

# Symptom Frequency Scale

Please rate the following symptoms according to the frequency with which they occur, where 0 indicates never and 10 indicates constantly.

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