

NAME \_\_\_\_\_

DATE \_\_\_\_\_

### Mandibular Function Impairment Questionnaire (M.F.I.Q)

This questionnaire addresses functional jaw activities. With this questionnaire we want to learn to what extent your symptoms affect your ability to use your jaw. To this end it is important that you answer all questions honestly.

With all activities mentioned in the questions, indicate how much difficulty you have using your jaw due to your present complaints by selecting one of possible answers:

- 1 no difficulty
- 2 a little difficulty
- 3 quite a bit of difficulty
- 4 much difficulty
- 5 very much difficulty or impossible without help
- N/A not applicable

Explanation:

- 1 You can carry out the jaw-activity without any problem or extra effort.
- 2 You experience some disturbance with carrying out the jaw-activity, but you can accomplish the task without difficulty.
- 3 You can carry out the jaw-activity, but at the expense of extra effort or difficulty.
- 4 You cannot carry out (part of) the jaw-activity properly and for this reason you avoid the activity occasionally.
- 5 You cannot carry out (part of) the jaw-activity at all, and for this reason you have to avoid the activity or need help from others.

Answer the following questions using the scale explained above.

How much difficulty do you have, **owing to your jaw complaints**, with:

	No difficulty		Quite a bit of difficulty		Very much difficulty or impossible	
1. social activities (with family, friends, etc.)?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
2. speaking?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
3. taking a large bite (e.g. from an apple)?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
4. chewing hard food?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
5. chewing soft food?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
6. work and/or daily activities?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
7. drinking?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
8. laughing?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
9. chewing resistant food?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
10. yawning?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○
11. kissing?	1 ○	2 ○	3 ○	4 ○	5 ○	N/A ○

Eating food involves taking a bite, chewing and swallowing. The following addresses some types of food. We want to know how much difficulty you have with eating these types of food. It may be possible that you have not eaten this food lately. In that case you should answer the question with a comparable type of food in mind or indicate how much difficulty you would have if you were forced to eat this type of food.

How much difficulty do you have, owing to your jaw complaint, with eating:

	No difficulty	Quite a bit of difficulty	Very much difficulty or impossible
1. a hard cookie?	1 ○	2 ○	3 ○ 4 ○ 5 ○
2. meat (e.g. pork or beef)?	1 ○	2 ○	3 ○ 4 ○ 5 ○
3. a raw carrot?	1 ○	2 ○	3 ○ 4 ○ 5 ○
4. french bread/white bread?	1 ○	2 ○	3 ○ 4 ○ 5 ○
5. peanuts or almonds?	1 ○	2 ○	3 ○ 4 ○ 5 ○
6. an apple (not cut into pieces)?	1 ○	2 ○	3 ○ 4 ○ 5 ○

Scoring key of the MFIQ

Score per item:

$s = i - 1$  (range 0-4)

( $i = 1, 2, 3, 4$  or 5)

sum score =  $S = s_1 + \dots + s_{17}$

maximal score =  $17 \times 4 = 68$

SCORE \_\_\_\_\_

Rough score =  $C = S/68$  (range: 0-1)

Function impairment (“rating”)

0 all  $i < 2$  and  $C \leq 0.3$

1 at least one  $i \geq 2$  and  $C \leq 0.3$

2 all  $i < 3$  and  $0.3 < C \leq 0.6$

3 at least one  $i \geq 3$  and  $0.3 < C \leq 0.6$

4 all  $i < 4$  and  $C > 0.6$

5 at least one  $i = 4$  and  $C > 0.6$

Qualitative measure for function impairment:

I = low: rating = 0 or 1

II = moderate: rating = 2 or 3

III = severe: rating = 4 or 5