

Dental Pain Assessment Checklist

Patient Name:

Date:

Location of Pain:

Pain Severity (0-10):

Onset:

☒ Sudden ☐ Gradual

Pain Duration:

Character of Pain:

☐ Sharp ☐ Dull ☐ Throbbing ☐ Intermittent ☐ Constant

Aggravating Factors:

Relieving Factors:

Associated Symptoms:

☐ Swelling ☐ Bleeding ☐ Fever ☐ Difficulty Opening Mouth ☐ Other

Comments / Notes: