

# Patient evaluation of TMD treatment progress

**Patient Name:**

**Date:**

**Appointment:** ( circle one )

<b>Soft Guard</b>	Follow up Weeks	1	2	6	13	26
<b>TMD Appliance</b>	Follow up Weeks	1	2	6	13	26

**How are you doing?** ( circle one )

Much better - Better - Same - Worse - Much Worse

**Are you happy with your progress so far?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, very much          | <input type="checkbox"/> Yes              |
| <input type="checkbox"/> Yes, pretty much        | <input type="checkbox"/> I'm not sure     |
| <input type="checkbox"/> No, I don't feel better | <input type="checkbox"/> No, I feel worse |

**Please describe how you feel?**

**Patient Signature:**

**Date:**