



24-Month Follow-Up of Questionable Occlusal Carious Lesions

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
UAB School of Dentistry
1530 3rd Ave South SDB 111
Birmingham, AL 35294-0007

Original Treatment Date: / 20 Examination of: Tooth Number
mm dd y y

Visit Date: Enter today's date / / 20
mm dd y y

1. Is the practitioner who is filling out this form today the same one who enrolled the questionable lesions on the original treatment date?
 - a Yes
 - b No
2. Is this visit due to a problem with this specific tooth?
 - a Yes
 - b No
3. Currently, this lesion is:
 - a Being monitored with oral hygiene instruction and/or fluoride treatment → If you checked this, please **continue to question 4**
 - b Sealed → If you checked this, please **skip to question 8**
 - c Restored → If you checked this, please **skip to question 10**
4. Which **one** best describes the luster of the questionable area today?
 - a Chalky appearance
 - b Shiny appearance



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

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

If you did not use an explorer to diagnose this surface today, please STOP HERE

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

- a Yes
 b No

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

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

8. Sealant rating: rate the sealant as "Acceptable" or "Repair or Replace"

- a Acceptable-No further clinical action is needed , please indicate if you adjusted the sealant

Did you grind or adjust to improve the sealant today?

- A Yes
 B No



If you checked "Acceptable", please **STOP HERE**

- b Repair or replace-Clinical action is needed

9. What is your treatment plan for this sealant? (check all that apply)

- a Repair a defective part of the sealant
 b Replace the entire sealant
 c Other treatment: _____

10. Restoration: rate the restoration as "Acceptable" or "Repair or Replace"

- a Acceptable-No further clinical action is needed , please indicate if you adjusted the restoration

Did you grind or adjust to improve the restoration today?

- A Yes
 B No



If you checked "Acceptable", please **STOP HERE**

- b Repair or replace-Clinical action is needed

11. What is your treatment plan for this restoration? (check all that apply)

- a Repair a defective part of the restoration
 b Replace the entire restoration
 c Other treatment: _____