each question.

Please tell us a little about yourself.
Remember your responses will be kept in the strictest confidence.

77. What is your **age** at this time? _____ Years

78. What is your **gender**?

- ☐ Male
- ☐ Female

79. What is your **racial background**? (OPTIONAL)

- ☐ African-American
- ☐ Hispanic
- ☐ Native American (American Indian)
- ☐ White
- ☐ Other

80. What is your **current** marital status?

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never Married
- ☐ Unmarried, living with significant other

81. Other than yourself, how many **people live in your household?**

_____ Number of **adults** (18 or older)
_____ Number of **children** (under 18)

82. What is the **highest level of education** you completed?

- ☐ Fewer than 7 years of school
- ☐ Grades 7-9
- ☐ Grades 10-11
- ☐ High school graduate
- ☐ 1 to 4 years of college
- ☐ College graduate
- ☐ Professional or graduate school

83. What is your **approximate household income** including wages, disability payments, retirement income, and welfare?

- ☐ Under $14,999
- ☐ $15,000 - $29,999
- ☐ $30,000 - $44,999
- ☐ $45,000 - $59,999
- ☐ $60,000 - $74,999
- ☐ $75,000 - $89,999
- ☐ $90,000 - $104,999
- ☐ $105,000 or more

Please check (X) the most appropriate answer for each question.

Please take this opportunity to describe your TMJ experience further.

84. What type of health care provider **diagnosed** your TMJ? (*Check all that apply*)

- ☐ Physician (M.D. or D.O.)
- ☐ General Dentist
- ☐ Orthodontist
- ☐ Periodontist
- ☐ Physical Therapist
- ☐ Chiropractor
- ☐ Other: _____

85. What type of health care provider **currently treats** your TMJ? (*Check all that apply*)

- ☐ Physician (M.D. or D.O.)
- ☐ General Dentist
- ☐ Orthodontist
- ☐ Periodontist
- ☐ Physical Therapist
- ☐ Chiropractor
- ☐ Other: _____

If you do not have TMJ, please skip the rest of the questions on this page and follow the instructions at the bottom of the page.

86. What **treatments** have you tried for your TMJ?

	Was treatment **helpful**?		
	Yes	**No**	**Made it Worse**
a) _____	☐	☐	☐
b) _____	☐	☐	☐
c) _____	☐	☐	☐
d) _____	☐	☐	☐
e) _____	☐	☐	☐

87. What do you think **caused your TMJ**, such as trauma, implants (in your jaw), surgery, orthodontics, etc. (*Please use the back of page if you need more room*).

_____

_____

_____

88. What **impact** has TMJ had on your life? (*Please use the back of page if you need more room)*

_____

_____

_____

_____

Purpose of the
Jaw Joints & Allied Musculo-Skeletal Disorders Foundation, Inc. (JJAMD)

- Promotes education at all levels on the importance of healthy jaw joints and their relation to total body health, and the prevention of TMJ disorders
- Fosters patient advocacy and encourages the formation of TMJ self-help groups
- Sponsors and conducts independent research and advocates for basic scientific TMJ research
- Encourages the medical profession to "rejoin the joints to all other joints in the body"
- Believes that TMJ is largely preventable through awareness and education.

JJAMD disseminates helpful, important, and useful patient and professional educational material. The Foundation cannot provide referrals or specific medical/dental advice. The 1996 NIH Technology Assessment conference noted the absence of any universally accepted scientifically proven treatments and concluded that future advances in diagnosis and treatment require collaboration of multidisciplinary fields involving basic and applied science and practice. The conference concluded that "a consensus must be developed regarding the professional expertise needed to diagnose and treat these serious health problems."

Purpose of this Survey

To allow the Jaw Joints & Allied Musculo-Skeletal Disorders Foundation, Inc. (JJAMD), working with professionals, to report publicly a summary information on the signs and symptoms, pain and/or dysfunction people are experiencing that affects their quality of life. In this way, JJAMD hopes to help fill the void of understanding about Temporomandibular Joints in their relationship to the total body health and to bring appropriate attention to TMJ as a medical condition with a dental component. Additionally, it will help to separate out or connect one disease disorder entity from others that might relate or overlap with TMJ. By creating greater awareness and understanding of the jaw joints and TMJ disorder, it should be possible to reduce the needless high cost in money and in human suffering caused by misdiagnosis and ineffective treatments.