Jaw Functional Limitation Scale - 8

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, leave the item blank.

		No limitation										evere ation
1.	Chew tough food	0	1	2	3	4	5	6	7	8	9	10
2.	Chew chicken (e.g., prepared in oven)	0	1	2	3	4	5	6	7	8	9	10
3.	Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	0	1	2	3	4	5	6	7	8	9	10
4.	Open wide enough to drink from a cup	0	1	2	3	4	5	6	7	8	9	10
5.	Swallow	0	1	2	3	4	5	6	7	8	9	10
6.	Yawn	0	1	2	3	4	5	6	7	8	9	10
7.	Talk	0	1	2	3	4	5	6	7	8	9	10
8.	Smile	0	1	2	3	4	5	6	7	8	9	10
0.	Smile	U		2	3	4	Э	0		0		9