

Patient:

Number:

DOB:

Before treatment

Date:

The following questions have been designed to give us information about your jaw condition and how it is affecting your ability to manage in everyday life. Please complete the questions and return the questionnaire to your physiotherapy.

Jaw Functional Limitation Scale – 8

For each of the items below, please indicate the level of limitation **during the last month**. If the activity has been completely avoided because it is too difficult, then circle '10'. If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

	No limitation											Severe Limitation
1. Chew tough food	0	1	2	3	4	5	6	7	8	9	10	
2. Chew chicken (e.g., prepared in oven)	0	1	2	3	4	5	6	7	8	9	10	
3. Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	0	1	2	3	4	5	6	7	8	9	10	
4. Open wide enough to drink from a cup	0	1	2	3	4	5	6	7	8	9	10	
5. Swallow	0	1	2	3	4	5	6	7	8	9	10	
6. Yawn	0	1	2	3	4	5	6	7	8	9	10	
7. Talk	0	1	2	3	4	5	6	7	8	9	10	
8. Smile	0	1	2	3	4	5	6	7	8	9	10	

Pain Intensity Scale

During the last week, **on average**, how would you rate your facial pain? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be". [That is, *your usual* pain at times you were in pain.]

No pain

Pain as bad as could be

0 1 2 3 4 5 6 7 8 9 10

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Patient Health Questionnaire - 4

Over the last 2 weeks, how often have you been bothered by the following problems? Please place a check mark in the box to indicate your answer.

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL SCORE = _____

Maximal Mouth Opening

The section below will be completed by your physiotherapist.



Instruction on measuring the maximal mouth opening capacity:

- Measurement is to be taken during the physical examination
- Measure the maximal unassisted active mouth opening
- Verbally encourage the patient to open their mouth as far as possible
- Place a millimetre scale between the edges of upper and lower central incisors
- Read and record the measurement to the nearest millimetre

Measurement: _____ mm