

TMS QUESTIONNAIRE

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The following questionnaire has been designed to assist you in evaluating the possibility of your having TMS. It cannot replace a detailed medical history, examination, and review of x-rays and MRI scans. Only a medical doctor should make the diagnosis of TMS with expertise in this condition following an examination in the office.

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

Key to total points:

Highly probable for TMS 7-10 points

Possibly TMS 4-6 points

Probably not TMS 0-3 points

No 0

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*

