



## 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:**

Visit Date     201   
mm dd 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 filling 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