

Brooklin Village Physiotherapy

A Division of R.C. Fryzuk Physiotherapy Professional Corporation

Name: _____ Initial Follow-Up Discharge

Date: _____

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 select the best response to the question using the scale below. (0 being no difficulty and 6 being complete inability to perform the tasks). We ask that you complete this form on the date of your assessment in order to provide accurate results.

Do you or would you have difficulty with:	No Difficulty		Some Difficulty			Complete Inability	
	0	1	2	3	4	5	6

- Eating

- Eating chewy foods (steak, bagels, gum)

- Eating hard foods (nuts, carrots, apple, corn-on-the-cob)

- Eating moderately soft foods (fish, noodles, peas)

- Eating soft foods (mashed potatoes, pudding, creamed corn, porridge)

- Eating/drinking liquids (soups, tea, milk)

- Talking or carrying on a conversation

Please select the best response, 0 being none of the time and 6 being all of the time.

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

- Talking

- Eating

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Please select the best response, 0 being none of the time and 6 being all of the time.

Do you or would you:	None of the time	Some of the time					All of the time
	0	1	2	3	4	5	6
➤ Limit how <u>often</u> you eat							
➤ Avoid talking or carrying on a conversation							
➤ Limit how <u>long</u> you eat							
➤ Change how you communicate (gestures, written notes)							
➤ Change the way in which your jaw moves during eating (Chewing on one side)							
➤ Limit how <u>often</u> you talk or carry on a conversation							
➤ Limit how <u>long</u> you talk or carry on a conversation							
➤ Avoid eating certain foods							
➤ Change the way in which your jaw moves while talking (Talk with no jaw movement)							

Please select the best response, 0 being yes absolutely and 6 being not at all

Are you satisfied with your ability to:	Yes Absolutely	Some what					Not at all
	0	1	2	3	4	5	6
➤ Talk or carry on a conversation though you have a jaw problem							
➤ Eat even though you have a jaw problem							

Total Score: _____