



SENSITIVE TEETH STUDY

Patient Pain Assessment – (Enrollment/Baseline Visit)

Date Completed: |___| /|_ |__| /| <u>2</u> | <u>0</u> || <u>1</u> |___| m m d d y y y y

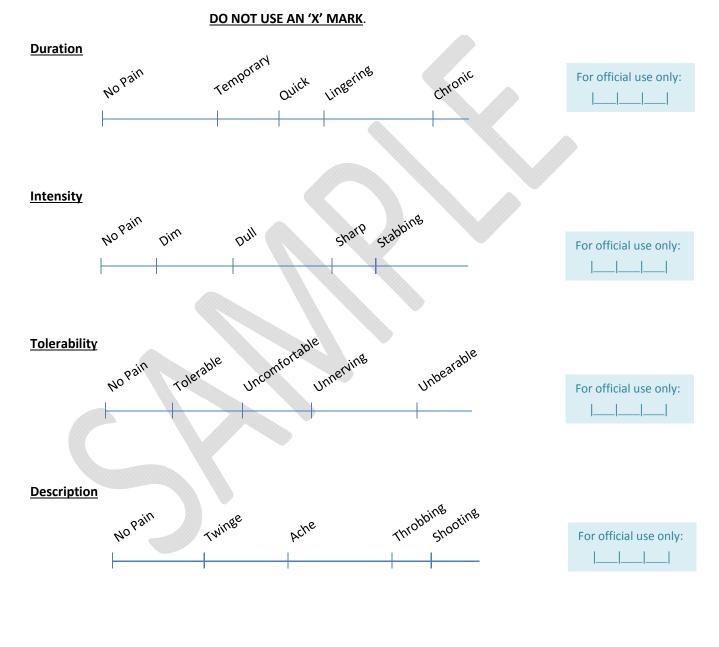
We would like you to describe the pain from your sensitive tooth or teeth by answering the following questions. Please review the scale labels and then use a <u>pen</u> to mark the appropriate point on the scale that best describes your pain. Please use a vertical <u>straight line</u>.

DO NOT USE AN 'X' MARK.

DO NOT OSE AN A MARK.		
Example below:		
Not painful	Most intense pain imaginable	
 Please describe the pain from your sensitive tooth or teeth that y day (24 hours). 	ou have experienced in th	ie past
		For official use only:
Not painful	Most intense pain imaginable	
 Please describe the sensation you have felt from your sensitive t hours). 	ooth or teeth in the past d	• •
		For official use only:
ot unpleasant	Most unpleasant sensation imaginabl	e
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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 <u>pen</u> to mark a vertical <u>straight line</u> 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).



Thank you for completing the form!

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