

Optimal Performance Physical Therapy

Craniomandibular ADL Scale

Name: _____ **Signature:** _____ **Date:** _____

Below is a list of a number of activities. Circle the number which best describes your present ability to participate in each activity when you have pain / discomfort.

When I feel pain / discomfort, I am able to:

- | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|--|---|----|
| 1. Socialize with family and close friends. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 2. Perform daily work. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 3. Perform daily household chores (preparing meals, taking care of small children, etc.). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 4. Sit in company or participate in other social activities (e.g. parties). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 5. Exercise (walk, bicycle, jog, etc.). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 6. Hobbies (read, fish, knit, play an instrument, etc.). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 7. Sleep at night. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 8. Concentrate. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 9. Eat (chew, swallow). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 10. Talk (laugh, sing). | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 11. Yawn, open mouth wide. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | activity without any pain / discomfort at all | | | | | | | | activity impossible due to pain / discomfort | | |
| 12. How much does the pain / discomfort affect your daily activities? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Not at all | | | | | | | | Extremely | | |