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Patient Name: \_\_\_\_\_ 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 provide answers for each activity for today.

1. Do you or would have difficulty with	No Difficulty			Some Difficulty			Complete Inability
→ Eating	0	1	2	3	4	5	6
→ Eating <u>chewy</u> foods (steak, bagels, 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> (soups, tea, milk)	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 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 <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/no0 jaw movement or clenched teeth)	0	1	2	3	4	5	6

3. Are you satisfied with your ability to	Yes absolutely			Some what			Not at all
→ 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

Patient Signature: \_\_\_\_\_

Total Score: \_\_\_\_\_