

Patient After Visit Questionnaire

English or Spanish Start Time: _____

Please answer the following questions after your treatment is finished. 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. How intense was your tooth pain during the root canal treatment today on a scale of 0 to 10, 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

2. How numb did your tooth feel during the root canal treatment?

- The tooth was not numb enough
- The tooth was numb enough

ADD SPANISH

The last group of questions are typically asked in research studies to help us understand how pain affects different groups of people.

ADD SPANISH

3. What is your gender?

- Male
- Female

ADD SPANISH

4. What is your age as of today?

ADD SPANISH

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- I don't know
- I decline to answer

ADD SPANISH

6. What is your race? (check all that apply)

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (please specify)
- I don't know
- I decline to answer

ADD SPANISH

-
-
-
-
-
-
-
-
-
-

Other (please specify):

ADD SPANISH

7. What type of dental insurance or third party coverage for any type of dental care do you have? (check all that apply)

- No insurance
- Private insurance
- Public/Government insurance
- Other (please specify)
- I don't know
- I decline to answer

ADD SPANISH

-
-
-
-
-
-

Other (please specify):

ADD SPANISH

8. Indicate your highest level of education:

- Less than High School
- High School diploma/GED
- Some College/Associate degree
- Bachelor's degree
- Graduate degree
- I decline to answer

ADD SPANISH

9. What is your home zip code?

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As a thank you for your time, we will send you a \$20 payment card to Amazon. You will receive another payment card in the mail after completing each of the future surveys that will be emailed to you in one week, 6 months and 12 months from now.

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

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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

1-844-363-8976 (Spanish line)

Please select "submit" to finish the survey.

ADD SPANISH

English or Spanish End Time: _____