



## **SENSITIVE TEETH STUDY**

## Patient Pain Assessment – 8 Week (1<sup>st</sup> Line Treatment)

We would like you to describe the pain from your sensitive tooth or teeth by answering the following questions. Please review the scale labels and then use a <u>pen</u> to mark the appropriate point on the scale that best describes your pain. Please use a vertical <u>straight line</u>.

## DO NOT USE AN 'X' MARK.



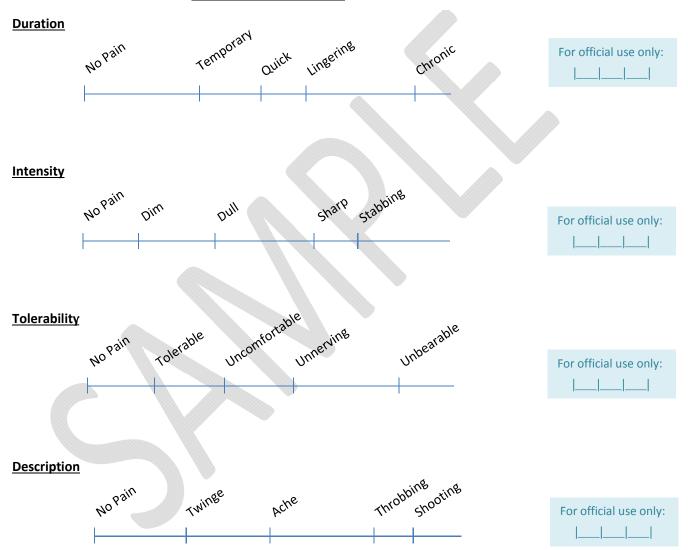
<ol> <li>Please describe the pain from your sensitive tooth or teeth today (24 hours).</li> </ol>	that you have experienced in the past	
	For official use only:	
Not painful	Most intense pain imaginable	
<ol><li>Please describe the sensation you have felt from your sensitive tooth or teeth in the past day (24 hours).</li></ol>		
Hours).	For official use only:	
Not unpleasant	Most unpleasant	

sensation imaginable



3. Now we would like you to describe the pain that you experienced in the past day (24 hours) related to your sensitive tooth or teeth. Please use a <u>pen</u> to mark a vertical <u>straight line</u> on the scales below to show how long your pain lasted (duration), how intense your pain was (intensity), how tolerable your pain was (tolerability) and what type of pain you had (description).

## **DO NOT USE AN 'X' MARK.**



Pre-printed SID number



		FUNFEL
4. Are you using the product(s) recommended by your dentist at home?  ☐ Yes		
☐ No> Go to question 6		
☐ My dentist did not recommend any product(s) to use at home>	Go to question 6	
in wy dentist did not recommend any product(s) to use at nome	do to question o	
5. If yes, how often are you using them?		
☐ Weekly		
☐ Daily		
☐ Twice a day		
☐ More than twice a day		
6. Did your dentist recommend you stop or decrease any products and/or	habits/activities?	
☐ Yes> <b>Go to question 7</b>		
□ No> Go to question 8		
7. If yes, to what extent have you stopped or decreased these products or	habits/activities?	
□ 100% of the time	nabits, detirities.	
☐ 50% of the time		
☐ 25% of the time		
☐ I have not stopped or decreased these products or habits at all		
I mave not stopped of decreased these products of habits at an		
8. Please make a mark (line) on the horizontal line below to indicate your s	satisfaction with treatm	ent for
dentin sensitivity since you began participating in the study.		
DO NOTINE AN WARRY		
DO NOT USE AN 'X' MARK.		
	_	For official use only:
Dissatisfied	Completely	
Dissatisfied	satisfied	

Thank you for completing the form!