**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?**