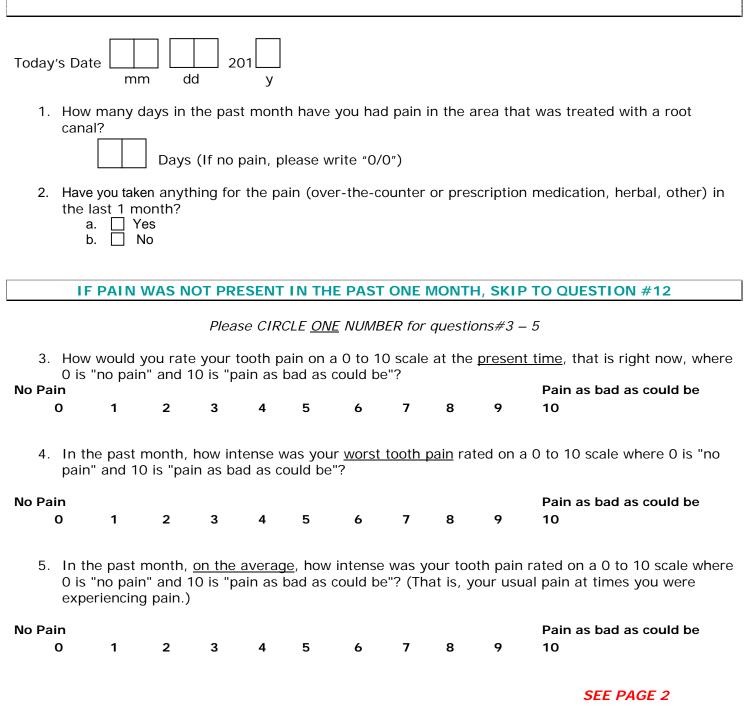




Patient Survey — 6 Months After Treatment

Please mark answers with an "X" in the corresponding box. It is very important that the responses be recorded within the space allotted. Example: X

When recording numerical responses, such as amounts or dates, one number should be entered into each box. Example: 01/03/2010





6. About how many days in the past month have you been kept from your usual activities (work, school or housework) because of tooth pain?

Days (If none,	please	write	"0/0")
		prodoo		0,0,

Please CIRCLE <u>ONE</u> NUMBER for questions #7 – 9

7. In the past month, how much has tooth pain interfered with your daily activities rated on a 0 to 10 scale where 0 is "no interference" and 10 is "unable to carry on any activities"?

No interf	erence										Unable to carry on any activities
	0	1	2	3	4	5	6	7	8	9	10

8. In the past month, how much has tooth pain interfered with your ability to take part in recreational, social and family activities where 0 is "no interference" and 10 is "unable to carry on any activities"?

No											Unable to carry on
interfere	ence										any activities
C)	1	2	3	4	5	6	7	8	9	10

9. In the past month, how much has tooth pain interfered with your ability to work (including housework) where 0 is "no interference" and 10 is "unable to carry on any activities"?

No interfe	erence										Unable to carry on any activities
	0	1	2	3	4	5	6	7	8	9	10

- 10. Has your tooth pain been present for at least 8 hours a day, 15 days or more a month, over the last 3 or more months?
 - a. 🗌 Yes
 - b. Do [If no, skip to Question 12.]
- 11. If yes, what do you think was the cause of this tooth-type pain (please mark **only ONE** response)?
 - a. dental disease / infection (e.g., toothache)
 - b. dental treatment (e.g., root canal therapy)
 - c. trauma (e.g., traffic accident, injury, fall)
 - d. illness (e.g., cold, sinus infection, ear infection)
 - e. other pain(s) (e.g., headaches, TMJ/TMD)
 - f. 🗌 stress
 - g. 🗌 don't know
- 12. Please rate how your feelings of fear about having a root canal compared to the actual experience.
 - a. does not apply I was not afraid.
 - b. the experience was *better* than I feared.
 - c. the experience was about what I feared.
 - d. the experience was *worse* than what I feared.

SEE PAGE 3



13. In the last 3 months, which of the following treatments have you sought to manage pain associated with your tooth that received root canal therapy? (Mark all that apply and indicate the number of treatments in the last 3 months.)

A. Additional dental treatment(s):

1. Additional root canal treatment(s): How many appointments?
2. Extraction of the tooth (tooth was removed)
3. Additional x-rays: How many appointments?
B. Medication(s) or supplement(s):
1. Pain medication (prescription or over the counter)
2. Antibiotics
3. 🗌 Herbal/botanical
C. C. Appointment(s) with a medical doctor: How many appointments?
D. Alternative, complementary, or non-traditional health therapies:
1. Chiropractic care: How many appointments?
2. Acupuncture or acupressure: How many appointments?
3. Other: (please list)
E. D None of the above.