

Facial Disability Index

Please circle the most appropriate response to the following questions related to problems associated with the function of your facial muscles. For each question, consider your function **during the past month**:

Physical Function

1. How much difficulty did you have did you have keeping food in your mouth, moving food around in your mouth, or getting food stuck in your cheek while eating?

Usually did with:

- 5 - no difficulty
- 4 - a little difficulty
- 3 - some difficulty
- 2 - much difficulty

Usually did not eat because:

- 1 - of health
- 0 - of other reasons

2. How much difficulty did you have drinking from a cup?

Usually did with:

- 5 - no difficulty
- 4 - a little difficulty
- 3 - some difficulty
- 2 - much difficulty

Usually did not drink because:

- 1 - of health
- 0 - of other reasons

3. How much difficulty did you have saying specific sounds while speaking?

Usually did with:

- 5 - no difficulty
- 4 - a little difficulty
- 3 - some difficulty
- 2 - much difficulty, slurring of speech

Usually did not speak because:

- 1 - of health
- 0 - of other reasons

4. How much difficulty did you have with your eye tearing excessively or becoming dry?

Usually did with:

- 5 - no difficulty
- 4 - a little difficulty
- 3 - some difficulty
- 2 - much difficulty

Usually did not tearing because:

- 1 - of health
- 0 - of other reasons

5. How much difficulty did you have with brushing your teeth or rinsing your mouth?

Usually did with:

- 5 - no difficulty
- 4 - a little difficulty
- 3 - some difficulty
- 2 - much difficulty

Usually did not brushing or rinsing because:

- 1 - of health
- 0 - of other reasons

Social Function

6. How much of the time have you felt calm and peaceful?

- | | |
|------------------------------|----------------------|
| 6 – all of the time | 5 – most of the time |
| 4 – a good bit of the time | 3 – some of the time |
| 2 – a little bit of the time | 1 – none of the time |

7. How much of the time did you isolate yourself from people around you?

- | | |
|------------------------------|----------------------|
| 6 – all of the time | 5 – most of the time |
| 4 – a good bit of the time | 3 – some of the time |
| 2 – a little bit of the time | 1 – none of the time |

8. How much of the time did you get irritable toward those around you?

- | | |
|------------------------------|----------------------|
| 6 – all of the time | 5 – most of the time |
| 4 – a good bit of the time | 3 – some of the time |
| 2 – a little bit of the time | 1 – none of the time |

9. How often did you wake up early or wake up several times during your nighttime sleep?

- | | |
|------------------------------|----------------------|
| 6 – all of the time | 5 – most of the time |
| 4 – a good bit of the time | 3 – some of the time |
| 2 – a little bit of the time | 1 – none of the time |

10. How often has your facial function kept you from going out to eat, shop, or participate in family or social activities?

- | | |
|------------------------------|----------------------|
| 6 – all of the time | 5 – most of the time |
| 4 – a good bit of the time | 3 – some of the time |
| 2 – a little bit of the time | 1 – none of the time |

DO NOT COMPLETE THIS SECTION – TO BE COMPLETED BY YOUR THERAPIST

Scoring:

Physical Function

Social Function

$$\frac{\text{Total Score (questions 1-5)} - N}{N} \times \frac{110}{4}$$

$$\frac{\text{Total Score (questions 6-10)}}{N} \times \frac{100}{5}$$

N = Number of questions answered