

TMD Disability Index Questionnaire

Please answer **every** question with **one** response by circling the number that most closely describes your condition within the past week.

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 as much at all because of pain, fatigue and/or discomfort
- 4 – Pain prevents me from talking at all.

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 my teeth and gums, but I must be slow and careful, otherwise pain/discomfort, jaw tiredness results.
- 2 – I manage to care for my teeth and gums in a normal fashion, but it usually causes pain/discomfort, and 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.

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 food (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.

4. Social/recreational activities (singing, playing musical instrument, cheering, laughing, sports/hobbies)

- 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 limit 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.

5. Non-specialized jaw activities (yawning, opening mouth wide)

- 0 – I can yawn in a normal fashion, painlessly.
- 1 – I can yawn and open my mouth fully, 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 2 fingers widths (2.8-3.2 cm), or if I can, it always causes greater pain.

6. 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.



experience effective physical therapy

7. Effects of any form of treatment, including, but not limited to, medications, in-office therapy, treatment, oral orthotics (ie. Splints, mouthpieces), ice/health, ect.

- 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 to want to continue.

8. 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 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.

9. 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 fo my daily activities.
- 4 – I experience dizziness, which is incapacitating.

Score: _____/36