Patient Name: _____ **Date:** _____

TMD Disability Index Questionnaire

Please check the one statement that best pertains to you (not necessarily exactly) in each of the following categories.

Section 1 - Communication (Talking)

____ (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 Teeth/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 all 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 (Singing, Playing Musical Instruments, Cheering, Laughing, Social Activities, Playing Amateur Sports/Hobbies, and Recreation, etc)

____ (0) I am enjoying a normal social life and/or recreational activities without restriction.
____ (1) I participate 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 instrument, singing).
____ (3) I have restrictions socially, as I can't even sing, 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 (Yawning, Mouth Opening and Opening my Mouth Wide)

____ (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 almost 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.

Page 1 Total: _____

Patient Signature: _____ **Date** _____

Therapist Signature: _____ **Date** _____

Patient Name: _____ Date: _____

TMD Disability Index Questionnaire

Section 6 - Sexual function (Including Kissing, Hugging and Any and All Sexual Activities to Which You Are Accustomed)

____ (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 expression, but it sometimes causes some headache, face, or jaw pain, or jaw fatigue.
____ (2) I am able to engage in all my customary sexual activities and expression, but it usually causes enough headache, face or jaw pain to markedly interfere with my enjoyment, willingness and satisfaction.
____ (3) I must limit my customary sexual expression and activities because of headache, face or jaw pain or limited mouth opening.
____ (4) I abstain from almost all sexual activities and expression because of the head, face or jaw pain it causes

Section 7 - Sleep (Restful, Nocturnal Sleep Pattern)

____ (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 aides.
____ (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, Including, But Not Limited to, Medications, In-office Therapy, Treatment, Oral Orthotics (eg, Splints, Mouthpieces), Ice/Heat, etc.

____ (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 (Lightheaded, Spinning and/or Balance Disturbance)

____ (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.

Page 2 Total: _____

Total Score (Page 1 + Page 2): _____

$\frac{\text{Total Score}}{\text{Total \# Possible}}$ = % Disability

_____ % Disability

Patient Signature: _____ **Date** _____

Therapist Signature: _____ **Date** _____