

Discomfort Scale

Patient's name: _____ Date: _____

Think of each scale below as a thermometer. For each part of the body indicated report the average of discomfort for the last seven days. Place an "X" on the square line marked "L" to report discomfort on your left side, and an "X" on the bottom square line marked "R" to report discomfort on your right side.

		None	Begining		Mild		Moderate		Severe		Intolerable	
		0	1	2	3	4	5	6	7	8	9	10
EARACHE	L											
	R											
EAR STUFFINESS	L											
	R											
TM JOINT PAIN	L											
	R											
TM JOINT CLICKING	L											
	R											
HEADACHES	L											
	R											
FACE PAIN	L											
	R											
ARM Pain / Tingling / Numbness	L											
	R											
NECK Pain / Stiffness	L											
	R											
UPPER BACK Pain / Stiffness	L											
	R											
LOWER BACK Pain / Stiffness	L											
	R											

Describe changes since last visit: _____

At what time were your symptoms worse? _____
