

TMD Disability Questionnaire

Name: _____

Date: _____

Instructions: Please circle the ONE number in each section that best pertains to you 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 cannot talk as much as I want because of pain, fatigue and/or discomfort.
3. I cannot 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 Teeth)

0. I am able to care for my teeth and gums without restriction, pain, fatigue or discomfort.
1. I am able to care for my teeth and gums, but I must be slow and careful to avoid pain/discomfort, or jaw tiredness.
2. I am able to care for my teeth and gums but it usually causes some pain/ discomfort, or jaw tiredness no matter how slow or careful.
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 2 - Normal Living Activities (Eating/Chewing)

0. I can eat and chew 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 cannot 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 (consistence 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 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 cannot 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 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 (2.8-3.2cm) or, if I can, it always causes greater than moderate pain.

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Section 6 - Sexual function (includes kissing, hugging 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 expressions, but it sometimes causes some headache, face or jaw pain and/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 and satisfaction.
3. I must limit my customary sexual 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 - Sleeping

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, mouthpices), 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.

Office Staff: Page 2 of 2 Total _____

Total Score _____

Score Disability _____ %