Advanced Endodontics

Pain History

1. Have you experienced pain in this tooth at any time in the past?
□ Yes □ No

*If you are not in pain now and have never been in pain with this tooth, go directly to question # 17.

2. Are you in pain now?
□ Yes □ No Only with cold

3. If you are in pain now, how long have you been in pain?
□ 1day □ 2 days □ 3 days □ 4 days □ 5 days
□ 6 days □ 1 week □ 2 weeks □ 3 weeks □ >3 weeks

4. Did this pain either keep you awake or awaken you last night?
□ Yes □ Yes, and I have been up all night in pain
□ No □ No, but it has before

5. Can you locate the tooth that is causing the pain?
□ Yes □ No □ Not sure □ There may be more than one tooth

6. Does the pain radiate to the other parts of your jaw or down your neck and shoulders?
□ Yes □ No □ Not now but has in the past

7. Is the pain spontaneous or does it always require some stimulus to become painful?
□ I have spontaneous pain
□ It always takes some stimulus to make it hurt
□ I don't have spontaneous pain now, but have in the past with this tooth

8. Do you feel swollen now?
□ Yes □ No

Has there been a history of prior swelling?
□ Yes □ No

Are you running a fever?
□ Yes □ No

9. How would you rate the severity of your pain today? Please select a number on the scale
(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

10. Please check the frequency and nature of pain that most closely describes your discomfort:

□ Sharp	□ Dull	□ Radiating
□ Throbbing	□ Migrating	□ Constant
□ Aching	□ Intermittent	□ Momentary
□ Gnawing	□ Variable	□ Enlarging to other areas
□ Shooting	□ Tingling	□ Itching
□ Burning	□ Only when chewing or biting	

11. Do you have lingering pain (more than a few seconds)?

□ Yes □ No □ No but I have in the past

12. Is the tooth sensitive to temperature?

□ More to hot than cold □ No, but there is a history of temperature sensitivity in the past

□ Equally to hot and cold □ Neither □ Not sure □ More sensitive to cold than hot

13. What relieves the pain

□ Nothing □ Cold □ Hot □ Massage □ Vicodin

□ Non-biting □ Aspirin □ NSAIDS □ Codeine □ Advil/Aleve

□ Antibiotics □ Other □ Tylenol □ Darvon/Darvocet

14. If you don't touch the tooth or bite on it, does it still hurt?

□ Yes □ No □ Sometimes

□ Only if I bite in a certain way □ Not now, but it has in the past

15. What increases the pain?

□ Touching □ Biting □ Hot □ Cold □ Eating □ Cold Air

□ Lying down □ Pressing on gum □ Flossing □ Sweets □ Nothing

16. What is the course of the pain?

□ Increasing □ Decreasing □ Constant □ Variable □ None Now

17. Has there been any recent restorative work done on this area?

□ Yes □ No □ Not sure

18. Prior to this appointment has endodontic treatment been started by any Doctor?

□ Yes □ No □ Not sure

19. Have you had recent periodontal (gum) surgery in the area or tooth cleaning?

□ Yes □ No

20. Have you ever had any endodontic surgery (apicoectomy) on this tooth?

□ Yes □ No □ Not sure

21. Are you numb now (been given anesthesia earlier today)?

□ Yes □ No □ Slightly □ Not sure

22. Have you taken any antibiotics for this problem?

□ No □ Today □ Last 2 days □ Last 3 days

□ Last 4 days □ Last week □ Last month □ Other

23. Have you taken any pain killers for this problem?

□ No □ Today □ Last night

□ Last 2 days □ Last 3 days □ Last 4 days

□ Last 5 days □ Last 6 days □ Various times

24. Did you explicitly request this referral?

□ Yes □ No

25. Did your Doctor recommend this referral?

□ Yes □ No