# Dental PBRN Study 2: Reasons for placing the first restoration on permanent tooth surface(s)

Use this Data Collection Form whenever a study restoration is placed on a previously un-restored surface, which is not related to a current restoration, on a permanent tooth. You may place multiple ‘first restorations’ on the same patient during the same visit. You can do so by filling in the details on this information sheet and then filling out a restoration data sheet for each restoration.

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.

Completed form should be mailed to: Dental PBRN
College of Dentistry
PO Box 100415
Gainesville, FL 32610-0415

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Participant ID: ______________________________</th>
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1. Patient Gender
   1  Male
   2  Female

2. Patient Age in years

3. Patient Race
   1  White
   2  Black or African-American
   3  American Indian or Alaska Native
   4  Asian
   5  Native Hawaiian or Other Pacific Islander
   6  Other (please specify) ______________________________

4. Patient Ethnicity
   1  Hispanic or Latino
   2  Not Hispanic or Latino

5. Does the patient have any dental insurance or third party coverage?
   1  Yes
   2  No
6. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

<table>
<thead>
<tr>
<th>TOOTH NUMBER</th>
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<td>3. Distal</td>
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<td>4. Buccal or Facial</td>
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<tr>
<td>5. Lingual or Palatal</td>
</tr>
<tr>
<td>6. Incisal</td>
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7. What is the main reason that you placed a restoration in this tooth? (Please mark one response only.)

1. Restoration of a non-carious defect (For example: abrasion/abfraction/erosion, fractured tooth, unsightly area)
2. Primary caries (The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)

8. Did you use a base, lining or bonding material? (Please mark all that apply.)

1. None
2. Resin-based bonding material
3. Glass ionomer, resin-modified glass ionomer
4. Calcium hydroxide-based cement or liner
5. Varnish (e.g., Copalite)
6. Other (specify) __________________

9. What material did you use for this restoration? (Please mark all that apply.)

1. Amalgam
2. Composite resin, including compomer, directly placed (Brand:_______________________)
3. Indirect composite resin
4. Glass ionomer, resin-modified glass ionomer (Brand:_____________________________)
5. Ceramic or porcelain
6. Cast gold or other base metallic restoration
7. Combined metal/ceramic restoration
8. Temporary restorative material

10. Did you use a rubber dam during the restorative procedure?

1. Yes
2. No
**RESTORATION DATA SHEET**

11. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

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12. What is the main reason that you placed a restoration in this tooth? (Please mark one response only.)

1. Restoration of a non-carious defect (For example: abrasion /abfraction / erosion, fractured tooth, unsightly area)

2. Primary caries (The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)

**ANSWER QUESTIONS 12a – 12c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 12**

12a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

1. Clinical assessments including probing
2. Radiographs
3. Transillumination or optical technique (e.g., Diagnodent®)

12b. How deep did you estimate that the deepest part of the primary caries lesion was preoperatively? (Please mark one category only.)

1. E1 (Outer ½ of Enamel)
2. E2 (Inner ½ of Enamel)
3. D1 (Outer ½ of Dentin)
4. D2 (Middle ½ of Dentin)
5. D3 (Inner ½ of Dentin)
6. Uncertain

12c. How deep did you estimate that the deepest part of the primary caries lesion was postoperatively? (Please mark one category only.)

1. E1 (Outer ½ of Enamel)
2. E2 (Inner ½ of Enamel)
3. D1 (Outer ½ of Dentin)
4. D2 (Middle ½ of Dentin)
5. D3 (Inner ½ of Dentin)

**GO TO QUESTION 13**

12d. Why did you restore the non-carious defect? (Please mark all that apply.)

1. Abrasion/abfraction/erosion lesion
2. Developmental defect or hypoplasia
3. For cosmetic reasons
4. To restore an endodontically-treated tooth
5. The tooth was fractured
6. Other __________________________

13. Did you use a base, lining or bonding material? (Please mark all that apply.)

1. None
2. Resin-based bonding material
3. Glass ionomer, resin-modified glass ionomer
4. Calcium hydroxide-based cement or liner
5. Varnish (e.g., Copalite)
6. Other (specify) __________________

14. What material did you use for this restoration? (Please mark all that apply.)

1. Amalgam
2. Composite resin, including compomer, directly placed (Brand:_______________________)
3. Indirect composite resin
4. Glass ionomer, resin-modified glass ionomer (Brand:_____________________________)
5. Ceramic or porcelain
6. Cast gold or other base metallic restoration
7. Combined metal/ceramic restoration
8. Temporary restorative material

15. Did you use a rubber dam during the restorative procedure?

1. Yes
2. No
RESTORATION DATA SHEET

16. On which tooth and surface(s) did you diagnose primary caries or a non-curious defect?

TOOTH NUMBER

TOOTH SURFACE (MARK ALL THAT APPLY)
1 Occlusal
2 Mesial
3 Distal
4 Buccal or Facial
5 Lingual or Palatal
6 Incisal

17. What is the main reason that you placed a restoration in this tooth? (Please mark one response only.)

1 Restoration of a non-curious defect (For example: abrasion /abfraction / erosion, fractured tooth, unsightly area)
2 Primary caries (The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)

GO TO QUESTION 17a

ANSWER QUESTIONS 17a – 17c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 17

17a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

1 Clinical assessments including probing
2 Radiographs
3 Transillumination or optical technique (e.g., Diagnodent®)

GO TO QUESTION 17c

17c. How deep did you estimate that the deepest part of the primary caries lesion was postoperatively? (Please mark one category only.)

1 E1 (Outer ⅓ of Enamel)
2 E2 (Inner ⅓ of Enamel)
3 D1 (Outer ⅓ of Dentin)
4 D2 (Middle ⅓ of Dentin)
5 D3 (Inner ⅓ of Dentin)

GO TO QUESTION 18

17d. Why did you restore the non-curious defect? (Please mark all that apply.)

1 Abrasion/abfraction/erosion lesion
2 Developmental defect or hypoplasia
3 For cosmetic reasons
4 To restore an endodontically-treated tooth
5 The tooth was fractured
6 Other __________________________

GO TO QUESTION 17b

17b. How deep did you estimate that the deepest part of the primary caries lesion was preoperatively? (Please mark one category only.)

1 E1 (Outer ⅓ of Enamel)
2 E2 (Inner ⅓ of Enamel)
3 D1 (Outer ⅓ of Dentin)
4 D2 (Middle ⅓ of Dentin)
5 D3 (Inner ⅓ of Dentin)
6 Uncertain

18. Did you use a base, lining or bonding material? (Please mark all that apply.)

1 None
2 Resin-based bonding material
3 Glass ionomer, resin-modified glass ionomer
4 Calcium hydroxide-based cement or liner
5 Varnish (e.g., Copalite)
6 Other (specify) ___________________

19. What material did you use for this restoration? (Please mark all that apply.)

1 Amalgam
2 Composite resin, including compomer, directly placed (Brand:_______________________)
3 Indirect composite resin
4 Glass ionomer, resin-modified glass ionomer (Brand:_____________________________)
5 Ceramic or porcelain
6 Cast gold or other base metallic restoration
7 Combined metal/ceramic restoration
8 Temporary restorative material

20. Did you use a rubber dam during the restorative procedure?

1 Yes
2 No
## RESTORATION DATA SHEET

### 21. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

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### 22. What is the main reason that you placed a restoration in this tooth? (Please mark one response only.)

1. Restoration of a non-carious defect. *(For example: abrasion/abfraction/erosion, fractured tooth, unsightly area)*

2. Primary caries *(The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)*

### ANSWER QUESTIONS 22a – 22c ONLY IF "PRIMARY CARIES" WAS MARKED IN QUESTION 22

#### 22a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

1. Clinical assessments including probing
2. Radiographs
3. Transillumination or optical technique *(e.g., Diagnodent)*

#### 22b. How deep did you estimate that the deepest part of the primary caries lesion was preoperatively? (Please mark one category only.)

1. E1 (Outer ⅔ of Enamel)
2. E2 (Inner ⅔ of Enamel)
3. D1 (Outer ⅔ of Dentin)
4. D2 (Middle ⅔ of Dentin)
5. D3 (Inner ⅔ of Dentin)
6. Uncertain

#### 22c. How deep did you estimate that the deepest part of the primary caries lesion was postoperatively? (Please mark one category only.)

1. E1 (Outer ⅔ of Enamel)
2. E2 (Inner ⅔ of Enamel)
3. D1 (Outer ⅔ of Dentin)
4. D2 (Middle ⅔ of Dentin)
5. D3 (Inner ⅔ of Dentin)

### ANSWER QUESTION 22d ONLY IF "RESTORATION OF NON-CARIOUS DEFECT" WAS MARKED IN QUESTION 22

#### 22d. Why did you restore the non-carious defect? (Please mark all that apply.)

1. Abrasion/abfraction/erosion lesion
2. Developmental defect or hypoplasia
3. For cosmetic reasons
4. To restore an endodontically-treated tooth
5. The tooth was fractured
6. Other __________________________

### 23. Did you use a base, lining or bonding material? (Please mark all that apply.)

1. None
2. Resin-based bonding material
3. Glass ionomer, resin-modified glass ionomer
4. Calcium hydroxide-based cement or liner
5. Varnish *(e.g., Copalite)*
6. Other *(specify) ___________________

### 24. What material did you use for this restoration? (Please mark all that apply.)

1. Amalgam
2. Composite resin, including compomer, directly placed *(Brand:_______________________)*
3. Indirect composite resin
4. Glass ionomer, resin-modified glass ionomer *(Brand:_____________________________)*
5. Ceramic or porcelain
6. Cast gold or other base metallic restoration
7. Combined metal/ceramic restoration
8. Temporary restorative material

### 25. Did you use a rubber dam during the restorative procedure?

1. Yes
2. No