

POST-OPERATIVE PARTICIPANT QUESTIONNAIRE

General Information

Oral Surgery research project

Department of Oral Diagnostic and Surgical Sciences, School of Dentistry, University of Otago

Principal Researcher: Nigel Tan (Doctoral candidate)

Primary Supervisor: Professor Darryl Tong (Consultant in Oral and Maxillofacial surgery)

Thank you for completing this questionnaire.

We would like to invite you to complete this questionnaire during your appointment with Nigel Tan.

For information about this research project, please read the form entitled: “Information sheet for participants: *A comparison between conventional absorbable sutures and knotless sutures in third molar surgery using a split-mouth study design.*”

All personal information collected will kept strictly confidential.

There will be no judgement or prejudice towards you because of your answers. Please answer honestly and truthfully.

Question 1

Did you take the pain relief medication prescribed to you?

Yes

No

Question 2

How long did it take for you to take the tablet of rescue pain relief after your surgery?

Question 3

Did the pain relief tablets give you sufficient pain relief?

Yes

No

Question 4

Overall, how would you rate your pain following your surgery?

No pain

Mild pain

Moderate pain

Severe pain

Excruciating
pain & agony

Question 5

Did you take any *additional* pain relief medication other than the tablets prescribed to you?

Yes

No

If yes, please mention the name(s), and duration _____

Question 6

Did you need to see your medical centre/GP about your pain or discomfort?

Yes

No

If you did, were you prescribed antibiotics?

Yes

No

Question 7

Did you require the socket to be irrigated and dressed by a dentist?

Yes

No

If you did, were you prescribed antibiotics?

Yes

No

Question 8 Slade (1997)

Please circle the answer that BEST applies to you during the last 4 weeks.

Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you felt that you sense of taste has worsened because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you had painful aching in your mouth?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you been self-conscious because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you felt tense because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you had to interrupt meals because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you found it difficult to relax because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you been irritable with other people because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?

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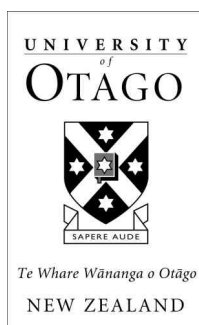
Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?

NEVER <input type="checkbox"/>	HARDLY EVER <input type="checkbox"/>	OCCASIONALLY <input type="checkbox"/>	FAIRLY OFTEN <input type="checkbox"/>	VERY OFTEN <input type="checkbox"/>
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Have you been totally unable to function because of problems with your teeth, mouth or dentures?

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*End of questionnaire.
Thank you.*



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General Information

Oral Surgery research project

Oral surgery clinic, Southland Hospital Dental Unit, Southern DHB

Principal Researcher: Nigel Tan (Doctoral candidate)

Primary Supervisor: Professor Darryl Tong (Consultant in Oral and Maxillofacial surgery)

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