

FACIAL DISABILITY INDEX (FDI)

Name: _____ Date: _____

Please choose 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.

Office Use
Only
Score / Goal

Physical Function

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

Usually did with:

5 = No difficulty

2 = Much difficulty

4 = A little difficulty

1 = Usually did not eat because of health

3 = Some difficulty

0 = Usually did not eat because of other reasons

1. _____

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

Usually did with:

5 = No difficulty

2 = Much difficulty

4 = A little difficulty

1 = Usually did not eat because of health

3 = Some difficulty

0 = Usually did not eat because of other reasons

2. _____

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

Usually did with:

5 = No difficulty

2 = Much difficulty, slurring most of speech

4 = A little difficulty

1 = Usually did not eat because of health

3 = Some difficulty

0 = Usually did not eat because of other reasons

3. _____

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

Usually did with:

5 = No difficulty

2 = Much difficulty

4 = A little difficulty

1 = Usually did not eat because of health

3 = Some difficulty

0 = Usually did not eat because of other reasons

4. _____

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

Usually did with:

5 = No difficulty

2 = Much difficulty

4 = A little difficulty

1 = Usually did not eat because of health

3 = Some difficulty

0 = Usually did not eat because of other reasons

5. _____

Total:

(_____ - 5) / 5 x 25 = _____ Physical Score

For office use only

(_____ - 5) / 5 x 25 = _____ Physical Score Goal

Please Turn
Over for Part 2



Facial Disability Index – Part 2

Please choose 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**.

Office Use
Only
Score / Goal

Social / Well-being Function

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

6 = All of the time

3 = Some of the time

5 = Most of the time

2 = A little bit of the time

4 = A good bit of the time

1 = None of the time

6. _____

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

1 = All of the time

4 = Some of the time

2 = Most of the time

5 = A little bit of the time

3 = A good bit of the time

6 = None of the time

7. _____

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

1 = All of the time

4 = Some of the time

2 = Most of the time

5 = A little bit of the time

3 = A good bit of the time

6 = None of the time

8. _____

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

1 = Every night

4 = Some nights

2 = Most nights

5 = A few nights

3 = A good number of nights

6 = No nights

9. _____

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

1 = All of the time

4 = Some of the time

2 = Most of the time

5 = A little bit of the time

3 = A good bit of the time

6 = None of the time

10. _____

Total:

For office use only

(_____ - 5) / 5 x 20 = _____ Social/Wellbeing Score

(_____ - 5) / 5 x 20 = _____ Social/Wellbeing Score Goal

Physical (_____) + Social (_____) = (_____ / 200) total FDI Score

Physical (_____) + Social (_____) = (_____ / 200) total FDI Score Goal