

Name: _____

Date: _____

JAW FUNCTIONAL LIMITATION SCALE

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

		No Limitation									Severe Limitation	
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 (for example, prepared in oven)	0	1	2	3	4	5	6	7	8	9	10
4	Chew crackers	0	1	2	3	4	5	6	7	8	9	10
5	Chew soft food (for example, macaroni, canned or soft fruits, cooked vegetables, fish)	0	1	2	3	4	5	6	7	8	9	10
6	Eat soft food requiring no chewing (for pudding, pureed food)	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

No Pain At All

Pain As Bad
As It Could Be

0 _____ 10