Dentist Survey – Post-Treatment

Please answer these questions after completing treatment for the day.

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

Visit Date

mm dd 201 y

1. Was bleeding present within the pulp chamber?
   a. Yes
   b. No

2. What procedures were performed during this appointment? (mark all that apply)
   a. Pulpectomy and/or debridement of canal contents
   b. Cleaning and shaping
   c. Obturation

3. Did any of the following occur during treatment? (mark all that apply)
   a. Perforation (opening from chamber or root into bone)
   b. One or more canals not negotiable within 2mm of radiographic apex
   c. Inability to complete treatment due to discomfort during treatment
   d. Separation of instrument in canal space
   e. Inadvertent filing or file placement past the root apex
   f. None of the above

4. In your opinion, was this procedure significantly more difficult than the typical root canal therapies you perform in your practice?
   a. Yes
   b. No

5. During the root canal procedure, what was your impression about the quality of the local anesthesia? (mark one that is representative of the entire procedure)
   a. Excellent, patient felt 'nothing'
   b. Adequate, patient experienced non-painful sensations
   c. Marginal, patient experienced some pain
   d. Less than marginal, patient experienced a lot of pain

6. Was there a draining sinus tract (fistula) associated with this tooth?
   a. Yes
   b. No

7. Did you identify swelling associated with this tooth?
   a. Yes
   b. No

SEE REVERSE
8. Were any of the following necessary to obtain adequate anesthesia to perform treatment? (mark all that apply)
   a. [ ] Second injection of the same type into the same location
   b. [ ] Second injection of the same type into a slightly different location
   c. [ ] Block anesthesia technique different from previously provided (e.g., Gow-Gates or PSA)
   d. [ ] Periodontal ligament (PDL) injection
   e. [ ] Intraosseous injection other than PDL (e.g., Stabident or X-tip)
   f. [ ] Intrapulpal injection
   g. [ ] None of the above

9. In your opinion, what is the likelihood that persistent pain will be present in 6 months’ time? (mark one)
   a. [ ] Not likely (<0.1%)
   b. [ ] Slightly likely (0.1-1%)
   c. [ ] Moderately likely (1-5%)
   d. [ ] Highly likely (>5%)

10. Do you think the patient may have been feigning pain to obtain a narcotic prescription? (mark one)
    a. [ ] No
    b. [ ] Possibly
    c. [ ] Yes

11. Was the tooth obturated and the RCT completed today?
    a. [ ] Yes
    b. [ ] No

12. Was a permanent restoration placed in the access?
    a. [ ] Yes
    b. [ ] No

13. Did the treatment have to be stopped because the tooth was not amenable to RCT (e.g., required an extraction)?
    a. [ ] Yes
    b. [ ] No