atient Name:	Physiologic Bite Symptoms Tracker d allow patients to provide you with a rating of their discomfort. Rate from 0 to 5 on pain ns tracker for the entirety of treatment and have patients initial below after patient intervi				Tx Type		
tient Interview: Ask about each of the symptoms and mptoms on the right side of sheet. Maintain symptom							
Date							
Symptoms	Rating	Rating	Rating	Rating	Rating	Rating	Rating
Headache (any type)							
TMJ Pain Frequency/Intensity							
TMJ Popping (R/L Sides)							
TMJ Clicking (R/L Sides)							
Range of Motion							
Ear Congestion							
Ear Pressure/Pain							
Vertigo/ Dizzy Spells							
Tinnitus (ringing in ears)							
Fatigue when Swallowing							
Tongue Fatigue							
Teeth Sensitivity							
Clenching							
Grinding							
Dry Mouth				A			
Neck Pain							
Postural Problems							
Tingling in fingertips							
Pain in temples							
Pain in forehead							
Pain on shoulder. Muscles							
Nausea			_	\wedge			
Insomnia or trouble sleeping							
Nervousness							
Are you breathing through your nose?	Openin	T UPP	ortuni	VS DO	01°		
Hours per day compliance?	4	<i>J</i>		~			
Eating with appliance?							