



Dental PBRN Study 12: Questionable Occlusal Carious Lesions

Use this Data Collection Form when a questionable occlusal carious lesion is enrolled. Please remember that the term “questionable” is defined as a tooth with no cavitation (no continuity break in the enamel) and no radiographic radiolucencies, but the presence of caries is suspected due to roughness, surface opacities, or staining. This study concerns both non-operatively treated lesions as well as operatively treated lesions.

You may record information on 1 or 2 questionable occlusal carious lesions on the same patient at one visit. You may do so by filling in the details on this information sheet and then filling out a data sheet for each lesion.

For each question, please indicate the answer that best applies by marking an “X” in the corresponding box like this:

It is very important that the responses be recorded within the space allotted.

When recording numerical responses, such as amounts or dates, one number should be entered in each box and every box should have a number in it. Therefore, it may be necessary to record leading zeros when the number requires fewer boxes than provided.

Visit Date / / 200
mm dd v

1. Patient Gender

- a Male
- b Female

2. Patient age in years

3. Patient ethnicity

- a not reported or unknown (I do not wish to provide this information)
- b Hispanic or Latino
- c Not Hispanic or Latino

4. Patient race

- a not reported or unknown (I do not wish to provide this information)
- b White
- c Black or African-American
- d American Indian or Alaska Native
- e Asian
- f Native Hawaiian or Other Pacific Islander
- g Other (please specify) _____

5. Does the patient have any dental insurance or third party coverage?

- a No
- b Yes



6. On which tooth is the questionable area located?

TOOTH NUMBER

7. Which **one** best describes the luster of the questionable area?

- a Chalky appearance
- b Shiny appearance

8. Which **one** best describes the color of the questionable area?

- a Opaque
- b White spot
- c Yellow/light brown discoloration
- d Dark brown/black discoloration
- e Other _____

9. Is the questionable area associated with a fissure or pit?

- a No
- b Yes – limited to the pit or fissure
- c Yes – extending beyond the pit or fissure

10. Which aids were used in **making (not confirming)** the diagnosis? (Check all that apply)

- a Magnification (please indicate power _____)
- b Air drying
- c Dental explorer
- d Laser fluorescence such as DIAGNOdent® (measurement _____)
- e Caries Detecting Dye
- f Radiographs
- g Transillumination
- h Other _____

If you did not use an explorer, please skip to question 13

11. When you used a dental explorer, did you experience roughness of the enamel surface upon light exploration?

- a No
- b Yes

12. When you used a dental explorer, did you experience retention of the explorer in a groove or fissure?

- a No
- b Yes-Slight stick
- c Yes-Resistance to removal

For questions 13 –18 How would you characterize the patient's dental history in the following areas? (check one answer per question)

13. **Caries**

- a No caries lesions treated in the past 2 years
- b 1-2 caries lesions treated in the past 2 years
- c 3 or more lesions treated in the past 2 years

14. **Recall**

- a Regular recall care intervals
- b Irregular recall care interval

15. **Homecare**

- a Good oral self-care
- b Fair oral self-care
- c Poor oral self-care

16. **Restorations**

- a Has restorations
- b Does not have restorations

17. **Fluoride**

- a Optimal FI level (inc FI toothpaste) or receives FI treatments
- b Suboptimal FI level and does not receive FI treatment

18. **Miscellaneous** (Check all that apply)

- a Cariogenic Diet
- b Medication/Disease induced xerostomia/hyposalivation
- c Active Orthodontic treatment

19. I chose to treat the tooth today by: (Please check all that apply)

- a Monitoring
- b Oral hygiene instruction
- c Applying/prescribing fluoride
- d Applying varnish
- e Sealant placement (etch tooth with **no** preparation, with sealant material/composite resin placed over it)
- f Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material)
- g Preventive Resin Restoration (i.e. minimal tooth preparation, composite resin placed, with sealant material placed over it)
- h Full Restoration
- i Other _____

If you chose a,b,c, d, or e please STOP

20. If you chose to restore this tooth, what did you find?

- a No caries
- b Inactive/ re-mineralized caries
- c Active caries (Outer 1/2 of Enamel)
- d Active caries (Inner 1/2 of Enamel)
- e Active caries (Outer 1/3 of Dentin)
- f Active caries (Middle 1/3 of Dentin)
- g Active caries (Inner 1/3 of Dentin)

21. If you chose to restore this tooth, what type of material did you use?

- a Amalgam
- b Composite
- c Glass ionomer
- d Other _____



22. On which tooth is the questionable area located?

TOOTH NUMBER

23. Which **one** best describes the luster of the questionable area?

- a Chalky appearance
- b Shiny appearance

24. Which **one** best describes the color of the questionable area?

- a Opaque
- b White spot
- c Yellow/light brown discoloration
- d Dark brown/black discoloration
- e Other _____

25. Is the questionable area associated with a fissure or pit?

- a No
- b Yes – limited to the pit or fissure
- c Yes – extending beyond the pit or fissure

26. Which aids were used in **making (not confirming)** the diagnosis? (Check all that apply)

- a Magnification (please indicate power _____)
- b Air drying
- c Dental explorer
- d Laser fluorescence such as DIAGNOdent® (measurement _____)
- e Caries Detecting Dye
- f Radiographs
- g Transillumination
- h Other _____

If you did not use an explorer, please skip to question 29

27. When you used a dental explorer, did you experience roughness of the enamel surface upon light exploration?

- a No
- b Yes

28. When you used a dental explorer, did you experience retention of the explorer in a groove or fissure?

- a No
- b Yes-Slight stick
- c Yes-Resistance to removal

For questions 29 –34 How would you characterize the patient's dental history in the following areas? (check one answer per question)

29. Caries

- a No caries lesions treated in the past 2 years
- b 1-2 caries lesions treated in the past 2 years
- c 3 or more lesions treated in the past 2 years

30. Recall

- a Regular recall care intervals
- b Irregular recall care interval

31. Homecare

- a Good oral self-care
- b Fair oral self-care
- c Poor oral self-care

32. Restorations

- a Has restorations
- b Does not have restorations

33. Fluoride

- a Optimal FI level (inc FI toothpaste) or receives FI treatments
- b Suboptimal FI level and does not receive FI treatment

34. Miscellaneous (Check all that apply)

- a Cariogenic Diet
- b Medication/Disease induced xerostomia/hyposalivation
- c Active Orthodontic treatment

35. I chose to treat the tooth today by: (Please check all that apply)

- a Monitoring
- b Oral hygiene instruction
- c Applying/prescribing fluoride
- d Applying varnish
- e Sealant placement (etch tooth with **no** preparation, with sealant material/composite resin placed over it)
- f Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material)
- g Preventive Resin Restoration (i.e. minimal tooth preparation, composite resin placed, with sealant material placed over it)
- h Full Restoration
- i Other _____

If you chose a,b,c, d, or e please STOP

36. If you chose to restore this tooth, what did you find?

- a No caries
- b Inactive/ re-mineralized caries
- c Active caries (Outer ½ of Enamel)
- d Active caries (Inner ½ of Enamel)
- e Active caries (Outer ⅓ of Dentin)
- f Active caries (Middle ⅓ of Dentin)
- g Active caries (Inner ⅓ of Dentin)

37. If you chose to restore this tooth, what type of material did you use?

- a Amalgam
- b Composite
- c Glass ionomer
- d Other _____