Patient Survey -- 1 Week After Treatment

Please complete this survey 7 days after your root canal appointment.

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: 0 1 / 0 3 / 20 1 0

Today’s date mm dd 201 y

1. How many days in the past week have you had tooth pain? Days (If no pain, please write “0”)

2. Have you taken anything for the pain (over-the-counter or prescription medication, herbal, other) in the last 7 days?
   a. Yes
   b. No

IF PAIN WAS NOT PRESENT IN THE PAST ONE WEEK, SKIP TO QUESTION #11

Please CIRCLE ONE NUMBER when answering questions #3 – 8 below.

3. How would you rate your tooth 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"?

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

   Pain as bad as could be

4. In the past week, how intense was your worst tooth pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"?

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

   Pain as bad as could be

5. In the past week, on the average, how intense was your tooth pain rated on a 0 to 10 scale where 0 is "no pain" and 10 is "pain as bad as could be"? [That is, your usual pain at times you were experiencing pain]

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

   Pain as bad as could be

SEE REVERSE
6. In the past week, 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"?

<table>
<thead>
<tr>
<th>No interference</th>
<th>Unable to carry on any activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>10</td>
</tr>
</tbody>
</table>

7. In the past week, 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"?

<table>
<thead>
<tr>
<th>No interference</th>
<th>Unable to carry on any activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>10</td>
</tr>
</tbody>
</table>

8. In the past week, 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"?

<table>
<thead>
<tr>
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<th>Unable to carry on any activities</th>
</tr>
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<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>10</td>
</tr>
</tbody>
</table>

9. About how many days in the past week have you been kept from your usual activities (work, school or housework, etc.) because of tooth pain? ______ Days (If no pain, please write “0”)

10. How much swelling did you experience in or around the root canal treated tooth?
   a. [ ] None
   b. [ ] A little
   c. [ ] Some
   d. [ ] A lot

11. 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.