

12 Month Questionnaire

English or Spanish Start Time: _____

Please answer the following questions. Your responses are confidential and will not be shared with your dentist. Please answer as honestly as you can, there are no right or wrong answers.

To begin the survey, please hit the "next page" button below.

ADD SPANISH

1. Since you enrolled in the study about 12 months ago, have you received any additional treatment for the tooth that had a root canal at the time you enrolled? (choose one answer)

- No
 Yes
 Yes, the tooth was extracted

ADD SPANISH

2. How would you rate your tooth pain on a 0 to 10 scale at the present time, that is right now, where 0 is "no pain" and 10 is "pain as bad as it could be"?

- 0 (no pain)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (pain as bad as it could be)

ADD SPANISH

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

3. In the past 30 days, how intense was your worst tooth pain rated on a 0 to 10 scale, where 0 is "no pain" and 10 is "pain as bad as it could be"?

- 0 (no pain)
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 (pain as bad as it could be)

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

4. In the past 30 days, on average, how intense was your tooth pain rated on a 0 to 10 scale, where 0 is "no pain" and 10 is "pain as bad as it could be"? (that is, your usual pain at times you were experiencing pain)

- 0 (no pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (pain as bad as it could be)

ADD SPANISH

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

5. Have you taken any of the following medications or supplements today for the tooth that was treated?

	Yes	No
Prescription pain medications	<input type="radio"/>	<input type="radio"/>
Over-the-counter pain medications (a prescription was not needed)	<input type="radio"/>	<input type="radio"/>
Antibiotics prescribed by your dentist	<input type="radio"/>	<input type="radio"/>
Herbal medications	<input type="radio"/>	<input type="radio"/>

ADD SPANISH

Sí

No

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

6. How many days in the past 30 days have you had tooth pain? (If 0 days, skip questions 9-22)

ADD SPANISH

7. To increase our understanding about the type of tooth pain you are experiencing now, the next questions ask how much you agree or disagree with the following statements. For each, please indicate if you strongly disagree, disagree, you neither agree nor disagree, agree or strongly agree:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The pain never stops; it seems always to be there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain moves around, sometimes it seems mainly in one area and at other times it seems to be in other areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain is a throbbing type of pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain wakes me up at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This pain is best described as a sharp, stabbing, or electrical bouts of pain that are intense, brief in duration (lasting for seconds or less)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain is generally a dull ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There can be times when the pain intensity increases (pain attack) and then it returns to its usual level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain gets worse with changes in atmospheric pressure, for example during bad weather, scuba diving, or airplane travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am able to locate the pain accurately, for example to a particular tooth or small area in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This pain feels like it is deep within the tooth or jaw bone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This pain feels like a pressure within the tooth or jaw bone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This pain is made better with taking over-the-counter pain medications, such as ibuprofen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This pain is difficult for me to describe to others

Some words that might help describe my pain include: peculiar, itchy, tingling, or prickling feelings

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

ADD SPANISH

8. About how many days have you had tooth, gum, or mouth pain in the past 12 months? If you had no pain, answer 0. If you've had pain everyday, answer 180.

ADD SPANISH

The last questions ask about any jaw or temple pain you may have had.

ADD SPANISH

9. In the last 30 days, on average, how long did any pain in your jaw or temple area on either side last?

- No pain
- From very brief to more than a week, but it does stop
- Continuous

ADD SPANISH

10. In the last 30 days, have you had any pain or stiffness in your jaw on awakening?

- Yes
- No

ADD SPANISH

- Sí
- No

11. In the past 30 days, did the following activities change any pain (that is, make it better or make it worse) in your jaw or temple area on either side?

	Yes	No
Chewing hard or tough food	<input type="radio"/>	<input type="radio"/>
Opening your mouth or moving your jaw forward or to the side	<input type="radio"/>	<input type="radio"/>
Jaw habits such as holding teeth together, clenching, grinding, or chewing gum	<input type="radio"/>	<input type="radio"/>
Other jaw activities such as talking, kissing, or yawning	<input type="radio"/>	<input type="radio"/>

ADD SPANISH

	Sí	No
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>

12. Everyone experiences painful situations at some point in their lives, such as headaches, tooth pain, joint or muscle pain. Please indicate the degree to which you have these thoughts/feelings when you're in pain:

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
It is terrible and I think it is never going to get any better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can't stand it any more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH					
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please indicate the level of limitation since your root canal was completed about 7 days ago on a 0-10 scale and 10 means that the activity has been completely avoided because it is too difficult and 0 means that there has been no limitations. Choose not applicable if you avoid an activity for reasons other than pain or difficulty.

	0	1	2	3	4	5	6	7	8	9	10	N/A
Chew tough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew chicken (e.g., prepared in oven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat soft food requiring no chewing (e.g., mashed potatoes, apple sauce, pudding, pureed food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open wide enough to drink from a cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swallow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADD SPANISH

	0	1	2	3	4	5	6	7	8	9	10
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD SPANISH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the following statements, please think about which best describe your health state today:

ADD SPANISH

14. Mobility?

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

ADD SPANISH

15. Self-care?

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

ADD SPANISH

16. Your usual activities? (Such as work, study, housework, family or leisure activities).

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

ADD SPANISH

17. Pain or discomfort?

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ADD SPANISH

18. Anxiety or depression?

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

ADD SPANISH

19. In general, would you say that your health is:

- Poor
- Fair
- Good
- Very good
- Excellent

ADD SPANISH

As a thank you for your time, we will send you a \$50 payment card to Amazon. This is the last survey for the PREDICT study. Thank you for contributions to this important effort!

ADD SPANISH

To ensure that you receive your Amazon payment card, please enter your address:

ADD SPANISH

Street 1:

ADD SPANISH

Street 2:

ADD SPANISH

City:

ADD SPANISH

State:

ADD SPANISH

Zip:

ADD SPANISH

Your Amazon payment card will be mailed within 7-10 days. If you have questions, please contact the HealthPartners Coordinating Center at 1-844-363-8975.

ADD SPANISH

Spanish line 1-844-363-8976

Please select "submit" to finish the survey.

ADD SPANISH

English or Spanish End Time:
