

Bapuji Dental College and Hospital, Davangere

ASSESSMENT OF PREVALENCE OF TEMPOROMANDIBULAR JOINT DISORDERS AND ITS ASSOCIATION WITH STRESS AMONG DENTAL STUDENTS IN BAPUJI DENTAL COLLEGE AND HOSPITAL-A CROSS SECTIONAL SURVEY.

* Indicates required question

1. Name: *

2. Mobile No *

3. Age *

4. sex *

Mark only one oval.

Male

Female

5. Year studying

Mark only one oval.

- first
- second
- third
- final
- internee

6. Would you say your health in general is excellent,very good, good, fair or poor? *

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

7. Would you say your oral health in general is excellent, very good, good, fair or poor? *

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

8. Type of diet

Mark only one oval.

- Veg
- Mixed

9. Have you had pain in the face, jaw, temple, in front of the ear or in the ear in the past month? *

Mark only one oval.

- Yes *Skip to question 10*
- No *Skip to question 20*

This section contains questions related to type and intensity of pain

10. How many years ago did your facial pain begin for the first time? *

11. Is your facial pain persistent, recurrent or was it only a one-time problem? *

Mark only one oval.

- persistent
- recurrent
- one-time

12. Have you ever gone to a physician, dentist, chiropractor or other health professional for facial ache or pain? *

Mark only one oval.

- No
- Yes, in the past 6 months
- Yes, more than 6 months ago

13. How would you rate your facial pain on a 0 to 10 scale at the present time, that is right now, where 0 is "no pain" and 10 is "pain as bad as could be"?

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

14. In the past six months, how intense was your worst pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"?

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

15. In the past six months, on the average, how intense was your pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"? [That is, your usual pain at times you were experiencing pain].

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

16. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of facial pain?

17. In the past six months, how much has facial pain interfered with your daily activities rated on a 0 to 10 scale where 0 is "no interference" and 10 is "unable to carry on any activities"? *

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

18. In the past six months, how much has facial pain changed your ability to take part in recreational, social and family activities where 0 is "no interference " and 10 is "extreme change"? *

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

19. In the past six months, how much has facial pain changed your ability to work including housework) where 0 is "no interference " and 10 is "extreme change"? *

Mark only one oval.

0 1 2 3 4 5 6 7 8 9 10

No | Extreme Change

Skip to question 20

Section 3

20. Have you ever had your jaw lock or catch so that it won't open all the way? *

Mark only one oval.

Yes

No

21. Select the statements if your answer is YES

Check all that apply.

- Does your jaw click or pop when you open or close your mouth or when chewing
- Does your jaw make a grating or grinding noise when you open or close your mouth or when chewing
- Does your jaw ache or stiff when you wake up in the morning
- During the day, do you grind or clench your teeth
- Have you been told or do you notice that you grind your teeth or clench your jaw during sleep
- Do you have noises or ringing or pain near your ear
- Does your bite feel uncomfortable or unusual

22. Have you had or do you have any swollen or painful joint(s) other than the joints close to your ears (TMJ)? *

Mark only one oval.

- Yes
- No

23. Have you had a recent injury to your face or jaw?

Mark only one oval.

- Yes and had impact in my orofacial pain
- Yes but no impact on my orofacial pain
- No

24. What activities does your present jaw problem prevent or limit you from doing?

Check all that apply.

- Chewing
- Drinking
- Exercising
- Eating hard foods
- Eating soft foods
- Smiling/Laughing
- Sexual activity
- Swallowing
- Talking
- Having Usual Facial Appearance

25. Is there any factor that relieves your pain,specify

26. Do have malocclusion?/crowded teeth *

Mark only one oval.

- Yes
- No

27. If YES,specify your malocclusion in detail

This section contains questions related to stress caused by college environment

select the appropriate answer

28. Lack of home atmosphere.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

29. Making new friends

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

30. Rules and Regulations

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

31. Financial resources

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

32. Dependences

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

33. Behavior of the teaching staff

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

34. Atmosphere created by clinical supervisors

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

35. Fear of failing

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

36. Lack of time for relaxation

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

37. Uncertainty about the dental carrier.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

38. Expectation verses reality of dental colleges.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

39. Fear of unemployment.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

40. Fear of not having possibility to pursue a pg programme.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

41. Availability of assistance of lab technicians during clinical procedure.

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

42. Attendance

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

43. Difficulty in learning clinical procedures

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

44. Language Barrier

Mark only one oval.

- Not stressful
- Slightly Stressful
- Moderately strssful
- Severely stressful
- Not applicable

45. Select one of the following

Mark only one oval.

- I have other personal issues which are stressful than college environment
- College environment is more stressful

This content is neither created nor endorsed by Google.

Google Forms

