

TMJ DISABILITY INDEX (TDI)



Patient Name: _____ **DOB:** _____ **Date:** _____

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.

	No Difficulty		Some Difficulty			Complete Inability	
1. Do you or would have difficulty with							
→ Eating	0	1	2	3	4	5	6
→ 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, creamed corn, porridge)	0	1	2	3	4	5	6
→ Eating/drinking liquids (soups, tea, milk)	0	1	2	3	4	5	6
→ Talking or carry on a conversation	0	1	2	3	4	5	6
	None of the time		Some of the time			All of the time	
2. Do you or would you							
→ Limit how <i>often</i> 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 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 (i.e. Chewing mostly on one side, avoid biting large foods)	0	1	2	3	4	5	6
→ Limit how often you talk or carry on a conversation	0	1	2	3	4	5	6
→ Limit how long 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/no jaw movement or clenched teeth)	0	1	2	3	4	5	6
	Yes Absolutely		Some What			Not at all	
3. Are you satisfied with your ability to							
→ 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
	None of the time		Some of the time			All of the time	
4. Do you or would your jaw muscles get tight when							
→ Talking	0	1	2	3	4	5	6
→ Eating	0	1	2	3	4	5	6

(Total Score/120X100 = Final Score)

Max Score = 120

Total Score: _____