

Survey of treatments received

ID _____ Date _____

What treatments have you ever sought for your jaw pain problem? Please indicate number of visits with the respective health care provider or teacher:

Type of treatment		Number of visits
1	Mouth appliance (“bite plate”, “night guard”, repositioning appliance”, “splint”)	
2	Physical therapy (heat, cold, ultrasound, soft tissue manipulation)	
3	Relaxation (whole body)	
4	Biofeedback	
5	Stress management	
6	Psychotherapy	
7	Muscle relaxant medications (eg. Robaxin, valium, meprobamate, flexeril, zanaflex)	
8	Analgesics or ”painkillers” (eg. codeine, percodan, fiorinal)	
9	Anti-inflammatory medications (eg. aspirin, motrin, ibuprofen, feldene, cortisone)	
10	Anti-depressant medications (eg. Elavil, amitriptyline, sinequan, desyrel, prozac, zoloft)	
11	Grinding the chewing surfaces of the teeth (“bite adjustment”, ”occlusal equilibration”)	
12	Orthodontics	
13	Dental reconstruction (crowns, bridges)	
14	Muscle or joint injections	
15	TMJ surgery	
16	TMJ arthrocentesis (needle placed in joint instead of surgery)	
17	Chiropractic manipulation	
18	Antibiotics	
19	Acupuncture	
20	Counseling by dentist or dental staff	
21	TMJ manipulation	
22	Orthopedic treatment	
23	Hypnosis	
24	Massage	
25	TENS	
26	Herbs and nutrition	
27	Yoga	
28	Evaluation only	
29	Jaw Exercise	
30	Islamic Medicine	
31	Other (specify):	
32	Other (specify):	
33	Other (specify):	