

# 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

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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  
  $\leq 1$ mm horizontal movement  
  $>1$ mm horizontal movement

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

- Yes  
 No

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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)

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	Yes	No	Maybe
Symptomatic apical periodontitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gingivitis (crown impingement, overhand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy occlusion/PDF sensitivity (static or dynamic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjacent tooth with pulpitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjacent tooth with symptomatic apical periodontitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tooth pathosis (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TMD (referred muscle pain or TMD pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trigeminal neuralgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atypical odontalgia, phantom tooth pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache disorder presenting as "tooth" pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sinusitis presenting as "tooth" pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-tooth pathosis (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tooth pathosis (please specify):			_____
Other non-tooth pathosis (please specify):			_____
Thank you for completing the questionnaire.			
English or Spanish End Time:			_____