

Form A: VAS (Days 第1-7, 14日)

Subject No.:
病人編號

Subject Initials 病人簡稱: _____

PPDH No. :
醫院編號

Gender:
性別

Age :
年齡

Type of Procedures: SE / TE / I / IGBR / PS
手術類別

*(Please circle accordingly)
(請圈出手術類別)

Principal Investigator 首席研究員:

Dr. Lee Koon Kay 李冠基牙科醫生

Academic Supervisors 學術指導員:

Dr. Nikos Mattheos 馬毅剛副教授

Professor LK Cheung 張念光教授

Professor CP McGrath 麥浩明教授



Investigating patient centred healing outcomes
for 5 different dentoalveolar surgical procedures
探視五種手術情況後病者對康復情況的自我評估



Faculty of Dentistry
The University of Hong Kong

2014 Version

If you agree to participate in this study, you should:

如果您同意參與這項研究，你應該：

- Follow the advice/instructions given to you by the study team.
按照研究團隊給您的建議或指示。
- Keep to your study appointments. If it is necessary to miss an appointment, please contact the study staff to reschedule as soon as you know you will miss the appointment.
確保出席預約。如果無法赴約，請盡早與研究人員聯絡重新安排另一時間。
- Inform the Principal Investigator and/or your attending dentist as soon as any reason occurs to cease participation.
如出現任何原因要停止參與研究，請通知首席研究員和/或您的主診牙醫。
- Be prepared to visit the dental hospital for the study purpose and undergo all the procedures that are outlined above.
預計需前往牙科醫院履行上面列出的所有程序。

For any questions and comments please contact:

如有任何查詢，請聯絡：

Principal Investigator 首席研究員：

Dr. Lee Koon Kay 李冠基牙科醫生

dr.leekoonkay@gmail.com

School Address 院校地址：

Block 4A, The Prince Philip Dental Hospital

34 Hospital Road, Hong Kong

香港西營盤醫院道34號

菲臘牙科醫院四樓A座

TITLE OF PROJECT 研究題目

Investigating patient centred healing outcomes for
5 different dentoalveolar surgical procedures
探視五種手術情況後病者對康復情況的自我評估

Principal Investigator 首席研究員: Dr. Lee Koon Kay 李冠基牙科醫生	Academic Supervisor 學術指導員: Dr. Nikos Mattheos 馬毅剛牙科醫生
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INFORMATION SHEET 資料文件 (Version: 03/06/2013)

This is a student project. 這是一個學生研究項目。

Why is the research being conducted? 為什麼要進行研究？

You are being invited to participate to a research study to investigate the impact of oral surgery on subjective patients' healing outcomes. You are selected as a possible subject in this study because you have expressed interest in an oral surgery procedure or implant treatment and you are suitable for the study.

This study will recruit 200 healthy adult subjects prior to treatment and will follow the healing results for a period of 2 weeks. The study involves daily recording of your attitudes and your experience of the outcomes of the treatment through specially designed and simple logbook. You will also be examined 1 week after the surgical intervention.

If you are enrolled in the study, you will receive the treatment according to the highest modern standards, as per the protocols of our clinic and you will not be exposed to any experimental treatment devices or procedures. All clinical procedures will be performed by the investigators, or residents of our specialist and student clinics under adequate supervision. Your obligation would be to fill in the information requested at regular intervals, as to the best of your capacity and understanding and show up for the scheduled treatment control appointments.

你被邀請參加一項研究，以患者的角度，調查口腔手術後的康復情況。因為你曾經表示有興趣接受口腔或植牙手術治療，我們也認為你也適合參與研究，所以你被甄選到這項研究中。

這項研究將招募200名健康成年人，並記錄接受治療後為期兩週的康復情況。通過專門設計的調查問卷，這項研究需要你每天記錄你對治療結果的態度和體驗。您也將會被安排於接受治療後1週的檢查。

如果你參與研究，你將接受最現代化標準的治療，按照協議，你也不需接受任何試驗性質的治療設備或程序。所有臨床程序將由我們的調查員、駐院專科醫生或在有足夠監督的牙科學生進行。你的責任是以最理解的態度定期填寫問卷和出席預約好的治療。

What you will be asked to do 你將會被要求做的事情

If you agree to take part in this study, you will receive a treatment as according to the highest international treatment protocols observed by our clinic. All treatment procedures will take place within the PPDH and the University of Hong Kong. Please observe that the actual surgical procedures are not part of this research. The procedures of your treatment will be explained to you by your clinician. The actual research will assess your experience with the treatment through a questionnaire for 2 weeks after the procedure.

Your participation in the study will last 2 weeks. You will need to visit the dentist 2 times during the course of the study, each appointment lasting for approximately 30 minutes. During these appointments, examination of the healing will take place, which will evaluate the condition of the oral tissues. During these appointments you will be also asked to describe your experience with the implant treatment and fill in the respective questionnaires. In addition, you should fill in some simple questionnaires on a daily basis for the first week and for the last day of the second week. Filling in of the questionnaires will not require more than a couple of minutes daily.

如果您同意參與這項研究，您將會接受根據診所提供根據國際最高標準的治療方案。所有的治療程序將在菲臘牙科醫院和香港大學進行。請注意，實際的手術療程並不屬於此研究項目，您的主診醫生將會給你解釋有關手術程序。實質的研究將會通過治療後持續2週的問卷進行，以評估您對治療後成果的經驗。

你參與這項的研究將持續兩個星期。此期間內您將需要接受兩次每次約三十分鐘的口腔檢查，以評估口腔組織的康復情況。同時，你會被邀請描述你接受植牙手術的體驗，並需要填寫問卷。閣下需在第一週的每天及第二週的最後一天，每天只需花一兩分鐘時間填寫簡單的問卷便可。

If you agree to participate in this study, you should:

如果您同意參與這項研究，你應該：

- Follow the advice/instructions given to you by the study team.
按照研究團隊給您的建議或指示。
- Keep to your study appointments. If it is necessary to miss an appointment, please contact the study staff to reschedule as soon as you know you will miss the appointment. 確保出席跟進約會。如果無法赴約，請盡早與研究人員聯絡重新安排另一時間。
- Inform the Principal Investigator and/or your attending dentist as soon as any reason occurs to cease participation.
如出現任何原因要停止參與研究，請通知首席研究員和/或您的主治牙醫。
- Be prepared to visit the Centre for the study purpose and undergo all the procedures that are outlined above.
預計需前往研究中心，並履行上面列出的所有程序。

The expected benefits of the research 研究項目的預期效益

You may not benefit directly from this study. Your participation however will contribute to the knowledge about the impact of dental implant treatment, resulting in improved healthcare services and will greatly help us organize a better post-operative care for patients.

雖然您未必直接地從這項研究中受惠，但是，您的參與有助提升牙齒種植治療的知識，從而提高醫療服務水平，也將進一步幫助我們為病人設計出一個更好的手術後護理。

Risks to you 參與研究的風險

There is no known risk from participating in the study and you may withdraw at any stage without any justification required. The risks from standard surgical procedures are well understood and will be explained to you in detail prior to treatment, as per our standard procedure protocols.

此項研究是沒有已知的風險的，而您亦可以在不需有任何理由的情況下，要求退出。此外，跟據我們的標準程序，牙科醫生會在手術前，向病人解釋相關的口腔和植牙手術涉及的風險。

Your confidentiality 保密

Information collected for this study will be kept confidential. Your records, to the extent of the applicable laws and regulations, will not be made publicly available. Only the primary Investigator(s) will have access to the confidential information being collected. In the event of any publication regarding this study, your identity will remain confidential.

這項研究收集的資料將予以保密。你的記錄，跟據現行的法律和法規，將不會被公開。只有首席研究員才可以翻閱這些機密資料。在任何有關這項研究出版的情況下，你的身份都將會被保密。

Your participation is voluntary 您的參與是自願的

Your participation in this study is entirely voluntary. Your questions will be answered clearly and to your satisfaction. In the event of any new information becoming available that may be relevant to your willingness to continue in this study, you will be informed in a timely manner by the Principal Investigator or his/her representative. By signing and participating in the trial, you do not waive any of your legal rights to revoke your consent and withdraw from the trial at any time.

參與這項研究是完全自願的。您的問題將得到明確及令您滿意的答覆。主要研究者或他/她的代表將會告訴你，那些可能會影響你是否繼續參與研究的新信息。簽署此同意書，不代表你放棄任何合法權益，你有權撤銷您的同意，並隨時退出研究。

Feedback to you 給你的回應

Information regarding the progress of your treatment will be provided at any time by your operating dentist. Information with regards to the outcomes and report of the study will be made available to you after completion of analysis upon request to the Principle Investigator, Dr. Lee Koon Kay. You may contact us by email: dr.leekoonkay@gmail.com, or phone: 28590326. Patients who are willing to receive further information about the outcomes of this study will be invited to leave their e-mail address or post address to the principle investigator.

主診牙科醫生會向你提供有關您的治療進展。有關這項研究的結果和報告，將於分析完成後，透過首席研究員 — 李冠基醫生，應要求提供給參與者，你可以透過電郵：dr.leekoonkay@gmail.com或致電：28590326聯絡我們。有興趣接收關於這研究的結果之參與者，可以向首席研究員提供自己的電郵地址或郵寄地址。

Privacy Statement 隱私聲明

The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded.

進行這項研究涉及收集，查閱和/或使用您識別的個人資料。收集到的資料是保密的，不會在未經您同意的情況下透露給第三者，除了是為了滿足有關政府部門，法律或其他監管機構的要求。一個去除識別身份的副本，可能會用於其他研究。然而，你的私隱，在任何時候都將會得到保障。

Contact persons 聯絡人

Dr. Lee Koon Kay 李冠基牙科醫生	Principal Investigator 首席研究員	dr.leekoonkay@gmail.com
Dr. Nikos Mattheos 馬毅剛牙科醫生	Academic Supervisor 學術指導員	nikos@mattheos.net
Meibo	Receptionist, Centre of Advanced Dental Care, 6/F, Prince Philip Dental Hospital. 菲臘牙科醫院六樓 高級牙科治療中心	2859 0326

TITLE OF PROJECT 研究題目

Investigating patient centred healing outcomes for
5 different dentoalveolar surgical procedures
探視五種手術情況後病者對康復情況的自我評估

CONSENT FORM 同意書

By signing below, I confirm that I have read and understood the information package and in particular have noted that:

簽署以下同意書，即表示我確認我已閱讀和理解提及的資料，特別注意的是：

- I understand that my involvement in this research will include the completion of a simple questionnaires and a simple clinical examination,
我明白，參與這項研究將包括填寫一份簡單的問卷調查，並完成一些簡單的臨床檢查；
- I have had any questions answered to my satisfaction,
我任何的問題已獲得讓我滿意的回答；
- I understand the risks involved,
我理解所涉及的風險；
- I understand that there might be no direct benefit to me from my participation in this research other than contributing to improvement of patient care.
我理解，從參與這項研究中，我可能是沒有直接得益的，除了為改善病人護理作出貢獻；
- I understand that my participation in this research is voluntary,
我明白我在這個研究的參與是自願的；
- I understand that if I have any additional questions I can contact the research team,
我明白，如果我有任何其他疑問，可以聯繫我的研究團隊；
- I understand that I am free to withdraw at any time, without comment or penalty,
我明白，我可以任何時候退出，不會受到評論或懲罰；
- I agree to participate in the project.
我同意參與該項目。

_____ Name of patient 病人姓名	_____ Date 日期	_____ Signature 簽名
_____ Name of Witness (if applicable) 見證人姓名 (如適用)	_____ Date 日期	_____ Signature 簽名
_____ Researcher 研究員	_____ Date 日期	_____ Signature 簽名

Clinical Note

PI: Dr Lee Koon Kay (MDS ImplantDent)

Part I – Brief Introduction

Protocol Title: Investigating patient centred healing outcomes for
5 different dentoalveolar surgical procedures

Inclusion criteria:	Exclusion criteria:
<p>All PPDH patients having any of the five procedures*, in particular:</p> <p>a. Medically healthy adult \geq 21 yr (ASA I-II)</p> <p>b. Non-smoker, previous smoker (quit \geq 5 yrs), light smoker with $<$ 20 cigarettes/day</p> <p>c. Not allergic to penicillin</p> <p>* Referring to Part II</p>	<p>a. Medically compromised (ASA III-V)</p> <p>b. Requiring antibiotic prophylaxis</p> <p>c. Aged $<$ 21 yr</p> <p>d. Heavy smoker or previous heavy smoker (quit $<$ 5 years; \geq 20 cigarettes/day)</p> <p>e. Allergic to penicillin</p> <p>f. Pregnant, intend to conceive or are breast feeding</p>

ASA 1	Non-smoker, previous smoker
ASA 2	A patient with mild systemic disease
ASA 3	A patient with severe systemic disease
ASA 4	A patient with severe systemic disease that is a constant threat to life
ASA 5	A moribund patient who is not expected to survive without the operation

American Society of Anesthesiologists (ASA) Physical Status classification system

Remarks:

Thank you very much for your participation in this research. It is much appreciated if you could:

- Sign the consent form with the patients
- Write down the required information on the front page of the booklet
- Explain and ask the patients to fill the questionnaires on day 1 to 7 & 14.
- Complete the part II of "clinical note"
- Ask the patient to come back for clinical assessment and review.
- Return this booklet to the department

Part II – Form Filing (to be completed by operator, i.e. researcher)

5 Type of procedures (please circle accordingly):

<input type="checkbox"/>	SE	Simple Extraction (single only)
<input type="checkbox"/>	TE	Transalveolar Extraction of wisdom teeth ○ single ○ multiple (1 transalveolar + any other Xn.)
<input type="checkbox"/>	I	Straightforward implant placement (<u>no</u> GBR) ○ single ○ multiple
<input type="checkbox"/>	IGBR	Implant placement with Guided Bone Regeneration ○ single ○ multiple (1 transalveolar + any other Xn.)
<input type="checkbox"/>	PS	Periodontal Surgery (3 to 8 teeth involved) ○ regenerative ○ Cr lengthening ○ OFD

To be filled right after surgery	Surgery Duration	<input type="checkbox"/> < 1 hr	<input type="checkbox"/> 1-2 hrs	<input type="checkbox"/> > 2 hrs
	Antibiotics prescribed (name & dosage): _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To be filled on Day 7 (or R.O.S. day)	Analgesic prescribed (name & dosage): _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Flap dehiscence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Suppuration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Spontaneous Bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Day 1 第一日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱 _____

Tab (per day) 粒 (每日份量) _____

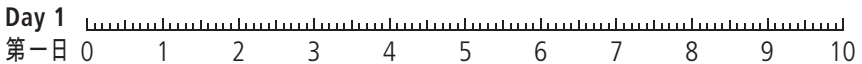
Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your bleeding/swelling/pain/bruising today. e.g. 例:

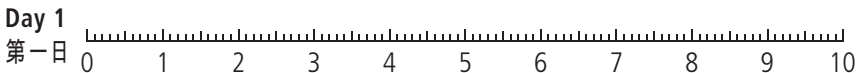
請用**直線**標記在下面的橫線上以顯示今天流血、腫脹、痛楚和瘀傷的嚴重情況。



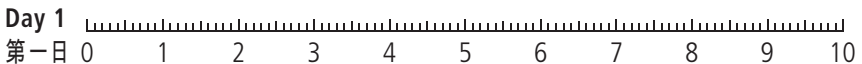
How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)



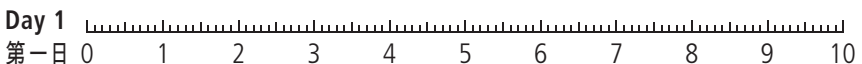
How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)



How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)



How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)



Day 2 第二日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)

Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your **bleeding/swelling/pain/bruising** today. e.g. 例:

請用**直線**標記在下面的橫線上以顯示今天流血、腫脹、痛楚和瘀傷的嚴重情況。



How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 2 _____
第二日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 2 _____
第二日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 2 _____
第二日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 2 _____
第二日 0 1 2 3 4 5 6 7 8 9 10

Day 3 第三日

Did you take any painkillers? Please circle: Yes No

有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:

如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)

Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your **bleeding/swelling/pain/bruising** today. e.g. 例:

請用**直線**標記在下面的橫線上以顯示今天**流血、腫脹、痛楚和瘀傷**的嚴重情況。



How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)

今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)



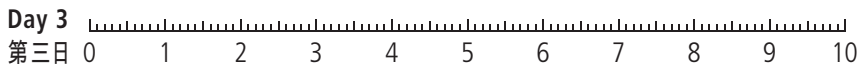
How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)

今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)



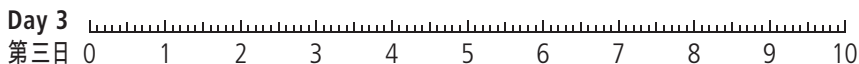
How severe is your **pain** today? (0 = no pain; 10 = worse pain)

今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)



How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)

今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)



Day 4 第四日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)

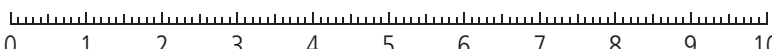
Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your bleeding/swelling/pain/bruising today. e.g. 例:

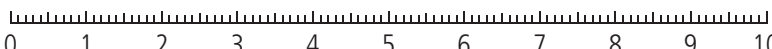
請用**直線**標記在下面的橫線上以顯示今天流血、腫脹、痛楚和瘀傷的嚴重情況。



How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 4
第四日 

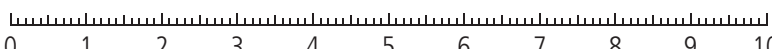
How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 4
第四日 

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 4
第四日 

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 4
第四日 

Day 5 第五日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab (per day) 粒(每日份量)

Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your bleeding/swelling/pain/bruising today. e.g. 例:

請用**直線**標記在下面的橫線上以顯示今天流血、腫脹、痛楚和瘀傷的嚴重情況。



How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 5
第五日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 5
第五日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 5
第五日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 5
第五日 0 1 2 3 4 5 6 7 8 9 10

Day 6 第六日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)


Visual Analogue Scale 視覺類比量表

Please place a **vertical mark** on the line below to indicate the severity of your bleeding/swelling/pain/bruising today. e.g. 例:

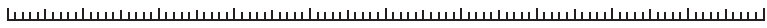
請用**直線**標記在下面的橫線上以顯示今天流血、腫脹、痛楚和瘀傷的嚴重情況。




How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 6
第六日 


How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 6
第六日 

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 6
第六日 

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 6
第六日 

Day 7 第七日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)

Visual Analogue Scale 視覺類比量表

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今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 7
第七日

How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 7
第七日

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 7
第七日

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 7
第七日

Day 14 第十四日

Did you take any painkillers? Please circle: Yes No
有否服用止痛藥? 請圈: 有 沒有

If yes, please specify the name/dosage of the painkillers:
如有, 請列出所服用的止痛藥名稱:

Name 名稱

Tab(per day) 粒(每日份量)

Visual Analogue Scale 視覺類比量表

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How severe is your **bleeding** today? (0 = no bleeding; 10 = very heavy bleeding)
今天**流血**的情況有多嚴重? (0=沒有流血; 10=流血情況非常嚴重)

Day 14
第十四日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **swelling** today? (0 = no swelling; 10 = very heavy swelling)
今天**腫脹**的情況有多嚴重? (0=沒有腫脹; 10=腫脹情況非常嚴重)

Day 14
第十四日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **pain** today? (0 = no pain; 10 = worse pain)
今天**痛楚**的情況有多嚴重? (0=沒有痛楚; 10=痛楚情況非常嚴重)

Day 14
第十四日 0 1 2 3 4 5 6 7 8 9 10

How severe is your **bruising** today? (0 = no bruising; 10 = very severe bruising)
今天**瘀傷**的情況有多嚴重? (0=沒有瘀傷; 10=瘀傷情況非常嚴重)

Day 14
第十四日 0 1 2 3 4 5 6 7 8 9 10



Thank You for your participation
感謝閣下參與是項研究

Upon completion, please return this questionnaire booklet by mail with the attached reply envelope or pass it directly to our dentist on duty.

填妥問卷後，請用附上之回郵信封寄回菲臘牙科醫院或直接交予當值牙科醫生。



Faculty of Dentistry
The University of Hong Kong

Implant Dentistry

Block 4A, The Prince Philip Dental Hospital
34 Hospital Road, Hong Kong