

# Practitioner After Treatment Questionnaire

Please answer the following questions after your patient's treatment is complete. It is important that the questionnaire is filled out on the same day as the patient's treatment is completed. The timing of the patient's one week follow-up is dependent on the completion of this questionnaire.

1. Did the treatment have to be stopped because the tooth was not amenable to RCT (e.g., extracted)?

- Yes The patient is not eligible to continue the study. Please complete the patient discontinuation form.  
 No

2. Date RCT completed: \_\_\_\_\_

3. What procedures were completed during this appointment? (mark all that apply)

- Pulpectomy and/or debridement of canal contents  
 Cleaning and shaping  
 Obturation

4. Were any of the following medications used or prescribed pre-operatively (before treatment) for pain or infection? (mark all that apply)

None	Dentist prescribed recommended	Patient reported taking
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
OTC NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>
Prescription NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>
APAP (e.g., Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
APAP w/tramadol	<input type="checkbox"/>	<input type="checkbox"/>
APAP w/hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>
APAP w/codeine	<input type="checkbox"/>	<input type="checkbox"/>
APAP w/oxycodone	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

5. Were any of the following sedation methods used during treatment?

- Nitrous oxide  
 IV sedation of any kind  
 General anesthesia of any kind  
 None of the above  
 Other (please specify)

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6. Were any of the following necessary to obtain adequate local anesthesia to perform treatment? (mark all that apply)

- 2nd injection into the same location (same anesthesia)
  - 2nd injection into slightly different location (same anesthesia)
  - Block anesthesia technique different from previously provided (e.g., Gow-Gates or PSA)
  - Periodontal ligament (PDL) injection
  - Intraosseous injection other than PDL (e.g., Stabident or X-tip)
  - Intrapulpal injection
  - None of the above
  - Other (please specify)
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7. Was the tooth isolated with a rubber dam during treatment?

- Yes
- No
- No, used other isolation technique

8. Upon access, was bleeding pulp tissue identified within the chamber?

- Yes
- No

9. What magnification was used during treatment?

- None
- 2-3x
- 4-5x
- >5x

10. Did you use illumination in addition to the overhead light?

- Yes
- No

11. How deep was the most extensive crack or fracture?

- Into canal
- To the chamber floor
- > Halfway to the chamber floor
- ≤ Half way to chamber floor
- No crack or fracture was present

12. Which irrigant(s) was used during treatment? (mark all that apply)

- ≤3.5% NaOCL
- >3.5% NaOCL
- Hydrogen peroxide
- Iodine
- Chlorhexidine
- EDTA
- Citric acid
- Other (please specify)

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13. Which lubricant(s) was used during treatment? (mark all that apply)

- RC Prep
- Prolube
- I did not use a lubricant
- Other (please specify)

14. How many canals were obturated?

- 1
- 2
- 3
- 4
- More than 4

15. Which of the following were used for canal preparation? (mark all that apply)

- Gates Glidden
- Hand stainless steel files
- Hand NiTi files
- Rotary NiTi files
- Other (please specify)

16. Was ultrasonic or sonic activation used as an adjunct to irrigation?

- Yes
- No

17. How was the working length determined? (mark all that apply)

- Working length radiograph
- Electronic apex locator
- Tactile
- Paper point

18. Was apical patency (a small file beyond the apex) maintained in all canals during treatment?

- Yes
- No

19. Which obturation technique(s) was used? (mark all that apply)

- Lateral condensation-cold spreader
- Lateral condensation-warm spreader
- Lateral condensation-ultrasonic
- Vertical condensation-warm
- Single cone with sealer
- Chloroform customized cone
- Continuous wave
- Obtura
- MTA
- Gutta percha/carrier (e.g. thermafil, guttacore)
- Paste
- Other (please specify)

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20. Which sealer type was used?

- None
- Zinc oxide and eugenol
- Noneugenol
- Glass ionomer
- Resin-epoxy
- Silicone
- Bioceramic

21. Did the obturation have any of the following characteristics? (mark all that apply)

- Extrusion of sealer (sealer puff)
- Obturation extending beyond the radiographic apex
- Voids in apical 5mm of obturation
- At least one canal obturation 2mm or greater, short of the radiographic apex
- None of the above

22. Which of the following describes the length of the obturation material, including sealer?

- $\geq 1$  canals are  $>2$ mm from the radiographic apex
- All canals are within 0-2mm of the radiographic apex
- $\geq 1$  canals are beyond radiographic apex

23. When assessing all canals, the material used to obturate was:

- Adequately dense
- Has a void(s)

24. How was the tooth restored immediately following treatment? (mark all that apply)

- Cavit IRM
- Amalgam
- Glass ionomer
- Temporary crown
- Permanent crown (including CEREC)
- Other (please specify)

25. Was the tooth taken out of occlusion for centric and excursive movements?

- No
- Lightened
- Complete removal

26. Were antibiotics prescribed after treatment?

- Yes
- No

27. Which pain medications were recommended or prescribed following treatment? (mark all that apply)

- None
- OTC NSAIDs
- Prescription NSAIDs
- Steroids
- APAP (e.g., Tylenol)
- APAP w/tramadol
- APAP w/hydrocodone
- APAP w/codeine APAP
- w/oxycodone Other
- Other (please specify):

28. Did any of the following occur during treatment? (mark all that apply)

- Perforation (from chamber or canal) into bone or gingival tissue
- $\geq 1$  canals not negotiable within 2mm of radiographic apex
- Inability to complete treatment due to discomfort during treatment
- Separation of instrument in canal space
- Inadvertent filing or inadvertent file placement past the root apex
- None of the above

29. What is your overall post-operative assessment of the difficulty for this case?

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

30. If your post-operative assessment of case difficulty was  $\geq 3$  out of 10, please indicate which factor(s) affected your score (mark all that apply)

- Patient has limited ability to open mouth
  - The patient's gag reflex adversely impacted obtaining a periapical radiograph
  - A crown restoration is present on the treated tooth
  - Calcifications are present within the pulp chamber
  - The longest root is  $> 1$  mm from the reference cusp tip to the apex
  - The curvature of the most curved root is substantial ( $\geq 20$  degrees) or S-shaped
  - Each root has  $\geq 1$  canal that is not clearly visible for the entire length of the root
  - Incomplete root development
  - Root resorption is evident (internal, external, or apical)
  - Other (please specify)
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31. After-treatment radiographs were acceptable for review:

- Yes  
 No

32. Length of obturation:

\_\_\_\_\_ (mm)

- >2 mm short of radiographic apex=1
- 0-2 mm from radiographic apex
- Extends beyond apex=3

33. Evidence of adverse event? (mark all that apply)

- Separated instrument
- Missed canal(s) (obturation is off-centered in root)
- Large void in canal space
- Ledged canal
- Perforation (obturation material extending into bone in area other than radiographic apex)

34. Adequate temporary/restoration (i.e., at least 2 mm of temporary material, permanent restoration has adequate seal)?

- Yes  
 No

Thank you for completing the questionnaire