



## Factors for Successful Crowns Study

### Patient Characteristics

Today's Date: |\_\_|\_\_|/|\_\_|\_\_|/|2|0|1|\_\_|  
                  m  m  d  d  y  y  y  y

1. Your gender:

- Male  
 Female

2. Your date of birth: |\_\_|\_\_|/|\_\_|\_\_|/|1|9|\_\_|\_\_|  
                          m  m  d  d  y  y  y  y

3. Your ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino  
 I don't know  
 Decline to answer

4. Your race (**Check all that apply**):

- White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 I don't know  
 Decline to answer

5. Your **dental** insurance type or third party coverage for any type of dental care (**Check all that apply**):

- No dental insurance coverage  
 Private insurance (e.g., employer sponsored, commercial, HMO, etc.)  
 Public/government insurance (Medicaid, military or veterans benefit, etc.)  
 Other (please specify): \_\_\_\_\_  
 I don't know

6. Indicate your highest level of education:

- Less than a high school diploma  
 High school graduate (including equivalency, GED, etc.)  
 Some college or Associate degree  
 Bachelor's degree  
 Graduate degree (including Master's, Doctoral, etc.)  
 Decline to answer

7. ZIP code where you live: |\_\_|\_\_|\_\_|\_\_|\_\_|