

Dry Socket Pain Scale

DRY SOCKET PAIN SCALE

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what dry socket pain involves and why it has been recommended.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

2. I am confident managing tooth-by-tooth findings and charting notation day to day.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

3. Periodontal measurements and bleeding points has been discussed with me.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

4. I know who to contact if something changes between appointments.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

5. I am able to follow the advice I have been given about restorative history and planned work.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

6. I have enough information to make decisions about my care.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

7. The symptoms I came in with have affected my daily activities.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

8. I have found it difficult to keep up with recall intervals and preventive advice.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

9. I have had support from family, friends or carers with this.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

10. I am satisfied with the care I have received so far.

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

Anything else you would like the team to know

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Total score: _____

Interpretation: _____

Completed by: _____

Reviewed by / date: _____