

Practitioner Before Treatment Questionnaire

Please answer the following questions anytime during the same day as you enrolled the patient.

1. Tooth number:

_____ (tooth number (1-32))

2. Did the tooth respond to cold?

- Yes
 No

3. Is the tooth tender to percussion?

- Yes
 No

4. Is the tooth tender to biting pressure?

- Yes
 No

5. Is there tenderness to palpation of the tissue buccal to the tooth apex?

- Yes
 No

6. What is the greatest probing depth for the tooth?

_____ (mm)

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

- Buccal
 Distal
 Lingual
 Mesial

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

- Yes
 No

9. What are the proximal contact(s) for this tooth?

- Mesial only
 Distal only
 Mesial and Distal
 None

10. Is there swelling associated with this tooth?

- Yes
 No

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

- Yes
 No

12. What is the mobility classification of this tooth?

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

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

- Yes
- No

14. What is your overall pre-operative assessment of the difficulty for this case?

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

15. Were any of the following factors present during your assessment of case difficulty? (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 >21 mm from the reference cusp tip to the apex
- The curvature of the most curved root is substantial (≥ 20 degrees) or S-shaped
- Each root has ≥ 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)

16. Pre-treatment radiographs were acceptable for review:

- Yes
- No

17. Is there a radiographic appearance consistent with any of the following? (mark all that apply)

- Caries
- Cracked tooth (i.e., vertical bone loss on mesial and distal of study tooth)?
- External resorption
- Internal resorption
- C-shaped canal or other complex canal system

Thank you for completing the questionnaire