

**Second announcement (after 6 weeks)****Date of randomization: \_\_\_/\_\_\_/\_\_\_ Fax no: 0049 351 458 5348****Initials: ..... Number: ..... Institution: .....****3.6. Postinterventional examination**3.6.1. Outcome measures after **6 weeks** Examination date: \_\_\_\_\_

3.6.1.1. Lesions of the facial nerve:	left	right
branch (1-4):	1) 2) 3) 4)	1) 2) 3) 4)
yes	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
no	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

① temporal ② zygomatic ③ buccal ④ marginal

3.6.1.2. Lesion of the auriculotemporal nerve:

	left	right
hypoesthesia/reduced sensation	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>
numbness	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>
hyperalgesia	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>

3.6.1.3. Lesion of the occipitalis minor respectively auricularis magnus nerve:

	left	right
hypoesthesia/reduced sensation	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>
numbness	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>
hyperalgesia	yes <input type="radio"/> no <input type="radio"/>	yes <input type="radio"/> no <input type="radio"/>

3.6.1.4. Stenosis of acoustic meatus

left	right
<input type="radio"/> yes ....mm	<input type="radio"/> yes ....mm
<input type="radio"/> no	<input type="radio"/> no

3.6.1.5. TMJ mobility

1. Maximal distance between the incisors: \_\_\_\_\_ mm
2. Lateral mandibular movement: left \_\_\_\_\_ mm right \_\_\_\_\_ mm
3. Protrusion: left \_\_\_\_\_ mm right \_\_\_\_\_ mm
4. Deviation on protrusion: \_\_\_\_\_ mm

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## 3.6.1.6. Pain assessment:

No pain

Unbearable pain

## 3.6.1.7. Occlusal disturbances:

- subjective - change of occlusion caused by the fracture: yes  no
- objective - visible open bite: yes  no

## 3.6.1.8. Mandibular function impairment by MFIQ (Mandibular Impairment Questionnaire)

**Outcome measures after 6 weeks**

Answer the following questions as explained on page 3.

How much difficulty do you have, owing to your jaw complaints, with:

- |   |                         |                         |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. social activities (with family, friends etc.)? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 2. speaking?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 3. taking a large bite (e.g. from an apple)       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 4. chewing hard food?                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 5. chewing soft food?                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 6. work and/or daily activities?                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 7. drinking?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 8. laughing?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 9. chewing resistant food?                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 10. yawning?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 11. kissing?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Eating food involves **taking a bite, chewing and swallowing**. The following addresses some types of food. We want to know how much difficulty you have with eating these types of food. It may be possible that you have not eaten this food lately. In that case you should answer the question with a comparable type of food in mind or indicate how much difficulty you would have in case you were forced to eat this type of food.

How much difficulty do you have, owing to your jaw complaints, with eating:

- |                              |                         |                         |                         |                         |                         |
|------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 12. a hard cooky             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 13. meat (e.g. porc or beef) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 14. a raw carrot             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 15. french bread/white bread | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

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16. peanuts or almonds                      1     2     3     4     5
17. an apple (not cut to pieces)            1     2     3     4     5