



## Dentist Survey – Before Treatment (Diagnosis)

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

When recording numerical responses, such as amounts or dates, one number should be entered into each box. **Example:**  /  / 201

Visit Date  mm /  dd / 201 y

**NOTE: Do not continue until patient consent obtained**

1. Which tooth is to be treated with a root canal?  (Universal numbering system: 01- 32)
2. Does the tooth exhibit a radiolucency of endodontic origin (periradicular or apical)?
  - a.  Yes
  - b.  No

### Physical Exam

3. Was the tooth tender to percussion?
  - a.  Yes
  - b.  No
4. Was the tooth tender to biting pressure?
  - a.  Yes
  - b.  No
5. Did the tooth respond to cold testing (if **no**, skip to question 7)?
  - a.  Yes
  - b.  No
6. Was the response to cold testing prolonged compared to adjacent teeth?
  - a.  Yes
  - b.  No
7. What was the greatest probing depth for this tooth?  mm
8. What was the location of this greatest probing depth?
  - a.  Mesial
  - b.  Distal
  - c.  Buccal
  - d.  Lingual