

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”;

Facial pain                      Headache

- |    |   |                |                |
|----|---|----------------|----------------|
| 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 ACTIVITIES?   | (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) |