Patient Before Visit Questionnaire (with variable scoring, references at end)

1. How would you rate your tooth pain on a 0 to 10 scale at the present time, that is right now, where 0 is "no pain" and 10 is "pain as bad as it could be"? (**current pain**)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain |  |  |  |  |  |  |  |  |  | pain as bad as can be |

1. In the past 7 days, how intense was your worst tooth pain rated on a 0 to 10 scale, where 0 is "no pain" and 10 is "pain as bad as it could be"? (**worst pain**)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain |  |  |  |  |  |  |  |  |  | pain as bad as can be |

1. In the past 7 days, on average, how intense was your tooth pain rated on a 0 to 10 scale, where 0 is "no pain" and 10 is "pain as bad as it could be"? (that is, your usual pain at times you were experiencing pain) (**average pain**)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain |  |  |  |  |  |  |  |  |  | pain as bad as can be |

A pain score of 7 or greater was considered severe. An overall measure of severe pain was defined as severe pain on all three assessments.

1. I feel that the treatment outcome for my tooth will turn out (**Treatment expectation: scored 1-4**):

 Poor, Fair, Good, Very good

1. To what degree are you afraid about receiving dental treatment today? (**Treatment fear: scored 1-5**):

Not at all afraid

A little afraid

Somewhat afraid

Very afraid

Extremely afraid

1. Medications: Have you taken any of the following medications or supplements in the past 7 days for the tooth that was treated today? (each yes or no)

Prescription pain medications

Over-the-counter pain medications (a prescription was not needed)

Antibiotics prescribed by your dentist

Herbal medications

Questions 7-9 are related to any jaw or temple pain you may have had in the last 30 days (**TMD screening questions**)

1. On average, how long did any pain in your jaw or temple area on either side last? (dichotomized as any pain, yes/no, for TMD screening)

|  |  |  |
| --- | --- | --- |
| No pain | From very brief to more than a week, but it does stop | Continuous |

1. Have you had any pain or stiffness in your jaw on awakening? Yes / No
2. Did the following activities change any pain (that is, make it better or make it worse) in your jaw or temple area on either side?
3. Chewing hard or tough food: Yes / No
4. Opening your mouth or moving your jaw forward or to the side: Yes / No
5. Jaw habits such as holding teeth together, clenching, grinding, or chewing gum: Yes / No
6. Other jaw activities such as talking, kissing, or yawning: Yes / No

Question 7 (as 1 for any pain and 0 for none), and 8, 9a-d, were summed, score range of 0-6; a score of 3 or higher was considered a **positive TMD** screen.

1. Everyone experiences painful situations at some point in their lives, such as headaches, tooth pain, joint or muscle pain. Please indicate the degree to which you have these thoughts, feelings when you're in pain **(****pain catastrophizing, each question scored 1-5, for a total score range of 2 – 10**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| It is terrible and I think it is never going to get any better | Not at all | To a slight degree | To a moderate degree | To a great degree | All the time |
| I feel I can't stand it any more | Not at all | To a slight degree | To a moderate degree | To a great degree | All the time |

1. Over the past 2 weeks, how often have you been bothered by any of the following problems? (**Depression score: each question scored 1-4; sum of the 2 questions, score range 2-8**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Little interest or pleasure in doing things | Not at all | Several days | More than half of the days | Nearly every day |
| Feeling down, depressed or hopeless | Not at all | Several days | More than half of the days | Nearly every day |

1. Over the past 2 weeks, how often have you been bothered by any of the following problems?

(**Anxiety score: each question scored 1-4; sum of the 2 questions, score range 2-8**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Feeling nervous, anxious or on edge | Not at all | Several days | More than half of the days | Nearly every day |
| Not being able to stop or control worrying | Not at all | Several days | More than half of the days | Nearly every day |

1. The next questions ask about your experiences including feelings and thoughts during the past month. In each case, mark how often you felt or thought a certain way. (**Stress**) In the past month, how often have you felt...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a)… that you were unable to control theimportant things in your life | Never | Almose never | Sometimes | Fairy often | Often |
| b) … confident about your ability to handle your personal problems? | Never | Almose never | Sometimes | Fairy often | Often |
| c) …. that things were going your way | Never | Almose never | Sometimes | Fairy often | Often |
| 1. …. difficulties were piling up so high that you could not overcome them?
 | Never | Almose never | Sometimes | Fairy often | Often |

(**Scoring for stress. Questions a & d were scored 1-5, b & c were reversed coded so that higher numbers indicated more stress. The scores for the 4 questions were summed for the stress score, range of 4 to 20.**)

**REFERENCES for the measures described above**

**Pain measures**

Von Korff M, Ormel J, Keefe FJ, Dworkin SF. Grading the severity of chronic pain. Pain. 1992 Aug;50(2):133-149. doi: 10.1016/0304-3959(92)90154-4. PMID: 1408309. [Scale of zero to 10]

Law AS, Nixdorf DR, Rabinowitz I, Reams GJ, Smith JA Jr, Torres AV, Harris DR; National Dental PBRN Collaborative Group. Root canal therapy reduces multiple dimensions of pain: a national dental practice-based research network study. J Endod. 2014 Nov;40(11):1738-45. doi: 10.1016/j.joen.2014.07.011. Epub 2014 Sep 1. PMID: 25190605; PMCID: PMC4254176. [Categorization of None (0), Mild (1-3), Moderate (4-6), and Severe (7-10)]

**Treatment outcome expectation**

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**Anxiety references**

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