

8b. Has there been a history of prior swelling?

- Yes
- No

8c. Are you running a fever?

- Yes
- No

9. How would you rate the severity of your pain today? 1 = Very Slight and 10 = Unbearable

- 1 2 3 4 5 6 7 8 9 10
-

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

- Yes
- No
- No, but I have in the past

11. Please check the frequency and nature of pain that most closely describes your discomfort:
(Check all options that apply to your case)

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

12. Is the tooth sensitive to temperature?

- More to hot than cold
- More to cold than hot
- Equally to hot and cold
- Neither
- Not Sure
- Neither, but there is a history of temperature in the past

13. What relieves the pain? **(Check all options that apply to your case)**

- Nothing Cold Hot Massage
- Vicodin Non-biting Aspirin NSAIDS
- Codeine Advil/Alleve Antibiotics Darvon/Darvocets
- Other