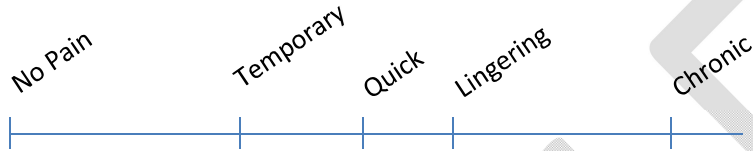




3. Now we would like you to describe the pain that you experienced in the past day (24 hours) related to your sensitive tooth or teeth. Please use a pen to mark a vertical **straight line** on the scales below to show how long your pain lasted (duration), how intense your pain was (intensity), how tolerable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

DO NOT USE AN 'X' MARK.

Duration



For official use only:

|_|_|_|_|

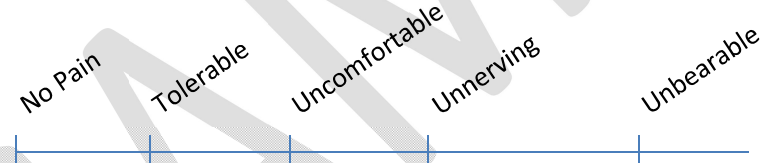
Intensity



For official use only:

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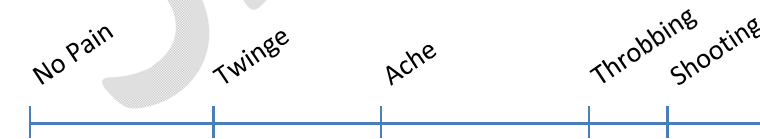
Tolerability



For official use only:

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Description



For official use only:

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Thank you for completing the form!