## Practitioner Demographics

**Please provide the following information:**

1. What are your area(s) of specialty/expertise? **(Check All that apply)**

| | |
|---|---|
| General Dentistry | ☐ |
| Orthodontics | ☐ |
| Endodontics | ☐ |
| Pedodontics | ☐ |
| Periodontics | ☐ |
| Prosthodontics | ☐ |
| Oral and Maxillofacial Surgery | ☐ |
| Oral Medicine | ☐ |
| Oral/Maxillofacial Radiology | ☐ |
| TMD and Orofacial Pain | ☐ |
| Anesthesiology | ☐ |
| Other | ☐ |

Approximately how many TMD pain patients have you treated in the last month? ______
In the last year? ____________

For how many years have you treated patients with TMD Pain?

Less than 1 year ☐

**If 1 year or more,** round up to the nearest year(s): ☐☐ Years

Approximately, what percent of your practice is dedicated to treating TMD? _______%

Which of the following types of training do you have for managing TMD patients?

**(Check ALL that apply)**

| | **Yes** | **No** |
|---|---|---|
| Training in dental school | ☐ | ☐ |
| Clinical experience | ☐ | ☐ |
| Textbooks | ☐ | ☐ |
| Journal articles | ☐ | ☐ |
| Continuing education course(s) | ☐ | ☐ |
| Training in GPR/ AGD | ☐ | ☐ |
| Residency/ Training program in Orofacial Pain | ☐ | ☐ |
| Residency/ Training Program in Anesthesiology | ☐ | ☐ |

| | | |
|---|---|---|
| Residency/ Training Program in Oral Medicine | ☐ | ☐ |
| Residency/ Training Program in ADA recognized specialty | ☐ | ☐ |
| Other (describe): ☐ | ☐ | ☐ |

To which of the following professional organizations do you belong?
**(Check ALL that apply)**

| | | |
|---|---|---|
| None | ☐ | ☐ |
| American Dental Association | ☐ | ☐ |
| American Academy of General Dentistry | ☐ | ☐ |
| International/ American Association for Dental Research | ☐ | ☐ |
| American Academy of Orofacial Pain | ☐ | ☐ |
| American Equilibration Society | ☐ | ☐ |
| American Academy of Pain Management | ☐ | ☐ |
| International College of Cranio-Mandibular Orthopedics | ☐ | ☐ |
| American Academy of Craniofacial Pain | ☐ | ☐ |
| American Pain Society | ☐ | ☐ |
| International Association for Pain | ☐ | ☐ |
| Other (describe): | ☐ | ☐ |

**Thank you for your time!**