

Patient Oral Health Impact Profile

1. Do you have problems chewing any foods?

Never Hardly Ever Occasionally Fairly Often Very Often

2. Do you find it uncomfortable to eat any foods?

Never Hardly Ever Occasionally Fairly Often Very Often

3. Do you find you have to avoid eating some foods?

Never Hardly Ever Occasionally Fairly Often Very Often

4. Does jaw pain interrupt meals?

Never Hardly Ever Occasionally Fairly Often Very Often

5. Have you had difficulties in opening and closing your mouth?

Never Hardly Ever Occasionally Fairly Often Very Often

6. Have you had any painful aching in your mouth or jaw?

Never Hardly Ever Occasionally Fairly Often Very Often

7. Have you had a sore jaw?

Never Hardly Ever Occasionally Fairly Often Very Often

8. Do you suffer with headaches?

Never Hardly Ever Occasionally Fairly Often Very Often

9. Have you felt speech was painful because of problems with your teeth, mouth, dentures or jaws?

Never Hardly Ever Occasionally Fairly Often Very Often

10. Are you worried by dental problems?

Never Hardly Ever Occasionally Fairly Often Very Often

11. Are you self-conscious about your jaw?

Never Hardly Ever Occasionally Fairly Often Very Often

12. Have jaw problems made you miserable?

Never Hardly Ever Occasionally Fairly Often Very Often

13. Have you felt tense because of jaw problems?

Never Hardly Ever Occasionally Fairly Often Very Often

14. Has your sleep been interrupted?

Never Hardly Ever Occasionally Fairly Often Very Often

15. Have you been upset because of your jaw/ facial discomfort?

Never Hardly Ever Occasionally Fairly Often Very Often

16. Do you find it difficult to relax?

Never Hardly Ever Occasionally Fairly Often Very Often

17. Do you feel depressed?

Never Hardly Ever Occasionally Fairly Often Very Often

18. Has your concentration been affected?

Never Hardly Ever Occasionally Fairly Often Very Often

19. Do you become a bit irritable with other people?

Never Hardly Ever Occasionally Fairly Often Very Often

20. Do you have difficulty doing your usual jobs?

Never Hardly Ever Occasionally Fairly Often Very Often

21. Do you find life in general less satisfying?

Never Hardly Ever Occasionally Fairly Often Very Often

22. Are you unable to work to your full capacity because of jaw/facial pain?

Never Hardly Ever Occasionally Fairly Often Very Often

On the line below, please mark a point to identify where your pain has been on average over the last week:

No pain ●—————● Worst pain imaginable