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 ☐☐ ☐☐ 201 ☐
            mm   dd   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 <u>present time</u>, that is right now, where 0 is "no pain" and 10 is "pain as bad as could be"?

No Pain   **Pain as bad as could be**

  0   1   2   3   4   5   6   7   8   9   10

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

No Pain   **Pain as bad as could be**

  0   1   2   3   4   5   6   7   8   9   10

5. In the past week, <u>on the average</u>, 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   **Pain as bad as could be**

  0   1   2   3   4   5   6   7   8   9   10

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"?

No interference   **Unable to carry on any activities**

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

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"?

No interference   **Unable to carry on any activities**

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

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"?

No interference   **Unable to carry on any activities**

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

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.