

TMJ DISABILITY INDEX (TDI)

Name: _____

Date: _____

We are interested in knowing whether you are having any difficulty with the activities listed below because of your jaw problem. Please provide an answer for each activity for today.

1. Do you or would you have difficulty with	No difficulty		Some difficulty			Complete Inability	
Eating	0	1	2	3	4	5	6
Eating <u>chewy</u> foods (steak, bagel, gum)	0	1	2	3	4	5	6
Eating <u>hard</u> foods (nuts, carrots, apple, corn-on-the-cob)	0	1	2	3	4	5	6
Eating <u>moderately soft</u> foods (fish, noodles, peas)	0	1	2	3	4	5	6
Eating <u>soft</u> foods (mashed potatoes, pudding, creamed corn, porridge)	0	1	2	3	4	5	6
Eating/drinking <u>liquids</u> (soup, tea, coffee)	0	1	2	3	4	5	6
Talking or carry on a conversation	0	1	2	3	4	5	6

2. Do you or would you	None of the time		Some of the time			All of the time	
Limit how <u>often</u> you eat	0	1	2	3	4	5	6
Avoid talking or carrying on a conversation	0	1	2	3	4	5	6
Limit how <u>long</u> you eat	0	1	2	3	4	5	6
Change how you communicate (i.e. gestures, write notes)	0	1	2	3	4	5	6
Change the way in which your jaw moves during eating (i.e. chewing mostly on one side, avoid biting large foods)	0	1	2	3	4	5	6
Limit how <u>often</u> you talk or carry on a conversation	0	1	2	3	4	5	6
Limit how <u>long</u> you talk or carry on a conversation	0	1	2	3	4	5	6
Avoid eating certain foods	0	1	2	3	4	5	6
Change the way in which your jaw moves while talking (i.e. talk with little or no jaw movement or clenched teeth)	0	1	2	3	4	5	6

3. Are you satisfied with your ability to	Yes absolutely		Some of the time			All of the time	
Talk or carry on a conversation even though you have a jaw problem	0	1	2	3	4	5	6
Eat even though you have a jaw problem	0	1	2	3	4	5	6

4. Do you or would your jaw muscles get tight when	None of the time		Some of the time			All of the time	
Talking	0	1	2	3	4	5	6
Eating	0	1	2	3	4	5	6

Signature : _____

Date : _____

Total Score : _____