TMJ DISABILITY INDEX (TDI)

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

| | | | Carrity | 101 100 | ciy. | | | |
|--|---------------------|-------|--|----------|------|----------|-----------|--|
| Do you or would you have difficulty with | No Difficulty | | Some Difficulty | | | | Complete | |
| ➢ Eating | | | | 21110 | uity | | inability | |
| Eating chewy foods (steak, bagels, gum) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Eating hard foods (nuts, carrots, apple, corn-on-the-cob) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Eating moderately soft foods (fish, noodles, peas) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Eating soft foods (mashed potatoes, pudding, | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| creamed corn, porridge) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Eating/drinking <u>liquids</u> (soups, tea, milk) | | | | | | • | Ü | |
| ➤ Talking or carry on a conversation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| raiking or carry on a conversation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| 2. Do you or would you | None of | | | Some of | | All of | | |
| | the time | | the time | | | the time | | |
| Limit how often you eat | | | | | | | | |
| Avoid talking or carrying on a conversation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| > Limit how long you eat | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Change how you communicate (i.e. Gesture, write notes) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Change the way in which your jaw moves during eating | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| (i.e. Chewing mostly on one side, avoid biting large foods) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Limit how often you talk or corn; an account of the side in the si | | | | | | | Ŭ | |
| - Partie from Otton you talk of Carry on a convergation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| you talk or carry off a conversation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Change the way in which your jaw moves while talking (i.e. Talk with little/no jaw movement or clenched teeth) | 0. | 1 | 2 | 3 | 4 | 5 | 6 | |
| Are you satisfied with your ability to | | | | | | | | |
| o. The you satisfied with your ability to | Yes | | | Some | | | Not | |
| | Absolutely | | what | | | | at all | |
| ···· | | | ······································ | | | | | |
| Talk or carry on a conversation even though you | 0 | 1 | 2 | 0 | | _ | | |
| have a jaw problem | U | ı | 2 | 3 | 4 | 5 | 6 | |
| Eat even though you have a jaw problem | 0 | 4 | 0 | | | | | |
| | U | 1 | 2 | 3 | 4 | 5 | 6 | |
| Do you or would your jaw muscles get tight when | h3 | | | | | | | |
| | None of the time | | Some of | | | All of | | |
| | nic will; | | - | the time | | | the time | |
| > Talking | | | | | | | | |
| Eating | 0 . | 1 | 2 | 3 | 4 | 5 | 6 | |
| · Eurig | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | , | J | Ų | |
| Signature: | | | | | | | | |
| Oignature. | _ | Date: | | _ | | | | |
| Total Score: | | | | | | | | |
| rotar ocore | | | | | | | | |