



## SENSITIVE TEETH STUDY

### Patient Pain Assessment – 1 Week (1<sup>st</sup> Line Treatment)

Date Completed: |\_\_|\_\_|/|\_\_|\_\_|/| 2 | 0 || 1 |\_\_|  
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We would like you to describe the pain from your sensitive tooth or teeth by answering the following questions. Please review the scale labels and then use a pen to mark the appropriate point on the scale that best describes your pain. Please use a vertical straight line.

**DO NOT USE AN 'X' MARK.**

**Example below:**

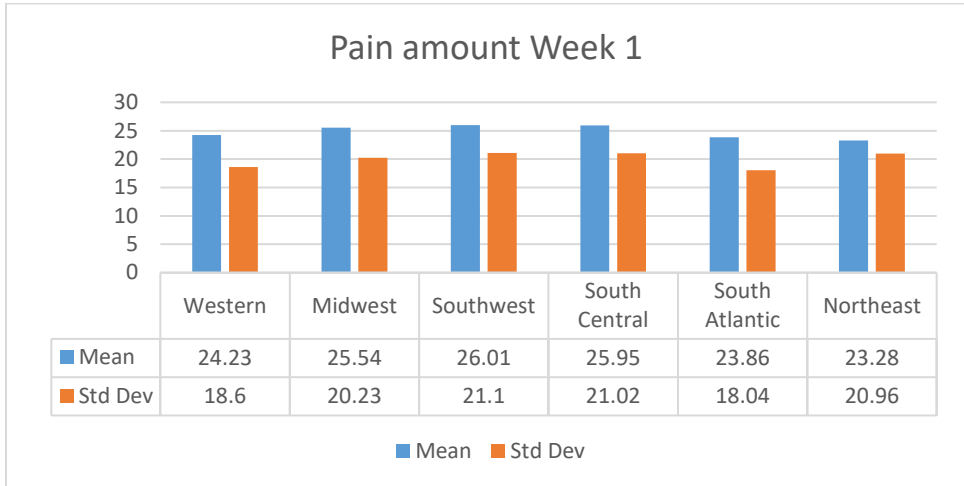
Not painful |-----| Most intense pain imaginable

1. Please describe the pain from your sensitive tooth or teeth that you have experienced in the past day (24 hours).

Not painful |-----| Most intense pain imaginable

For official use only:

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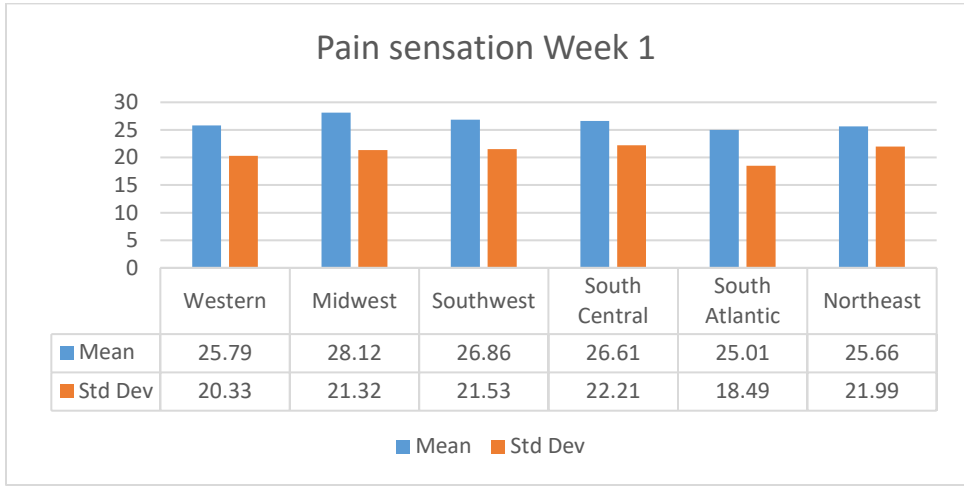
On average, the amount of pain from sensitive tooth or teeth (on a scale from 0-100) that patients have experienced in the past day (24 hours) was by region:

Region	Average pain amount in the past 24 hours
Southwest	26.0
South Central	26.0
Midwest	25.6
Western	24.2
South Atlantic	23.9
Northeast	23.3

2. Please describe the sensation you have felt from your sensitive tooth or teeth in the past day (24 hours).

For official use only:

Not unpleasant  Most unpleasant sensation imaginable



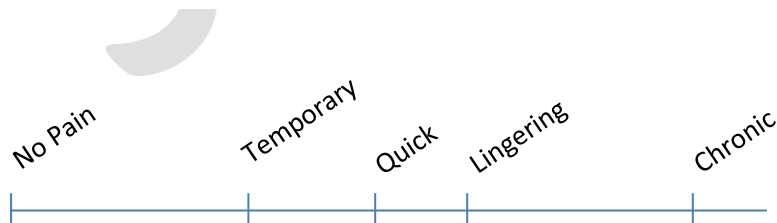
On average, the sensation that patients have felt from the sensitive tooth or teeth (on a scale from 0-100) in the past day (24 hours) was by region:

Region	Average pain sensation in the past 24 hours
Midwest	28.1
Southwest	26.9
South Central	26.6
Western	25.8
Northeast	25.7
South Atlantic	25.0

3. Now we would like you to describe the pain that you experienced in the past day (24 hours) related to your sensitive tooth or teeth. Please use a pen to mark a vertical **straight line** on the scales below to show how long your pain lasted (duration), how intense your pain was (intensity), how tolerable your pain was (tolerability) and what type of pain you had (description).

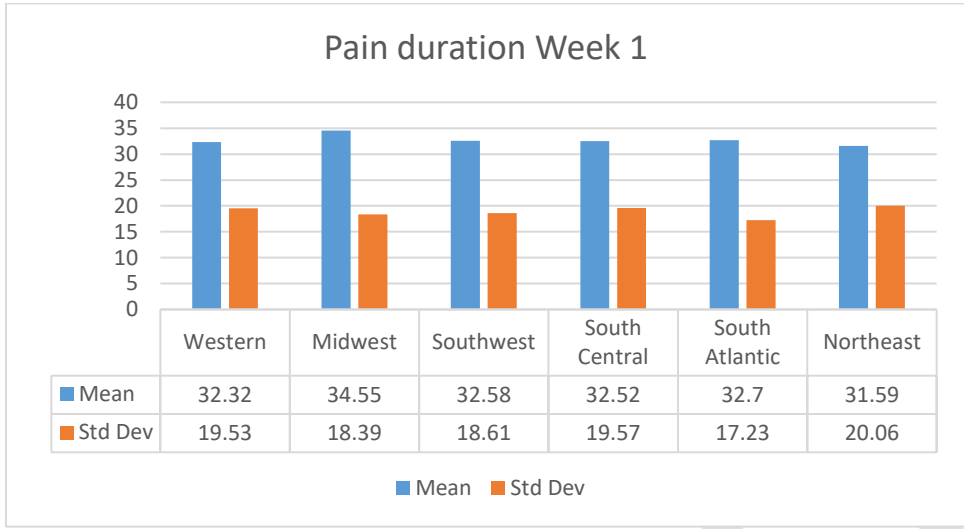
**DO NOT USE AN 'X' MARK.**

**Duration**



For official use only:

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On average, the duration of pain that patients have indicated from the sensitive tooth or teeth in the past day (24 hours) was by region:

Region	Average pain duration in the past 24 hours
Midwest	34.6
South Atlantic	32.7
Southwest	32.6
South Central	32.5
Western	32.3
Northeast	31.6

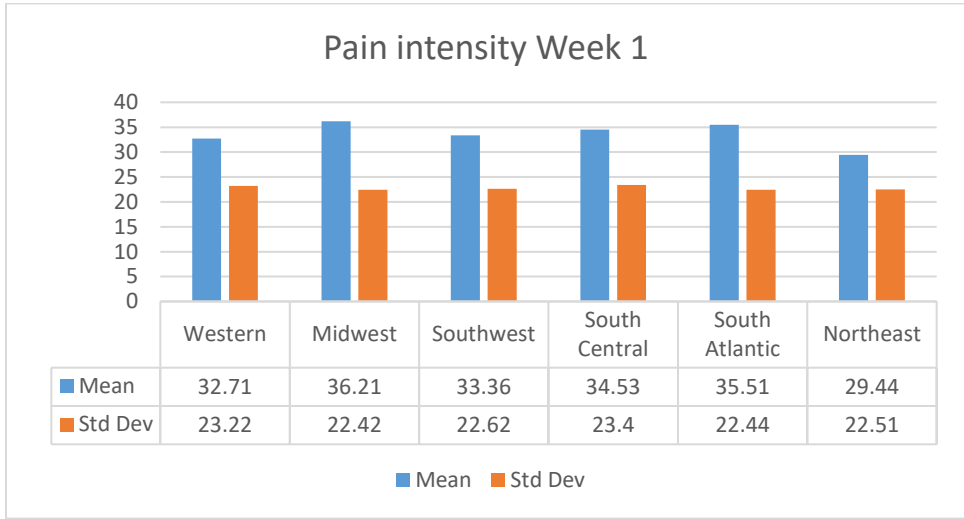
On average, patients rated the duration of pain as temporary and quick.

**Intensity**



For official use only:

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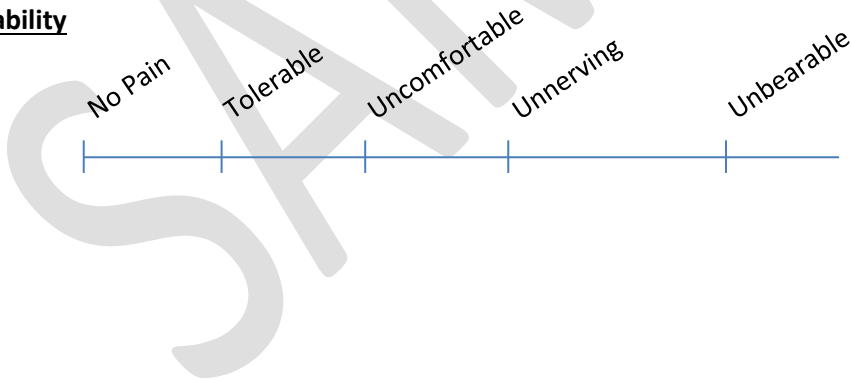


On average, the pain intensity in the last 24 hours that patients have indicated was by region:

Region	Average pain intensity in the past 24 hours
Midwest	36.2
South Atlantic	35.5
South Central	34.5
Southwest	33.7
Western	32.7
Northeast	29.4

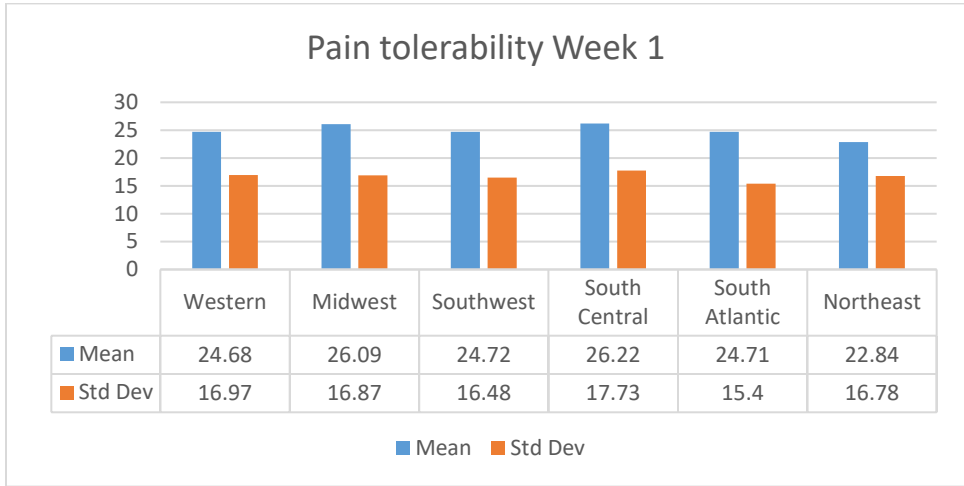
On average, patients rated the intensity of pain as dull.

**Tolerability**



For official use only:

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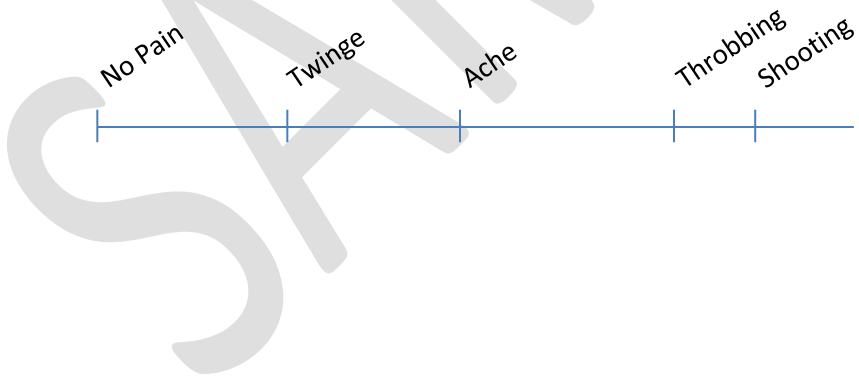


On average, the pain tolerability in the last 24 hours that patients have indicated was by region:

Region	Average pain tolerability in the past 24 hours
South Central	26.2
Midwest	26.1
Southwest	24.7
South Atlantic	24.7
Western	24.7
Northeast	22.9

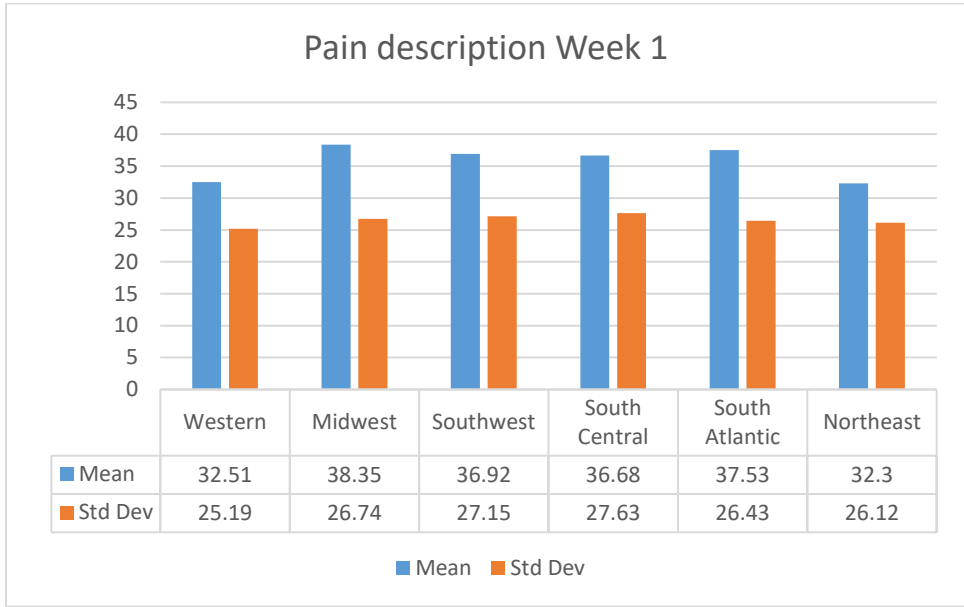
On average, patients rated the pain tolerability as tolerable.

**Description**



For official use only:

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On average, the pain description in the last 24 hours that patients have indicated was by region:

Region	Average pain description in the past 24 hours
Midwest	38.4
South Atlantic	37.6
Southwest	36.9
South Central	36.7
Western	32.5
Northeast	32.3

On average, patients rated the pain description as twinge and ache.

4. Are you using the product(s) recommended by your dentist at home?

- Yes
- No -----> **Go to question 6**
- My dentist did not recommend any product(s) to use at home -----> **Go to question 6**

5. If yes, how often are you using them?

- Weekly
- Daily
- Twice a day
- More than twice a day

6. Did your dentist recommend you stop or decrease any products and/or habits/activities?

- Yes-----> **Go to question 7**
- No -----> **This form is completed**



7. If yes, to what extent have you stopped or decreased these products or habits/activities?

- 100% of the time
- 50% of the time
- 25% of the time
- I have not stopped or decreased these products or habits at all

**Thank you for completing the form!**



**SENSITIVE TEETH STUDY****Patient Pain Assessment – 4 Week (1<sup>st</sup> Line Treatment)**

Date Completed: |\_\_|\_|\_| / |\_\_|\_|\_| / | **2** | **0** | | **1** | \_\_\_|  
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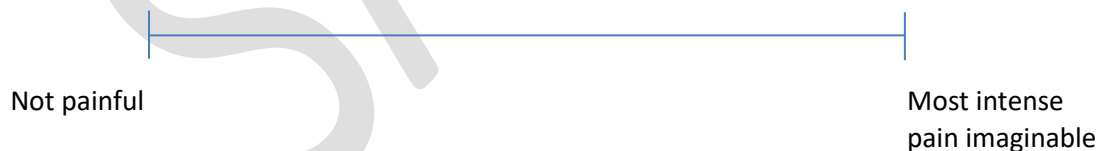
We would like you to describe the pain from your sensitive tooth or teeth by answering the following questions. Please review the scale labels and then use a pen to mark the appropriate point on the scale that best describes your pain. Please use a vertical straight line.

**DO NOT USE AN 'X' MARK.**

**Example below:**

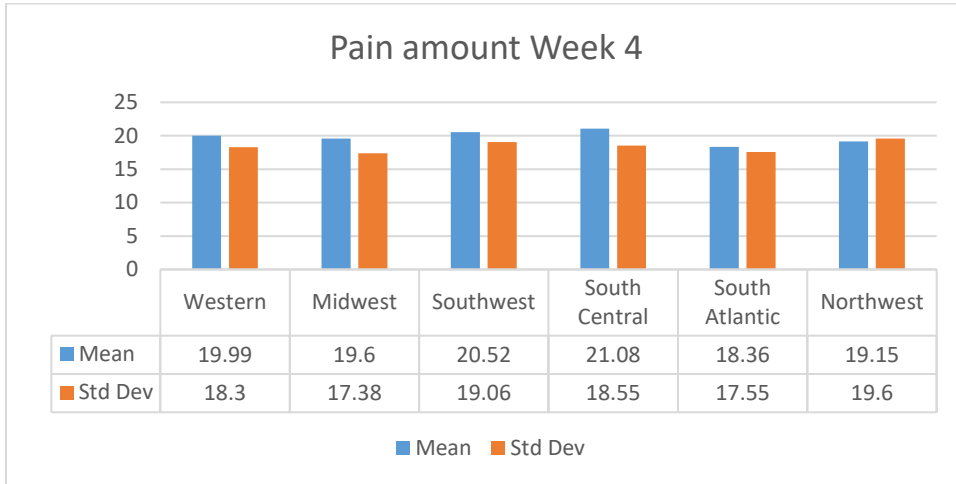


1. Please describe the pain from your sensitive tooth or teeth that you have experienced in the past day (24 hours).



For official use only:

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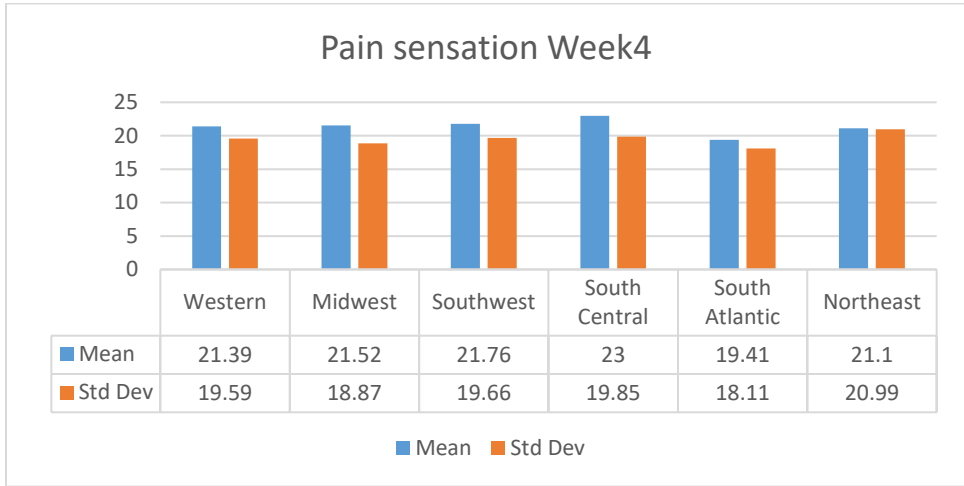
On average, the amount of pain from sensitive tooth or teeth (on a scale from 0-100) that patients have experienced in the past day (24 hours) was by region:

Region	Average pain amount in the past 24 hours
South Central	21.0
Southwest	20.5
Western	20.0
Midwest	19.6
Northeast	19.2
South Atlantic	18.4

2. Please describe the sensation you have felt from your sensitive tooth or teeth in the past day (24 hours).

Not unpleasant
Most unpleasant sensation imaginable

For official use only:  
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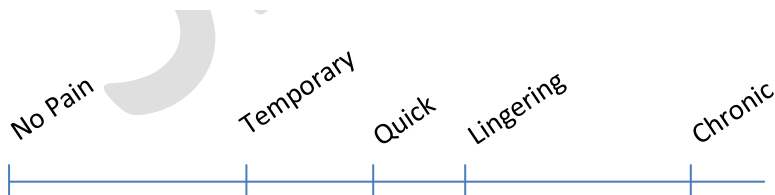
On average, the sensation that patients have felt from the sensitive tooth or teeth (on a scale from 0-100) in the past day (24 hours) was by region:

Region	Average pain sensation in the past 24 hours
South Central	23.0
Southwest	21.8
Midwest	21.5
Western	21.4
Northeast	21.1
South Atlantic	19.4

- Now we would like you to describe the pain that you experienced in the past day (24 hours) related to your sensitive tooth or teeth. Please use a pen to mark a vertical **straight line** on the scales below to show how long your pain lasted (duration), how intense your pain was (intensity), how tolerable your pain was (tolerability) and what type of pain you had (description).

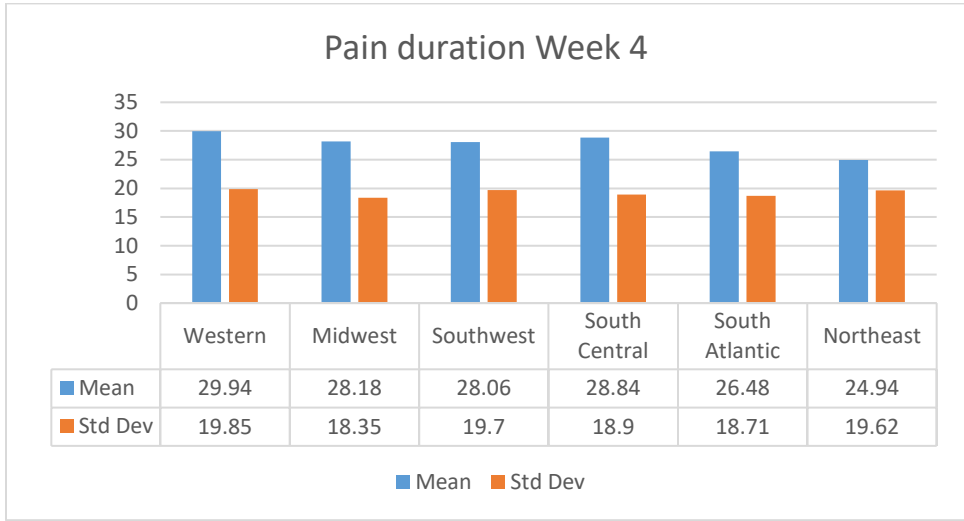
**DO NOT USE AN 'X' MARK.**

**Duration**



For official use only:

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On average, the duration of pain that patients have indicated from the sensitive tooth or teeth in the past day (24 hours) was by region:

Region	Average pain duration in the past 24 hours
Western	29.9
South Central	28.8
Midwest	28.2
Southwest	28.1
South Atlantic	26.5
Northeast	24.9

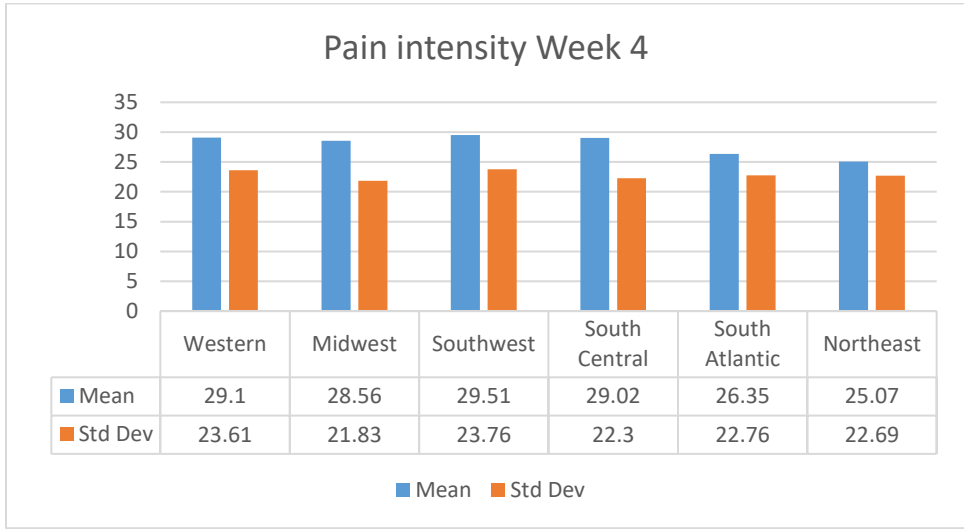
On average, patients rated the duration of pain as temporary.

**Intensity**



For official use only:

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On average, the pain intensity in the last 24 hours that patients have indicated was by region:

Region	Average pain intensity in the past 24 hours
Southwest	29.5
South Central	29.0
Western	29.1
Midwest	28.6
South Atlantic	26.4
Northeast	25.1

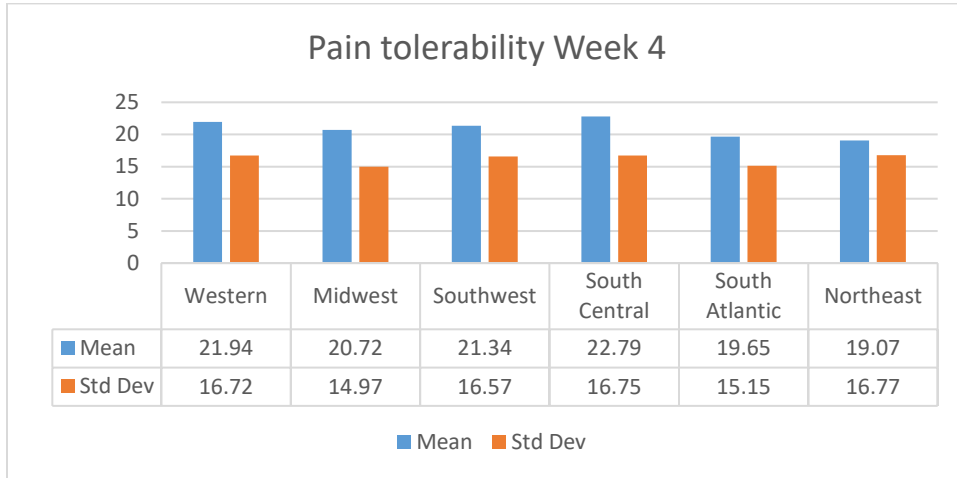
On average, patients rated the intensity of pain as dull.

**Tolerability**



For official use only:

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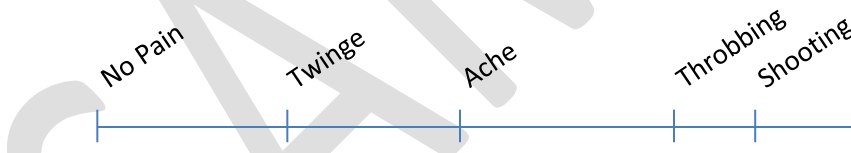


On average, the pain tolerability in the last 24 hours that patients have indicated was by region:

Region	Average pain tolerability in the past 24 hours
South Central	22.8
Western	21.9
Southwest	21.3
Midwest	20.7
South Atlantic	19.7
Northeast	19.1

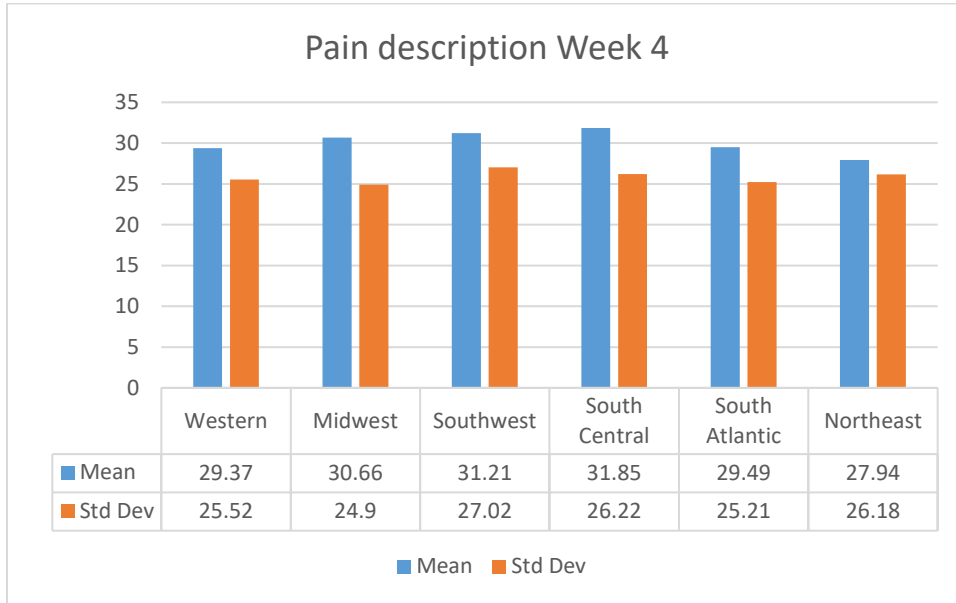
On average, patients rated the pain tolerability as tolerable

**Description**



For official use only:

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On average, the pain description in the last 24 hours that patients have indicated was by region:

Region	Average pain description in the past 24 hours
South Central	31.9
Southwest	31.2
Midwest	30.7
South Atlantic	29.5
Western	29.4
Northeast	27.9

On average, patients rated the pain description as twinge.

4. Are you using the product(s) recommended by your dentist at home?

- Yes  
 No -----> **Go to question 6**  
 My dentist did not recommend any product(s) to use at home -----> **Go to question 6**

5. If yes, how often are you using them?

- Weekly  
 Daily  
 Twice a day  
 More than twice a day

6. Did your dentist recommend you stop or decrease any products and/or habits/activities?

- Yes-----> **Go to question 7**

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GREEN

No -----> **This form is completed**

7. If yes, to what extent have you stopped or decreased these products or habits/activities?

100% of the time

50% of the time

25% of the time

I have not stopped or decreased these products or habits at all

**Thank you for completing the form!**





## SENSITIVE TEETH STUDY

### Patient Pain Assessment – 8 Week (1<sup>st</sup> Line Treatment)

Date Completed: |\_\_|\_\_|/|\_\_|\_\_|/|\_2\_|\_0\_|\_|\_1\_|\_\_|  
                           m m   d d       y y   y y

We would like you to describe the pain from your sensitive tooth or teeth by answering the following questions. Please review the scale labels and then use a pen to mark the appropriate point on the scale that best describes your pain. Please use a vertical straight line.

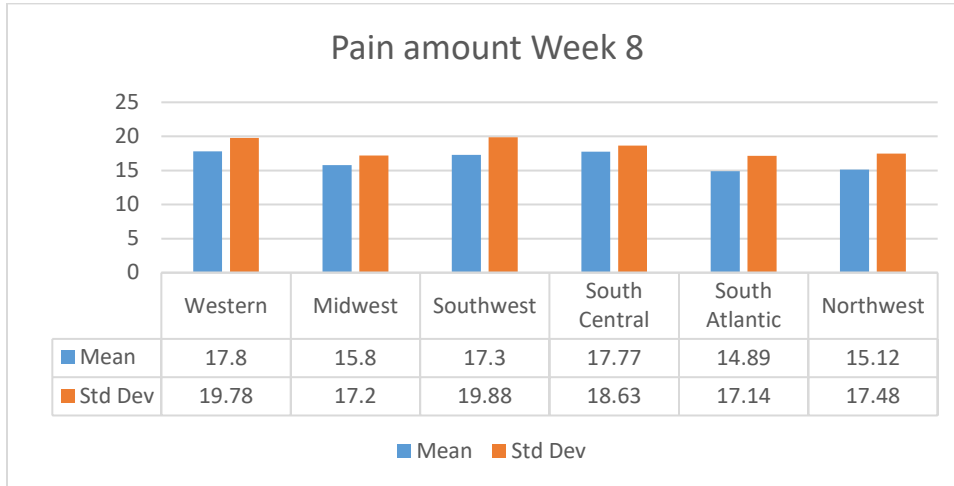
**DO NOT USE AN 'X' MARK.**

**Example below:**

1. Please describe the pain from your sensitive tooth or teeth that you have experienced in the past day (24 hours).

For official use only:

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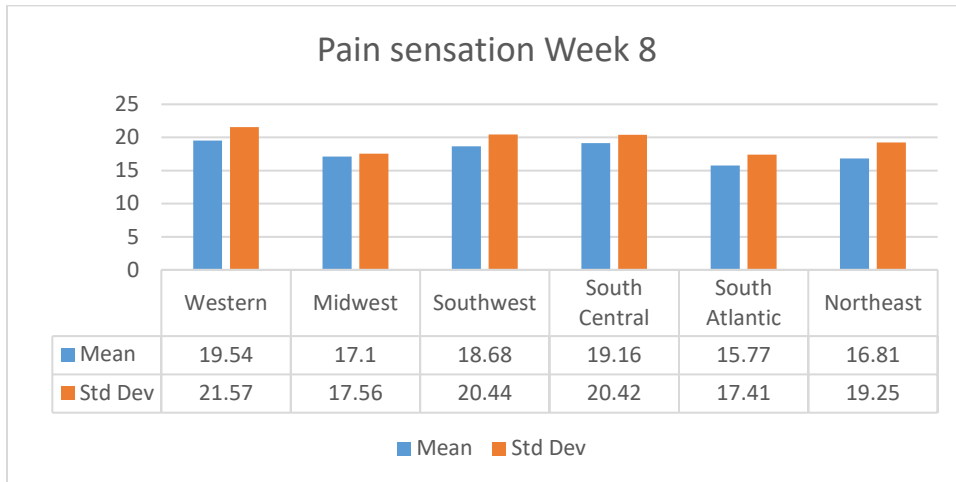
On average, the amount of pain from sensitive tooth or teeth (on a scale from 0-100) that patients have experienced in the past day (24 hours) was by region:

Region	Average pain amount in the past 24 hours
Western	17.8
South Central	17.8
Southwest	17.3
Midwest	15.8
Northeast	15.1
South Atlantic	14.9

2. Please describe the sensation you have felt from your sensitive tooth or teeth in the past day (24 hours).

For official use only:  
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Not unpleasant |\_\_\_\_\_|| Most unpleasant sensation imaginable



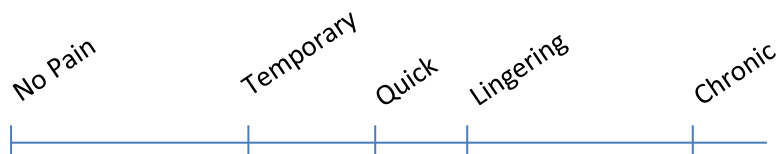
On average, the sensation that patients have felt from the sensitive tooth or teeth (on a scale from 0-100) in the past day (24 hours) was by region:

Region	Average pain sensation in the past 24 hours
Western	19.5
South Central	19.2
Southwest	18.7
Midwest	17.1
Northeast	16.9
South Atlantic	15.8

- Now we would like you to describe the pain that you experienced in the past day (24 hours) related to your sensitive tooth or teeth. Please use a pen to mark a vertical **straight line** on the scales below to show how long your pain lasted (duration), how intense your pain was (intensity), how tolerable your pain was (tolerability) and what type of pain you had (description).

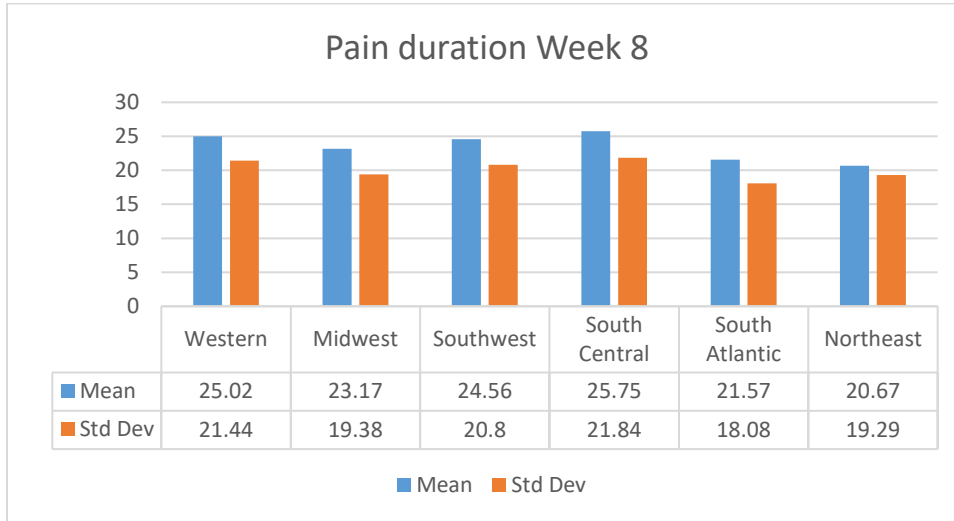
**DO NOT USE AN 'X' MARK.**

**Duration**



For official use only:

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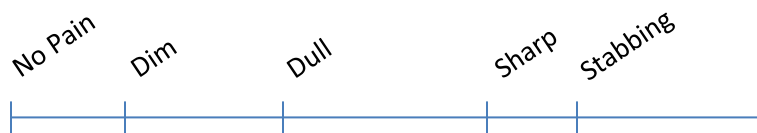


On average, the duration of pain that patients have indicated from the sensitive tooth or teeth in the past day (24 hours) was by region:

Region	Average pain duration in the past 24 hours
South Central	25.8
Western	25.0
Southwest	24.6
Midwest	23.2
South Atlantic	21.6
Northeast	20.7

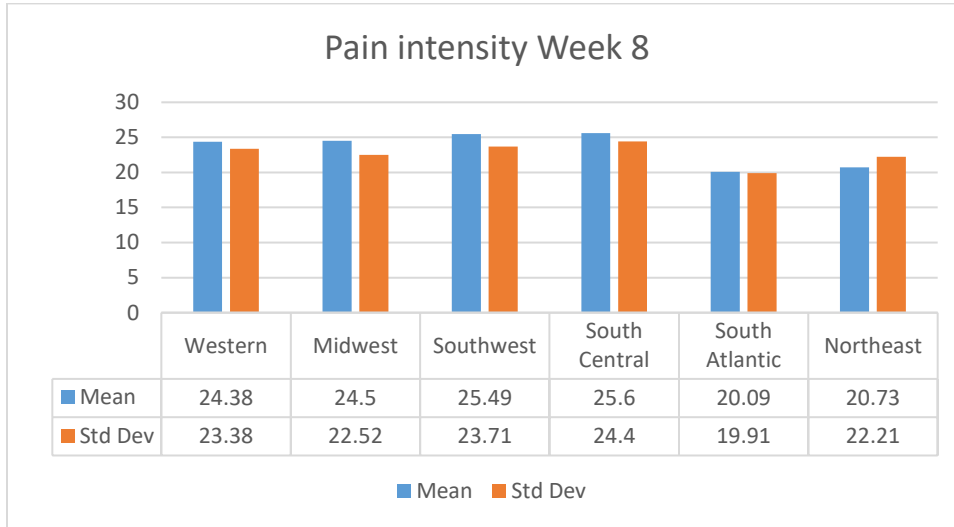
On average, patients rated the duration of pain as temporary.

**Intensity**



For official use only:

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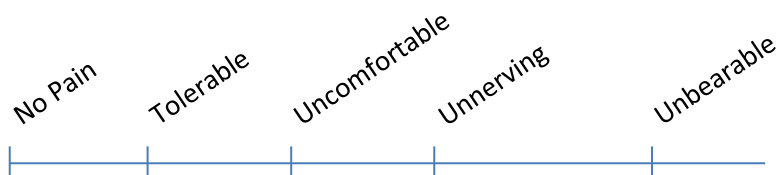


On average, the pain intensity in the last 24 hours that patients have indicated was by region:

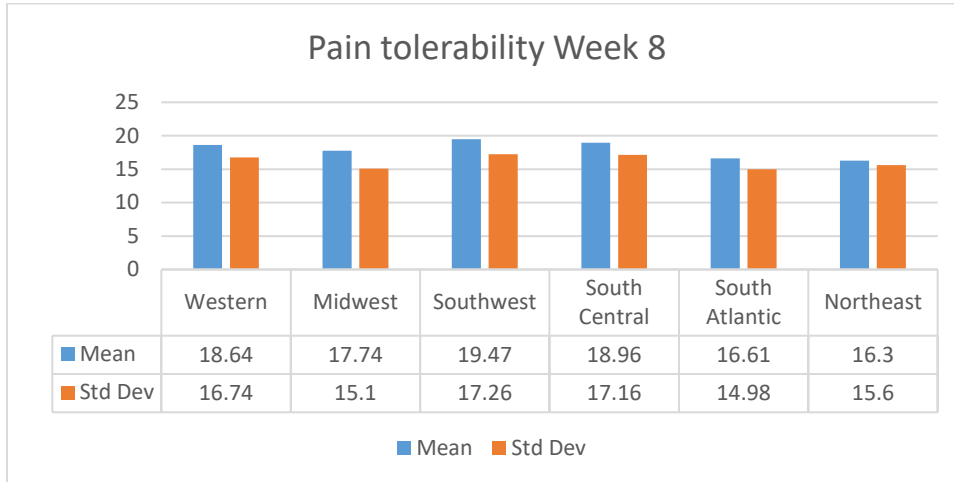
Region	Average pain intensity in the past 24 hours
South Central	25.6
Southwest	25.5
Midwest	24.5
Western	24.4
Northeast	20.7
South Atlantic	20.1

On average, patients rated the intensity of pain as dim.

**Tolerability**



For official use only:



On average, the pain tolerability in the last 24 hours that patients have indicated was by region:

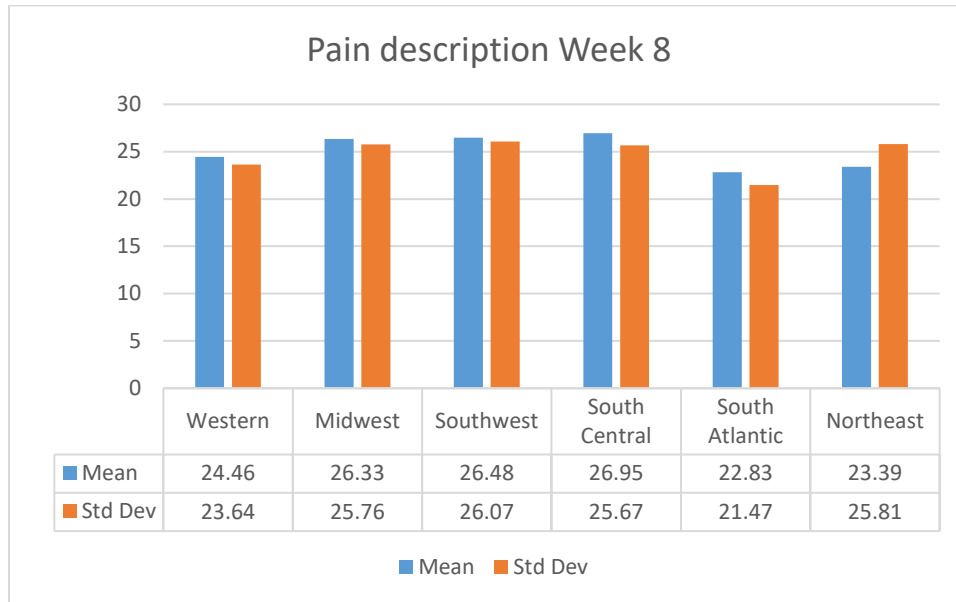
Region	Average pain tolerability in the past 24 hours
Southwest	19.5
South Central	19.0
Western	18.6
Midwest	17.7
South Atlantic	16.6
Northeast	16.3

On average, patients rated the pain tolerability as tolerable.

**Description**



For official use only:



On average, the pain description in the last 24 hours that patients have indicated was by region:

Region	Average pain description in the past 24 hours
South Central	27.0
Southwest	26.5
Midwest	26.3
Western	24.5
Northeast	23.4
South Atlantic	22.8

On average, patients rated the pain description as twinge.

4. Are you using the product(s) recommended by your dentist at home?

- Yes
- No -----> **Go to question 6**
- My dentist did not recommend any product(s) to use at home -----> **Go to question 6**

5. If yes, how often are you using them?

- Weekly
- Daily
- Twice a day
- More than twice a day

6. Did your dentist recommend you stop or decrease any products and/or habits/activities?

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PURPLE

- Yes-----> **Go to question 7**
- No -----> **Go to question 8**

7. If yes, to what extent have you stopped or decreased these products or habits/activities?

- 100% of the time
- 50% of the time
- 25% of the time
- I have not stopped or decreased these products or habits at all

8. Please make a mark (line) on the horizontal line below to indicate your satisfaction with treatment for dentin sensitivity since you began participating in the study.

**DO NOT USE AN 'X' MARK.**

Dissatisfied |-----| Completely satisfied

For official use only:  
|\_|\_|\_|\_|

**Thank you for completing the form!**