

Symptom Discomfort Scale

Please rate the following symptoms from 0 to 10
where 0 indicates no pain or discomfort
and 10 indicates the worst pain or discomfort imaginable
If the symptom is not occurring please circle N/A

Clicking	0	1	2	3	4	5	6	7	8	9	10	N/A
Locking	0	1	2	3	4	5	6	7	8	9	10	N/A
Grinding Noise	0	1	2	3	4	5	6	7	8	9	10	N/A
Facial Pain	0	1	2	3	4	5	6	7	8	9	10	N/A
Headache	0	1	2	3	4	5	6	7	8	9	10	N/A
Neck Ache	0	1	2	3	4	5	6	7	8	9	10	N/A
Ear Ache	0	1	2	3	4	5	6	7	8	9	10	N/A
Ear Ringing	0	1	2	3	4	5	6	7	8	9	10	N/A
Ear Fullness	0	1	2	3	4	5	6	7	8	9	10	N/A
Dizziness	0	1	2	3	4	5	6	7	8	9	10	N/A
Limited Opening	0	1	2	3	4	5	6	7	8	9	10	N/A
Inability to Close	0	1	2	3	4	5	6	7	8	9	10	N/A
Pain with Opening	0	1	2	3	4	5	6	7	8	9	10	N/A
Pain with Chewing	0	1	2	3	4	5	6	7	8	9	10	N/A