

**SENSITIVE TEETH STUDY****Patient History Form**

Today's Date: |__|_|/|__|_|/| 2 | 0 || 1 |__|_|
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Please complete the following questions after the patient's baseline visit has been completed

1. In the **PAST**, have you or your office staff done any treatment, provided prescriptions or recommended over the counter (OTC) products for any previous episode(s) of your patient's sensitive tooth/teeth? **Note:** Previous sensitive tooth/teeth episode does not have to be in the same location as current episode.
 - Yes-----> **Go to the next question**
 - No-----> **Go to question 4**
 - I don't know/I did not ask-----> **Go to question 4**

2. Did your patient follow you or your office staff's instructions for the recommended treatment for sensitive tooth/teeth?
 - Yes-----> **Go to the next question**
 - No -----> **Go to question 4**
 - I don't know/I did not ask -----> **Go to question 4**

3. What effect did the recommended treatment have on your patient's previous episode(s) of sensitive teeth?
 - Symptoms went away
 - Symptoms decreased and were comfortable
 - Symptoms decreased but were uncomfortable
 - Symptoms did not change
 - I don't know/I did not ask

4. Thinking of your patient's **CURRENT** sensitive tooth/teeth episode, how long have these symptoms been present?
 - Less than 1 month
 - 1 month to 1 year
 - More than 1 year
 - I don't know/I did not ask

5. Is your patient currently using any OTC products for treatment of the current sensitive tooth/teeth?
 - Yes-----> **Go to the next question**
 - No-----> **Go to question 9**
 - I don't know/I did not ask -----> **Go to question 9**



6. How long has your patient been using OTC products for treatment of the current sensitive tooth/teeth?
- Less than 1 month
 - 1 month to 1 year
 - More than 1 year
 - I don't know/I did not ask -----> **Go to question 9**
7. How frequently has your patient been using OTC products for treatment of the current sensitive tooth/teeth?
- More than once a day
 - Once a day
 - A few times per week
 - Weekly
 - Less than weekly
 - I don't know/I did not ask -----> **Go to question 9**
8. When your patient uses OTC products what effect do they have on his/her currently sensitive tooth/teeth?
- Symptoms go away temporarily
 - Symptoms decrease and are comfortable
 - Symptoms decrease but are uncomfortable
 - Symptoms do not change
 - I don't know/I did not ask
9. Has your patient had recent tooth-whitening done either by a dental professional or using OTC whitening products (within the last month)?
- Yes-----> **Go to the next question**
 - No-----> **Go to question 12**
 - I don't know/I did not ask-----> **Go to question 12**
10. What type of products has your patient used for tooth-whitening?
- In-office bleaching
 - Products purchased from a dental office
 - OTC whitening products
 - Home remedies
 - I don't know/I did not ask-----> **Go to question 12**
11. How frequently has your patient been using tooth-whitening products?
- Daily
 - At least weekly
 - At least monthly
 - A few times per year
 - Once a year
 - I don't know/I did not ask



12. Has your patient ever had gum/periodontal surgery or non-surgical scaling/root planing?
- Yes-----> **Go to the next question**
- No-----> **The form is completed**
- I don't know/I did not ask -----> **The form is completed**
13. When did your patient have gum/periodontal surgery or non-surgical scaling/root planing?
- Less than 1 month ago
- 1 month to 1 year ago
- More than 1 year ago
- I don't know/I did not ask
14. How extensive was the gum/periodontal surgery or non-surgical scaling/root planing?
- Involved less than 1 quadrant
- Involved 1-2 quadrants
- Involved 3-4 quadrants
- I don't know/I did not ask
15. When your patient had gum/periodontal surgery or non-surgical scaling/root planing, was the gingiva of sensitive tooth/teeth involved in it?
- Yes
- No
- I don't know/I did not ask

Thank you for completing the form!

Practitioner Signature

Date: |__|_|/|__|_|/|_2_|_0_|_1_|_|
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PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU.

Questions? Contact your Regional Coordinator.