

Appendix 3

DAILY DIARY

Date:

Day:

COMPLETE BEFORE AT-HOME TREATMENT:

Pain before at-home treatment:

How would you rate your jaw muscle PAIN on a 0 to 10 scale at the PRESENT TIME that is right now, where 0 is "no pain" and 10 is "pain as bad as could be"?

0 1 2 3 4 5 6 7 8 9 10  
No Pain Worst Pain

COMPLETE AFTER AT-HOME TREATMENT: [ Note: complete either (a) or( b)]

(a) You did the activity for \_\_\_\_\_ minutes at \_\_\_\_\_ am/pm.

‘OR’

(b) You did not complete the activity today, because:

- 1. have no time
- 2. activity is unclear and I am not sure
- 3. too difficult
- 4. it's not interesting
- 5. others, please specify \_\_\_\_\_

Pain after at-home treatment:

How would you rate your jaw muscle PAIN on a 0 to 10 scale at the PRESENT TIME, that is right now, where 0 is "no pain" and 10 is "pain as bad as could be"?

0 1 2 3 4 5 6 7 8 9 10  
No Pain Worst Pain

COMPLETE AT THE END OF THE DAY:

The following describes the condition of your jaw muscle pain for the entire day (i.e., from the time of waking up in the morning till you retire to bed at night).

[Note: Complete either (a) or( b)]

(a) Pain relief: How would you rate your pain relief for the entire day, where 0 is “no pain relief” and 10 is “complete pain relief”?

0 1 2 3 4 5 6 7 8 9 10  
No Pain Complete Pain relief  
relief relief

‘OR’

(b) Pain increase: How would you rate your pain increase for the entire day, where 0 is “no change in pain” and 10 is “maximum pain increase”?

0 1 2 3 4 5 6 7 8 9 10  
No change in Maximum Pain  
Pain increase

