

NAME: _____

DATE: _____

JAW FUNCTIONAL LIMITATION SCALE

For each of the items below, please indicate the level of limitation during the last week. If the activity has been completely avoided because it is too difficult, circle "10." If you avoid an activity for reasons other than pain or difficulty, leave the item blank.

1. Chew tough food	0	1	2	3	4	5	6	7	8	9	10
2. Chew hard bread	0	1	2	3	4	5	6	7	8	9	10
3. Chew chicken	0	1	2	3	4	5	6	7	8	9	10
4. Check crackers	0	1	2	3	4	5	6	7	8	9	10
5. Chew soft food (macaroni, cooked, veggies)	0	1	2	3	4	5	6	7	8	9	10
6. Eat soft food requiring no chewing (pudding)	0	1	2	3	4	5	6	7	8	9	10
7. Open wide enough to bite from a whole apple	0	1	2	3	4	5	6	7	8	9	10
8. Open wide enough to bite into a sandwich	0	1	2	3	4	5	6	7	8	9	10
9. Open wide enough to talk	0	1	2	3	4	5	6	7	8	9	10
10. Open wide enough to drink from a cup	0	1	2	3	4	5	6	7	8	9	10
11. Swallow	0	1	2	3	4	5	6	7	8	9	10
12. Yawn	0	1	2	3	4	5	6	7	8	9	10
13. Talk	0	1	2	3	4	5	6	7	8	9	10
14. Sing	0	1	2	3	4	5	6	7	8	9	10
15. Putting on a happy face	0	1	2	3	4	5	6	7	8	9	10
16. Putting on an angry face	0	1	2	3	4	5	6	7	8	9	10
17. Frown	0	1	2	3	4	5	6	7	8	9	10
18. Kiss	0	1	2	3	4	5	6	7	8	9	10
19. Smile	0	1	2	3	4	5	6	7	8	9	10
20. Laugh	0	1	2	3	4	5	6	7	8	9	10

From: Richard Ohrbach, DDS, PhD; Associate Professor, Department of Oral Diagnostic Sciences, University of Buffalo, 355 Squire Hall, Buffalo, New York.

Score: _____ %