

# 1 Week Questionnaire

English or Spanish Start Time:

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Please answer the following questions. Your responses are confidential and will not be shared with your dentist. Please answer as honestly as you can, there are no right or wrong answers.

To begin the survey, please hit the "next page" button below.

ADD SPANISH

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1. 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 it could be"?

- 0 (no pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (pain as bad as it could be)

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

2. In the past 7 days, 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 it could be"?

- 0 (no pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (pain as bad as it could be)

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

3. In the past 7 days, on 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 it could be"? (that is, your usual pain at times you were experiencing pain)

- 0 (no pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (pain as bad as it could be)

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

4. How many days in the past 7 have you had tooth pain?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

5. Have you taken any of the following medications or supplements today for the tooth that was treated?

	Yes	No
Prescription pain medications	<input type="radio"/>	<input type="radio"/>
Over-the-counter pain medications (a prescription was not needed)	<input type="radio"/>	<input type="radio"/>
Antibiotics prescribed by your dentist	<input type="radio"/>	<input type="radio"/>
Herbal medications	<input type="radio"/>	<input type="radio"/>

ADD SPANISH

	Sí	No
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>

6. Please indicate the level of limitation since your root canal was completed about 7 days ago on a 0-10 scale where 10 means that the activity has been completely avoided because it is too difficult and 0 means that there has been no limitations. Choose not applicable if you avoid an activity for reasons other than pain or difficulty.

	0	1	2	3	4	5	6	7	8	9	10	N/A
Chew tough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew chicken (e.g., prepared in oven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open wide enough to drink from a cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swallow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. ADD SPANISH

	0	1	2	3	4	5	6	7	8	9	10
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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For each of the following statements, please think about which best describe your health state today:

ADD SPANISH

7. Mobility?

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

ADD SPANISH

8. Self-care?

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

ADD SPANISH

9. Your usual activities? (Such as work, study, housework, family or leisure activities).

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

ADD SPANISH

10. Pain or discomfort?

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ADD SPANISH

11. Anxiety or depression?

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

ADD SPANISH

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12. In general, would you say that your health is:

- Poor
- Fair
- Good
- Very good
- Excellent

12. ADD SPANISH

13. How many days in the past 7 days have you been kept from your usual activities due to pain in any area of your body?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

13. ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

The last group of questions are typically asked in research studies to help us understand how pain affects different groups of people.

ADD SPANISH

14. What is your marital status?

- Married or living with a partner
- Divorced, separated, or widowed
- Never been married

14. ADD SPANISH

15. Have you ever been told by a doctor that you have diabetes?

- Yes
- Yes, but only during pregnancy
- No

15. ADD SPANISH

16. Have you ever been told by a doctor that you have fibromyalgia?

- Yes
- No

16. ADD SPANISH

- Sí
- No



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17. About how tall are you without shoes?

17a. In feet?

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17. ADD SPANISH

17a. ADD SPANISH

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17b. And inches?

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17b. ADD SPANISH

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18. About how much do you weigh without shoes?

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((pounds))

ADD SPANISH

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((pounds))

19. Do you currently smoke cigarettes every day, some days or not at all?

- Every day
- Some days
- Not at all
- I don't know
- I decline to answer

ADD SPANISH

20. What was your pre-tax household income for the past year?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,00 - \$124,999
- \$125,000+
- I don't know
- I decline to answer

ADD SPANISH

As a thank you for your time, we will send you a \$20 payment card to Amazon. You will receive another payment card in the mail after completing each of the future surveys that will be emailed to you 6 months and 12 months from now.

ADD SPANISH

To ensure that you receive your Amazon payment card, please enter your address:

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Street 1:

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ADD SPANISH

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Street 2:

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ADD SPANISH

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City:

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State:

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ADD SPANISH

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Zip:

\_\_\_\_\_

ADD SPANISH

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Your Amazon payment card will be mailed within 7-10 days. If you have questions, please contact the HealthPartners Coordinating Center at 1-844-363-8975.

ADD SPANISH

1-844-363-8976 (Spanish line)

Please select "submit" to finish the survey.

ADD SPANISH

English or Spanish End Time:

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