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?
   ☐ 1 day  ☐ 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