TMD Steigerwald-Maher Disability Index

Please check the statement that best pertains to you (not necessarily exactly) in each of the following categories.

1. Communication (talking)
   - I can talk as much as I want without pain, fatigue or discomfort.
   - I can talk as much as I want but it causes some pain, fatigue or discomfort.
   - I can’t talk as much as I want because of pain, fatigue or discomfort.
   - I can’t talk much at all because of pain, fatigue or discomfort.
   - Pain prevents me from talking at all.

2. Normal living activities (brushing/flossing).
   - I am able to care for my gums and teeth in a normal fashion without restriction, and without pain, fatigue or discomfort.
   - I am able to care for all my teeth and gums, but I must be slow and careful, otherwise pain/discomfort, jaw tiredness results.
   - I do manage to care for my teeth and gums in a normal fashion, but it usually causes some pain/discomfort, jaw tiredness no matter how careful I am.
   - I am unable to properly clean all my teeth and gums because of restrictive opening and/or pain.
   - I am unable to care for most of my teeth and gums because of restricted opening and/or pain.

3. Normal living activities (eating/chewing)
   - I can eat and chew as much of anything I want without pain/discomfort or jaw tiredness.
   - I can eat and chew most anything I want, but it sometimes causes pain/discomfort and/or jaw tiredness.
   - I can’t eat much of anything I want, because it often causes pain/discomfort, jaw tiredness or because of restricted opening.
   - I must eat only soft foods (consistency of scrambled eggs or less) because of pain/discomfort, jaw fatigue and/or restricted opening.
   - I must stay on a liquid diet because of pain and/or restricted opening.

4. Social/recreational activities (singing, playing musical instruments, cheering, laughing, social activities, playing amateur sports/hobbies, and recreation, etc.)
   - I am enjoying a normal social life and/or recreational activities without restriction.
   - I participate in normal social life and/or recreational activities but pain/discomfort is increased.
   - The presence of pain and/or fear of likely aggravation only limits the more energetic components of my social life (sports, exercise, dancing, playing musical instruments, singing).
   - I have restrictions socially as I can’t even sing, shout, cheer, play, and/or laugh expressively because of increased pain/discomfort.
5. **Non-specialized jaw activities (yawning, mouth opening and opening my mouth wide).**

   - I can yawn in a normal fashion, painlessly.
   - I can yawn and open my mouth fully wide open, but sometimes there is discomfort.
   - I can yawn and open my mouth wide in a normal fashion, but it almost always causes discomfort.
   - Yawning and opening my mouth wide are somewhat restricted by pain.
   - I cannot yawn or open my mouth more than two finger widths (2.8-3.2cm) or, if I can it always causes greater than moderate pain.

6. **Sexual function (including kissing, hugging, and any and all sexual activities to which you are accustomed).**

   - I am able to engage in all my customary sexual activities and expressions without limitation and/or causing headache, face or jaw pain.
   - I am able to engage in all my customary sexual activities and expressions, but it sometimes causes some headache, face or jaw fatigue.
   - I am able to engage in all my customary sexual activities and expressions, but it usually causes enough headache, face or jaw pain to markedly interfere with my enjoyment willingness and satisfaction.
   - I must limit my customary sexual activities and expressions because of headache, face or jaw pain or limited mouth opening.
   - I abstain from almost all sexual activities and expression because of head, face or jaw pain it causes.

7. **Sleep (restful, nocturnal sleep pattern)**

   - I sleep well in a normal fashion without any pain medication, relaxants or sleeping pills.
   - I sleep well with the use of pain pills, anti-inflammatory medication or medicinal sleeping aids.
   - I fail to realize 6 hours of restful sleep even with the use of pills.
   - I fail to realize 4 hours of restful sleep even with the use of pills.
   - I fail to realize 2 hours of restful sleep even with the use of pills.

8. **Effects of any form of treatment, including, but not limited to, medications, in office therapy, treatments, oral orthotics (e.g. splints, mouthpieces), ice/heat, etc**

   - I do not need to use treatment of any type in order to control or tolerate headache, face or jaw pain and discomfort.
   - I can completely control my pain with some form of treatment.
   - I get partial, but significant, relief through some form of treatment.
   - I don't get "a lot" of relief from any form of treatment.
   - There is no form of treatment that helps enough to make me want to continue.
9. **Tinnitus, or ringing in the ear(s).**

- I do not experience ringing in my ear(s).
- I experience ringing in my ear(s) somewhat, but it does not interfere with my sleep and/or my ability to perform my daily activities.
- I experience ringing in my ear(s) and it interferes with my sleep and/or daily activities, but I can accomplish set goals and can get an acceptable amount of sleep.
- I experience ringing in my ear(s) and it causes a marked impairment in the performance of my daily activities and/or results in an unacceptable loss of sleep.
- I experience ringing in my ear(s) and it is incapacitating and/or forces me to use a masking device to get any sleep.

10. **Dizziness (lightheaded, spinning and/or balance disturbance)**

- I do not experience dizziness.
- I experience dizziness but it does not interfere but it does not interfere with my daily activities.
- I experience dizziness, which interferes somewhat with my daily activities, but I can accomplish my set goals.
- I experience dizziness, which causes marked impairment in the performance of my daily activities.
- I experience dizziness, which is incapacitating.