TMS QUESTIONNAIRE

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This questionnaire has been designed to help you evaluate the likelihood of your having TMS. It cannot replace a detailed medical history, examination, and review of x-rays and MRI scans. Only a medical doctor with expertise in this condition should make the diagnosis of TMS during an office consultation.

Please circle your responses and total your points below: *Points*

1. Have you noticed a relationship between your pain and your emotional state/stress level just prior to the onset of pain?

Definitely	2
At times	1
Not really	0

2. Would you describe yourself in general as: very hard on yourself, highly responsible for others, very thorough, orderly or perfectionistic?

Definitely	2
I've noticed some of these characteristics	1
Not really	0

3. Have you suffered from other tension-related illnesses such as:
    - hives, eczema, rashes brought on by tension
    - spastic colon, irritable bowel, gastritis, reflux/heartburn
    - tension or migraine headaches
    - unexplained prostate trouble or pelvic pain
    - TMJ, teeth grinding, plantar warts

Definitely, two or more categories	2
Yes, at least one	1
No	0

4. Have you been told regarding the cause of your pain that "there's nothing that can be done surgically," "there's nothing wrong", "it's a soft issue problem" or "the cause is degenerative changes"?

Yes	1
No	0

5. Do you spend a fair amount of time during the day thinking and worrying about your pain, researching an answer, obsessing about its cause?

Yes	1
No	0

6. Have you tried several different treatments or approaches for your pain and received only temporary or limited relief from each of them?

Yes	1
No	0

7. Do you find that massage helps your pain significantly or that you are quite sensitive to massage in several parts of your back or neck?

Yes	1
No	0

Key to total points:

Highly probable for TMS	7-10	points
Possibly TMS	4-6	points
Probably not TMS	0-3	points

Total Points: _____

Additional Questions (don't score these):

8. Does the pain ever move to another location in your body or jump around?
    _____ *yes*   _____ *no*

9. Have you noticed the pain improve when you have another tension-related illness?
    _____ *yes*   _____ *no*

10. Has the pain significantly changed or gone away while on vacation, away from home, or while distracted?
    _____ *yes*   _____ *no*