Patient Survey — 3 Months After Treatment

Dear Study Participant,

Thank you for your continued participation in the research study on Pain and Root Canal Therapy. We are interested in finding out whether or not you have any pain now.

We greatly appreciate your help in this research project on oral health.

Regards,
The Dental Practice-Based Research Network

Today’s Date □□ □□ 20□ □

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 could be"?

No Pain          Pain as bad as could be
0  1  2  3  4  5  6  7  8  9  10

1. Have you taken anything for the pain (over-the-counter or prescription medication, herbal, other) in the last 7 days?
   a. □ Yes
   b. □ No

2. Has your tooth pain been present at least 8 hours a day, 15 days or more a month over the last 3 or more months?
   a. □ Yes
   b. □ No (If No, skip to question #5):

3. How many days ago did it go away?
   a. □ Pain is still present.
   b. □ Pain disappeared. Last pain was □□ days ago.

SEE REVERSE
4. In the last 3 months, which of the following treatments have you sought to manage pain associated with your tooth that received root canal therapy? (Mark all that apply and indicate the number of treatments in the last 3 months.)

A. Additional dental treatment(s):
   1. □ Additional root canal treatment(s): How many appointments? □□
   2. □ Extraction of the tooth (tooth was removed)
   3. □ Additional x-rays: How many appointments? □□

B. Medication(s) or supplement(s):
   1. □ Pain medication (prescription or over the counter)
   2. □ Antibiotics
   3. □ Herbal/botanical

C. □ Appointment(s) with a medical doctor: How many appointments? □□

D. Alternative, complementary, or non-traditional health therapies:
   1. □ Chiropractic care: How many appointments? □□
   2. □ Acupuncture or acupressure: How many appointments? □□
   3. □ Other: (please list) ___________________________

E. □ None of the above.