Practitioner 12 Month Questionnaire

Please answer the following questions. Please ensure that this survey is filled out on the same day as you see the patient. The patient’s payment is dependent upon the completion of this questionnaire.

1. Is the tooth present?
   - Yes
   - No

2. If no, what was the reason for the extraction? (mark all that apply)
   - Symptomatic (pain)
   - Tooth fracture
   - Coronal leakage
   - Persistent sinus tract and/or swelling
   - Unknown
   - Other (please specify)

   Other, (please specify):

3. Not counting an extraction or procedures related to the RCT completion, did the tooth have any additional surgical and non-surgical treatments during the past 12 months?
   - Yes
   - No
   - Don’t know

3a. If yes, how many additional surgical treatments?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9

3b. If yes, how many additional non-surgical treatments?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9

4. Is the tooth tender to percussion?
   - Yes
   - No
5. Is the tooth tender to biting pressure?
   - Yes
   - No

6. Is there tenderness to palpation of the tissue buccal to the tooth apex?
   - Yes
   - No
7. What is the greatest probing depth for this tooth? (mm)

8. What is the location of the greatest probing depth? (mark all that apply)

- Buccal
- Distal
- Lingual
- Mesial

9. Is the tooth an abutment for a partial denture (fixed or removable)?

- Yes
- No

10. Does the tooth have proximal contact(s)?

- Mesial only
- Distal only
- Mesial and Distal
- None

11. Did you identify swelling associated with this tooth?

- Yes
- No

12. Is there a draining sinus tract (fistula) associated with this tooth?

- Yes
- No

13. What is the mobility classification of this tooth?

- 0 Movement
- ≤ 1mm horizontal movement
- >1mm horizontal movement

14. Does any root of the tooth exhibit a radiolucency (periradicular or apical)?

- Yes
- No
15. How was the root restored?
   ○ Crown on tooth with access filled with amalgam
   ○ Crown on tooth with access filled with composite
   ○ Amalgam only
   ○ Composite only
   ○ Crown
   ○ Temporary Crown/filling in place
   ○ Other (please specify)

16. Is there any evidence of coronal leakage (e.g., caries, open margins)?
   ○ Yes
   ○ No

17. Is the patient experiencing pain in the area of the root canal treated tooth?
   ○ Yes
   ○ No

18. If yes, what do you believe are the reasons for this pain? (mark all that apply)
<table>
<thead>
<tr>
<th>Symptomatic apical periodontitis</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gingivitis (crown impingement, overhand)</td>
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<tr>
<td>Heavy occlusion/PDF sensitivity (static or dynamic)</td>
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<tr>
<td>Adjacent tooth with pulpitis</td>
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<tr>
<td>Adjacent tooth with symptomatic apical periodontitis</td>
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<tr>
<td>Other tooth pathosis (please specify)</td>
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<tr>
<td>TMD (referred muscle pain or TMD pain)</td>
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<tr>
<td>Trigeminal neuralgia</td>
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<tr>
<td>Atypical odontalgia, phantom tooth pain</td>
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<tr>
<td>Headache disorder presenting as &quot;tooth&quot; pain</td>
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<tr>
<td>Sinusitis presenting as &quot;tooth&quot; pain</td>
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<tr>
<td>Other non-tooth pathosis (please specify)</td>
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</tbody>
</table>

Other tooth pathosis (please specify):

Other non-tooth pathosis (please specify):

Thank you for completing the questionnaire.

English or Spanish End Time: