



DDS Survey – Pain & Anxiety Management

Please mark answers with an "X" in the corresponding box. It is very important that the responses be recorded within the space allotted. **Example:**

When recording additional detail, please print clearly and **do not include** personally identifiable health information.

1. Which of the following were used during any appointment during the RCT procedure for this patient? (mark all that apply)

- a. Anxiolytic(s) pre-op, (e.g., benzodiazepines) including the night before
- b. Opioid(s) pre-op within 8 hours
- c. Non-opioid pre-op (NSAIDs, acetaminophen) within 8 hours
- d. Nitrous Oxide
- e. IV Sedation (all/any IV drugs)
- f. General Anesthesia (any/all drugs)
- g. None of the above

Additional detail (optional): _____

