

Participant number:

Date: .....

**Questionnaire severity and frequency of jaw complaints and headache**

Week 0 / 4 / 8 / 12 (mark the correct answer)

1. How would you express your pain (facial / headache) on a 0 to 10 scale where 0 is “no pain” and 10 is “pain as bad as could be”;

	<u>Facial pain</u>	<u>Headache</u>
a. At this moment, that is RIGHT NOW?	(option: 0-10)	(option: 0-10)
b. How intense was your WORST pain in the last 30 days?	(option: 0-10)	(option: 0-10)
c. In the last 30 days, on the AVERAGE, how intense was your pain?	(option: 0-10)	(option: 0-10)
 2. How many days have you experienced pain in the last 30 days?	 (option: 0-30)	 (option: 0-30)
 3. How much has your pain (facial / headache) interfered with your activities rated on a 0 to 10 scale where 0 is “no interference” and 10 is “unable to carry on any activities”,		
a. In the last 30 DAYS on your DAILY ACTIVITIES?	(option: 0-10)	(option: 0-10)
b. In the last 30 DAYS on your RECREATIONAL, SOCIAL and FAMILY ACTIVITES?	(option: 0-10)	(option: 0-10)
c. In the last 30 DAYS on your ABILITY TO WORK (including housework)?	(option: 0-10)	(option: 0-10)
 4. About how many days in the last 30 days have you been kept from your usual activities (WORK, SCHOOL or HOUSEWORK) because of your pain?	 (option: 0-30)	 (option: 0-30)