Berryville
Physical Therapy and Wellness

322-A North Buckmarsh St.
Berryville, VA 22611
540-955-1837**PH**
540-955-1838**FAX**

TMJ Functional Index

Patient Name _____ **Date** ____/____/_____ ❒ Initial Visit ❒ Discharge Visit

Choose the one answer in each section that best describes your condition.

WALKING
- ❒ Symptoms do not prevent me walking any distance.
- ❒ Symptoms prevent me walking more than 1 mile.
- ❒ Symptoms prevent me walking more than 1/2 mile.
- ❒ Symptoms prevent me walking more than 1/4 mile.
- ❒ I can only walk using a stick or crutches.
- ❒ I am in bed most of the time and have to crawl to the toilet.

WORK (Applies to work in home and outside)
- ❒ I can do as much work as I want to.
- ❒ I can only do my usual work, but no more.
- ❒ I can do most of my usual work, but no more.
- ❒ I cannot do my usual work.
- ❒ I can hardly do any work at all (only light duty).
- ❒ I cannot do any work at all.

PERSONAL CARE (Washing, Dressing, etc.)
- ❒ I can manage all personal care without symptoms.
- ❒ I can manage all personal care with some increased symptoms.
- ❒ Personal care requires slow, concise movements due to increased symptoms.
- ❒ I need help to manage some personal care.
- ❒ I need help to manage all personal care.
- ❒ I cannot manage any personal care.

SLEEPING
- ❒ I have no trouble sleeping.
- ❒ My sleep is mildly disturbed (less than 1 hr. sleepless).
- ❒ My sleep is mildly disturbed (1-2 hrs. sleepless).
- ❒ My sleep is moderately disturbed (2-3 hrs. sleepless).
- ❒ My sleep is greatly disturbed (3-5 hrs. sleepless).
- ❒ My sleep is completely disturbed (5-7 hrs. sleepless).

RECREATION/SPORTS
(Indicate Sport if Appropriate _____)
- ❒ I am able to engage in all my recreational/sports activities without increased symptoms.
- ❒ I am able to engage in all my recreational/sports activities with some increased symptoms.
- ❒ I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.
- ❒ I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.
- ❒ I can hardly do any recreational/sports activities because of increased symptoms.
- ❒ I cannot do any recreational/sports activities at all.

ACUITY *(Answer on initial visit.)*
How many days ago did onset/injury occur? _____days

CONCENTRATION
- ❒ I can concentrate fully when I want to with no difficulty
- ❒ I can concentrate fully when I want to with slight difficulty.
- ❒ I have a fair degree of difficulty in concentrating when I want to.
- ❒ I have a lot of difficulty in concentrating when I want to.
- ❒ I have a great deal of difficulty in concentrating when I want to.
- ❒ I cannot concentrate at all.

HEADACHES
- ❒ I have no headaches at all.
- ❒ I have slight headaches which come less than 3 per wk.
- ❒ I have moderate headaches which come infrequently.
- ❒ I have moderate headaches which come 4 or more per wk.
- ❒ I have severe headaches which come frequently.
- ❒ I have headaches almost all of the time.

READING
- ❒ I can read as much as I want without increased symptoms.
- ❒ I can read as much as I want with slight symptoms.
- ❒ I can read as much as I want with moderate symptoms.
- ❒ I cannot read as much as I want because of moderate symptoms.
- ❒ I can hardly read at all because of severe symptoms.
- ❒ I cannot read at all.

TALKING
- ❒ I can talk without any increased symptoms.
- ❒ I can talk as long as I want with slight symptoms in my jaws.
- ❒ I can talk as long as I want with moderate symptoms in my jaws.
- ❒ I cannot talk as long as I want because of moderate symptoms in my jaws.
- ❒ I can hardly talk at all because of severe symptoms in my jaws.
- ❒ I cannot talk at all.

EATING
- ❒ I can eat whatever I want without symptoms.
- ❒ I can eat whatever I want but it gives extra symptoms.
- ❒ Symptoms prevent me from eating regular food, but I can manage if I avoid hard foods.
- ❒ Symptoms prevent me from chewing anything other than soft foods.
- ❒ I can chew soft foods occasionally, but i primarily adhere to a liquid diet.
- ❒ I cannot chew at all and maintain a liquid diet.

PLEASE COMPLETE PAGE TWO

Berryville Physical Therapy and Wellness

TMJ Functional Index p 2

■ PAIN INDEX
Please indicate the worst your pain has been in the last 24 hours on the scale below.

No Pain ========== Worst Pain Imaginable

PLEASE DO NOT COMPLETE THE FOLLOWING SECTIONS ON FIRST VISIT

■ IMPROVEMENT INDEX
Please indicate the amount of improvement you have made since the beginning of your treatment on the scale below.

No Improvement ========== Complete Recovery

■ WORK STATUS ***(check most appropriate)***

1. ❒ No lost work time.
2. ❒ Return to work without restriction
3. ❒ Return to work with modification
4. ❒ Have not returned to work
5. ❒ Not employed outside the home

Work days lost due to condition: _____ days