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Name: _____ Phone: _____

M2 (Monitoring Myself) for the week preceding ____/____/____

All questions should be answered with 0 being the best and 3 being the worst.

Dental	0 1 2 3	Do you feel that your bite is uneven or unstable?
	0 1 2 3	Do you have any tooth or gum soreness?
	0 1 2 3	Are you having problems with your appliance fitting well?
	0 1 2 3	Are you unable to effectively clean your teeth or appliances?
Muscular	0 1 2 3	Do you have sore neck muscles?
	0 1 2 3	Do you have sore facial muscles?
	0 1 2 3	Do you have pain between your shoulder blades?
	0 1 2 3	Do you have hip or back pain?
Joint	0 1 2 3	Do you have clicking/popping/grating of your temporomandibular joint?
	0 1 2 3	Do you have pain in your temporomandibular joint?
	0 1 2 3	Do you feel that you have noise in or restrictions of movement of the joints in your neck?
	0 1 2 3	Do you feel that your hip is out of alignment?
Neurological	0 1 2 3	Are you having headaches?
	0 1 2 3	Are you having migraines?
	0 1 2 3	Are you having ringing in your ears, lack of balance or vertigo?
	0 1 2 3	Are you experiencing anxiety more than usual?
Airway	0 1 2 3	Are you snoring?
	0 1 2 3	Do you feel that you are getting inadequate sleep?
	0 1 2 3	Are you experiencing morning headaches?
	0 1 2 3	Are you unable to breathe through your nose?
Systemic	0 1 2 3	How is your overall feeling of wellness?
		Acidity level in the morning?
	0 1 2 3	How is your body coping with your chronic medical conditions?
	0 1 2 3	How is your overall diet and digestion?

What other health care providers have you seen since or treatments have you had since your last visit with us?

☐ Physical Therapy ☐ Pain Management ☐ Osteopath ☐ Dentist
☐ Massage Therapy ☐ MD *(Internist/Family Practice)* ☐ Chiropractor ☐ Other
Details: _____

Did this treatment help you? ☐ Yes ☐ No
Please describe: _____

Since your last visit, when you've performed the two finger test at home, have you felt resistance on: ☐ both sides ☐ right side only ☐ left side only

What has been your schedule of wearing your appliance(s)? _____

What percentage do you comply with the above schedule? _____ %