

Level of pain *before* wisdom tooth removal

Please complete upon arrival for your wisdom tooth surgery.

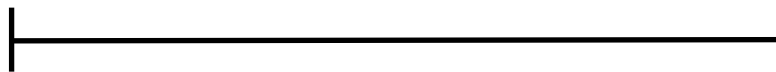
Date: _____

Time: _____

Place a vertical mark on the line below to indicate your current level of pain.

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

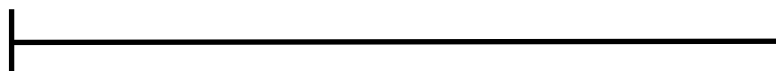
Mark the amount of *left-sided wisdom tooth pain* using a vertical mark on the line below.



No pain

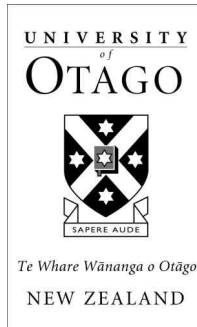
Worst pain imaginable

Mark the amount of *right-sided wisdom tooth pain* using a vertical mark on the line below.



No pain

Worst pain imaginable



Level of irritation *before* wisdom tooth removal

Please complete upon arrival for your wisdom tooth surgery.

Date: _____

Time: _____

Place a vertical mark on the line below to indicate the current level of irritation you are experiencing.

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

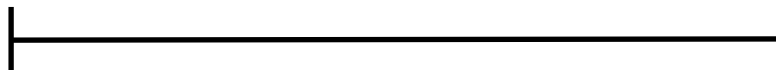
Mark the amount of *left-sided wisdom tooth irritation* using a vertical mark on the line below.



No irritation

Worst irritation imaginable

Mark the amount of *right-sided wisdom tooth irritation* using a vertical mark on the line below.



No irritation

Worst irritation imaginable