**Dental Pain Protocol for Medical Providers**

*Thank you for participating in the Dental Pain Protocol Training.
Please take a moment to answer a few questions about your experience.*

1. **How helpful were the content presented in the webinar?**
	* Extremely helpful
	* Somewhat helpful
	* Not so helpful
	* Not at all helpful
2. **How helpful were the content presented in the hands-on training?**
	* Extremely helpful
	* Somewhat helpful
	* Not so helpful
	* Not at all helpful
3. **I am more knowledgeable of strategies in managing dental pain in the
emergency room.**
* Strongly agree
* Agree
* Neither agree or disagree
* Disagree
* Strongly disagree
1. **I intend to use the strategies I learned.**
	* Strongly agree
	* Agree
	* Neither agree or disagree
	* Disagree
	* Strongly disagree
2. **What additional comments do you have regarding the webinar and/or
hands-on training?**