





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.**