

## TMD DISABILITY INDEX

### Section One: Communication

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

### Section Two: Normal Hygiene Activities

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

### Section Three: Normal Eating Activities

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

### Section Four: Social/Recreational Activities singing, playing musical instruments, cheering, laughing, social activities, playing amateur sports/hobbies and recreation.

- I'm enjoying a normal social life and/or recreational activities without restriction.
- I participate in normal social life and/or recreational activities, but pain/discomfort is increased.
- The presence of pain and/or fear of likely aggravation, only limits the more energetic components of my social life, like sports, exercising, dancing, playing musical instruments, and singing.
- I have restrictions, socially, as I can't even sing, shout, cheer, play and/or laugh expressively because of increased pain/discomfort.
- I have practically no social life because of pain.

### Section Five: Nonspecialized jaw activities, yawning, mouth opening and opening wide.

- I can yawn in a normal fashion, painlessly.
- I can yawn and open my mouth fully wide open, but sometimes there is discomfort.
- I can yawn and open my mouth \wide in a normal fashion, but it almost always causes discomfort.
- Yawning and opening my month wide are somewhat restricted by pain.
- I cannot yawn or open my mouth more than two finger widths or if I can, it always causes greater than moderate pain.

**Section Six: Sexual Function** including kissing, hugging and any and all sexual activities to which you are accustomed.

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

**Section Seven: Sleep restful**, nocturnal sleep patterns

- I sleep well in a normal fashion without any pain medication, relaxants or sleeping pills.
- I sleep well with the use of pain pills, anti-inflammatory medication or medicinal sleeping aids.
- I fail to realize six hours restful sleep even with the use of pills
- I fail to realize four hours restful sleep even with the use of pills.
- I fail to realize two hours restful sleep even with the use of pills.

**Section Eight: Effects of Treatments** medication, in office therapy, oral orthotics, ice/heat.

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

**Section Nine: Tinnitus**

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

**Section Ten: Dizziness** lightheaded, spinning or balance disturbances

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

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_