

Name: _____

Date _____

Temporo-Mandibular Joint Disability Index Questionnaire

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

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| <p>SECTION 1 – Communication (Talking)</p> <p>A. I can talk as much as I want without pain, fatigue or discomfort.</p> <p>B. I talk as much as I want, but it causes some pain, fatigue and/or discomfort.</p> <p>C. I can't talk as much as I want because of pain, fatigue and/or discomfort.</p> <p>D. I can't talk much at all because of pain, fatigue and/or discomfort.</p> <p>E. Pain prevents me from talking at all.</p> | <p>SECTION 6 – Effects of Any Form of Treatment (Meds, In-Office, Ice/Heat)</p> <p>A. I do not need to use treatment of any type in order to control or tolerate headache, face or jaw pain and discomfort.</p> <p>B. I can completely control my pain with some form of treatment.</p> <p>C. I get partial, but significant, relief through some form of treatment.</p> <p>D. I don't get "a lot of" relief from any form of treatment.</p> <p>E. There is no form of treatment that helps enough to make me want to continue.</p> |
| <p>SECTION 2 – Dizziness (Lightheaded, Spinning, Balance Disturbance)</p> <p>A. I do not experience dizziness.</p> <p>B. I experience dizziness, but it does not interfere with my daily activities.</p> <p>C. I experience dizziness which interferes somewhat with my daily activities, but I can accomplish my set goals.</p> <p>D. I experience dizziness, which causes a marked impairment in the performance of my daily activities.</p> <p>E. I experience dizziness, which is incapacitating.</p> | <p>SECTION 7 – Sleep (Restful, Nocturnal Sleep Pattern)</p> <p>A. I sleep well in a normal fashion without any pain medication, relaxants or sleeping pills.</p> <p>B. I sleep well with the use of pain pills, anti-inflammatory medication or medicinal sleeping aids.</p> <p>C. I fail to realize 6 hours restful sleep even with the use of pills.</p> <p>D. I fail to realize 4 hours restful sleep even with the use of pills.</p> <p>E. I fail to realize 2 hours restful sleep even with the use of pills.</p> |
| <p>SECTION 3 – Normal Living Activities (Eating Chewing)</p> <p>A. I can eat and chew as much of anything I want without pain/discomfort or jaw tiredness.</p> <p>B. I can eat and chew most anything I want, but it sometimes causes pain/discomfort and/or jaw tiredness.</p> <p>C. I can't eat much of anything I want, because it often causes pain/discomfort, jaw tiredness or because of restricted opening.</p> <p>D. I must eat only soft foods (consistency of scrambled eggs or less) because of pain/discomfort, jaw fatigue and/or restricted opening.</p> <p>E. I must stay on a liquid diet because of pain and/or restricted opening.</p> | <p>SECTION 8 – Sexual Function (Kissing, Hugging, Any and All Sexual Activities)</p> <p>A. I am able to engage in all my customary sexual activities and expressions without limitation and/or causing headache, face or jaw pain.</p> <p>B. 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.</p> <p>C. 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.</p> <p>D. I must limit my customary sexual expression and activities because of headache, face or jaw pain or limited mouth opening.</p> <p>E. I abstain from almost all sexual activities and expression because of the head, face or jaw pain it causes.</p> |
| <p>SECTION 4 – Social/Recreational Activities (Singing, Laughing)</p> <p>A. I am enjoying a normal social life and/or recreational activities without restriction.</p> <p>B. I participate in normal social life and/or recreational activities but pain/discomfort is increased.</p> <p>C. 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).</p> <p>D. I have restrictions socially, as I can't even sing, shout, cheer, play and/or laugh expressively because of increased pain/discomfort.</p> <p>E. I have practically no social life because of pain.</p> | <p>SECTION 9 – Tinnitus, Ringing in the Ear(s)</p> <p>A. I do not experience ringing in my ear(s).</p> <p>B. 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.</p> <p>C. 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.</p> <p>D. 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.</p> <p>E. I experience ringing in my ear(s) and it is incapacitating and/or forces me to use a masking device to get any sleep.</p> |
| <p>SECTION 5 – Non-Specialized Jaw Activities (Yawning, Opening Mouth)</p> <p>A. I can yawn in a normal fashion, painlessly.</p> <p>B. I can yawn and open my mouth fully wide open, but sometimes there is discomfort.</p> <p>C. I can yawn and open my mouth wide in a normal fashion, but it almost always causes discomfort.</p> <p>D. Yawning and opening my mouth wide are somewhat restricted by pain.</p> <p>E. 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.</p> | <p>SECTION 10 – Normal Living Activities (Brushing teeth/Flossing)</p> <p>A. I am able to care for my teeth and gums in a normal fashion without restriction, and without pain, fatigue or discomfort.</p> <p>B. I am able to care for all my teeth and gums, but I must be slow and careful, otherwise pain/discomfort, jaw tiredness results.</p> <p>C. 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.</p> <p>D. I am unable to properly clean all my teeth and gums because of restricted opening and/or pain.</p> <p>E. I am unable to care for most of my teeth and gums because of restricted opening and/or pain.</p> |

Comments: _____

Patient Signature: _____

Score: _____ % Disability: _____