

NAME: _____

DATE: _____

TMD DISABILITY INDEX

Please answer each section by circling the ONE CHOICE that most applies to you.

SECTION 1 – Communication

- 0 I can talk as much as I want without pain, fatigue or discomfort.
- 1 I talk as much as I want, but it causes some pain, fatigue and/or discomfort.
- 2 I can't talk as much as I want because of pain, fatigue and/or discomfort.
- 3 I can't talk much at all because of pain, fatigue and/or discomfort.
- 4 Pain prevents me from talking at all.

SECTION 2 – Normal living activities (brushing/flossing)

- 0 I am able to care for my teeth and gums in a normal fashion without restriction, and without pain, fatigue or discomfort.
- 1 I am able to care for my teeth and gums, but I must be slow and careful, otherwise pain/discomfort, jaw tiredness results.
- 2 I do manage to care for my teeth and gums in a normal fashion, but it usually causes some pain/discomfort, jaw tiredness no matter how slow and careful I am.
- 3 I am unable to properly clean all my teeth and gums because of restricted opening and/or pain.
- 4 I am unable to care for most of my teeth and gums because of restricted opening and/or pain.

SECTION 3 – Normal living activities (eating/chewing)

- 0 I can eat and chew as much of anything I want without pain/discomfort or jaw tiredness.
- 1 I can eat and chew most anything I want, but it sometimes causes pain/discomfort, and or jaw tiredness.
- 2 I can't eat much of anything I want because it often causes pain/discomfort, jaw tiredness or because of restricted opening.
- 3 I must eat only soft foods (consistency of scrambled eggs or less) because of pain/discomfort, jaw fatigue and/or restricted opening
- 4 I must stay on a liquid diet because of pain and/or restricted opening.

SECTION 4 – Social/recreational activities

- 0 I am enjoying normal social life and/or recreational activities without restriction.
- 1 I participated in normal social life and/or recreational activities but pain/discomfort is increased.
- 2 The presence of pain and/or fear of likely aggravation only limits the more energetic components of my social life (sports, exercising, dancing, playing musical instruments, singing).
- 3 I have restrictions socially, as I can't even sign, shout, cheer, play, and/or laugh expressively because of increased pain/discomfort.
- 4 I have practically no social life because of pain.

SECTION 5 – Non-specialized jaw activities

- 0 I can yawn in a normal fashion, painlessly.
- 1 I can yawn and open my mouth fully wide open, but sometimes there is discomfort.
- 2 I can yawn and open my mouth wide in a normal fashion, but it always causes discomfort.
- 3 Yawning and opening my mouth wide are somewhat restricted by pain.
- 4 I cannot yawn or open my mouth more than two finger widths (2.8-3.2 cm) or, if I can, it always causes greater than moderate pain.

SECTION 6 – Sexual function

- 0 I am able to engage in all my customary sexual activities and expressions without limitation and/or causing headache, face or jaw pain.
- 1 I am able to engage in all my customary sexual activities and expressions, but it sometimes causes some headache, face or jaw pain or fatigue.
- 2 I am able to engage in all my customary sexual activities and expressions, but it usually causes enough headache, face or jaw pain to markedly interfere with my enjoyment, willingness or satisfaction.
- 3 I must limited my customary sexual activities and expressions and activities because of headache, face or jaw pain or limited mouth opening.
- 4 I abstain from almost all sexual activities and expressions because of the head, face or jaw pain it causes.

SECTION 7 - Sleep

- 0 I sleep well in a normal fashion without any pain medication, relaxants or sleeping pills.
- 1 I sleep well with the use of pain pills, anti-inflammatory medication or medicinal sleeping aids.
- 2 I fail to realize 6 hours restful sleep even with the use of pills.
- 3 I fail to realize 4 hours restful sleep even with the use of pills.
- 4 I fail to realize 2 hours restful sleep even with the use of pills.

SECTION 8 – Effects of any form of treatment

- 0 I do not need to use treatment of any type in order to control or tolerate headache, face or jaw pain and discomfort.
- 1 I can completely control my pain with some form of treatment.
- 2 I get partial, but significant, relief through some form of treatment.
- 3 I don't get "a lot of" relief from any form of treatment.
- 4 There is no form of treatment that helps enough to make me want to continue.

SECTION 9 – Tinnitus, or ringing in the ear(s).

- 0 I do not experience ringing in my ear(s).
- 1 I experience ringing in my ear(s) somewhat, but it does not interfere with my sleep and/or my ability to perform my daily activities.
- 2 I experience ringing in my ear(s) and it interferes with my sleep and/or daily activities, but I can accomplish set goals and I can get an acceptable amount of sleep.
- 3 I experience ringing in my ear(s) and it causes a marked impairment in the performance of my daily activities and/or results in an unacceptable loss of sleep.
- 4 I experience ringing in my ear(s) and it is incapacitating and/or forces me to use a masking device to get any sleep.

SECTION 10 – Dizziness

- 0 I do not experience dizziness.
- 1 I experience dizziness, but it does not interfere with my daily activities.
- 2 I experience dizziness, which interferes somewhat with my daily activities, but I can accomplish my set goals.
- 3 I experience dizziness, which causes a marked impairment in the performance of my daily activities.
- 4 I experience dizziness, which is incapacitating.