

Dental Practice-Based Research Network
www.DentalPBRN.org

**Questionnaire to be completed at the end of
the Atlanta meeting**



Dear Colleague,

We invite you to participate in this DPBRN activity by completing a brief questionnaire. Some of your responses will be compared to your responses on previous DPBRN questionnaires that you have completed.

This questionnaire will help us evaluate our DPBRN activities. It is important to our network and to the main funder of our research, the National Institutes of Health, that we regularly evaluate our activities.

We estimate that completing this survey will take about 15 minutes.

Records of your participation will be kept confidential. Only authorized personnel will have access to data, and all information, whether electronic or in paper form, will be stored in a secure manner. This information will not be sold, used for any reason other than research, released to any insurance company, or released to any other similar interest. Although the UAB's Institutional Review Board (IRB) has reviewed and approved the questionnaire, it has the authority to inspect completed questionnaires to ensure that we have complied with IRB procedures. Results may be published for scientific purposes, but your identity will not be revealed. Only statistical summaries will be presented.

If you have questions about your rights as a research participant, you may call Ms. Sheila Moore, Director of the Office of the UAB Institutional Review Board for Human Use (IRB). Ms. Moore can be reached at (205) 934-3789, or 1-800-822-8816, press the option for an operator/attendant and ask for extension 4-3789 between the hours of 8:00 a.m. and 5:00 p.m. Central Time, Monday through Friday.

Thank you! If you have any questions about this research, please call the Program Manager, Andrea Mathews at (205) 934-2578 or you may also call the DPBRN Network Chair, Dr. Gregg Gilbert at (205) 934-5423.

With regards,

The Dental PBRN Executive Committee



Office use only - practitioner ID number based on the name and address information below

_____ Your name (please print)

_____ City where your dental practice is located

_____ State or country where your dental practice is located

Date that you are completing this questionnaire:

May / / 2008
date

Evaluation of the overall DPBRN annual meeting May 15-17, 2008

1. As a result of attending this meeting, how much do you think you will change how you diagnose dental caries?

- 1 – a large amount
- 2 – a small amount
- 3 – none

1b. If you will change at least some, what will you do differently?
Write answer here: _____

2. As a result of attending this meeting, how much do you think you will change how you treat (prevention and restoration) dental caries?

- 1 – a large amount
- 2 – a small amount
- 3 – none

2b. If you will change at least some, what will you do differently?
Write answer here: _____



3. I liked meeting with fellow DPBRN practitioner-investigators at this meeting.

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly disagree

4. Overall, the meeting was useful to my clinical practice.

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly disagree

5. Attending this meeting increased my interest in participating in future DPBRN studies.

- 1 - Strongly agree
- 2 - Agree
- 3 - Neither agree nor disagree
- 4 - Disagree
- 5 - Strongly disagree

SECTION 2: Questions 6 - 11 have to do with methods that you may use to diagnose dental caries. Please circle the one number that best corresponds to your answer. Patients can vary substantially from one practice to the next, but we are interested in the patients in YOUR practice.

6. When you examine patients to determine if they have a **primary occlusal caries** lesion, on what percent of these patients do you use a **dental explorer** to help diagnose the lesion?

- 1 – Never or 0%
- 2 – 1 to 24%
- 3 – 25 to 49%
- 4 – 50 to 74%
- 5 – 75 to 99%
- 6 – Every time or 100%

7. When you examine patients to determine if they have a **primary caries** lesion on the **occlusal** surface, on what percent of these patients do you use **laser fluorescence** (for example, Diagnodent[®])?

- 1 – Never or 0%
- 2 – 1 to 24%
- 3 – 25 to 49%
- 4 – 50 to 74%
- 5 – 75 to 99%
- 6 – Every time or 100%



8. When you examine patients to determine if they have a **primary caries** lesion, on what percent of these patients do you use **air-drying** to help diagnose the lesion?

- 1 – Never or 0% [Skip to question 9]
- 2 – 1 to 24%
- 3 – 25 to 49%
- 4 – 50 to 74%
- 5 – 75 to 99%
- 6 – Every time or 100%

8b. If you air-dry at least some, approximately how long do you dry the tooth surface?

- 1 – 1-2 seconds
- 2 – 3-4 seconds
- 3 – 5 seconds
- 4 – More than 5 seconds

9. When you examine patients to determine if they have a **caries** lesion on a **proximal** (mesial or distal) surface of an anterior tooth, on what percent of these patients do you use **fiber optic** transillumination to help diagnose the lesion?

- 1 – Never or 0%
- 2 – 1 to 24%
- 3 – 25 to 49%
- 4 – 50 to 74%
- 5 – 75 to 99%
- 6 – Every time or 100%

10. When you examine patients to determine if they have a **caries** lesion, on what percent of these patients do you use some sort of **magnification** to help diagnose the lesion?

- 1 – Never or 0%
- 2 – 1 to 24%
- 3 – 25 to 49%
- 4 – 50 to 74%
- 5 – 75 to 99%
- 6 – Every time or 100%

11. Do you assess caries risk for individual patients in any way?

- 1 – Yes
- 2 – No

11b. If you answered "Yes", please circle whether you...

- a. Record the assessment on a special form that is kept in the patient chart.
- b. Do not use a special form to make the assessment.



SECTION 3: Please use the following guide for the treatment codes used in questions 12-14. For each question, circle the letters which correspond to the treatment codes you would recommend for scenarios described. If treatment code “j” (other) is used, please specify. You may circle more than one treatment code per question.

	Question 12	Question 13	Question 14
a. No treatment today, follow the patient regularly	a	a	a
b. Instruct patient in plaque removal for the affected area	b	b	b
c. In-office fluoride	c	c	c
d. Prescription for fluoride	d	d	d
e. Recommend non-prescription fluoride	e	e	e
f. Use sealant or unfilled resin over tooth	f	f	f
g. Chlorhexidine treatment	g	g	g
h. Polish, re-surface, or repair restoration, but not replace	h	h	h
i. Replace entire restoration	i	i	i
j. Other treatment [please specify] _____	j	j	j



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For Questions 12-14: The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years. **(Circle your answers above)**

12. The patient has 5 existing restorations and is not missing any teeth. Indicate what treatment you would provide to the restoration shown by the arrow in the first picture on the left.



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13. Now imagine the patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the second picture on the left.



Courtesy of Dr. Ivar Mjör

14. The same patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the third picture on the left.



SECTION 4: Please use the following guide for the treatment codes used in question 15.
For each question, circle the letters which correspond to the treatment codes you would recommend for each of the five cases. If treatment code “n” (other) is used, please specify. You may circle more than one treatment code per case.

- | | |
|---|--|
| a. No treatment today, follow the patient regularly | h. Minimal drilling and preventive resin restoration |
| b. In-office fluoride | i. Air abrasion and a sealant |
| c. Recommend non-prescription fluoride | j. Air abrasion and preventive resin restoration |
| d. Prescription for fluoride | k. Amalgam restoration |
| e. Use sealant or unfilled resin over tooth | l. Composite restoration |
| f. Chlorhexidine treatment | m. Indirect restoration |
| g. Minimal drilling and sealant | n. Other treatment [Please specify] _____ |

For Question 15: The patient is a 30 year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

15. Indicate how you would treat the tooth shown if the patient has no other teeth with dental restorations or dental caries and is not missing any teeth.



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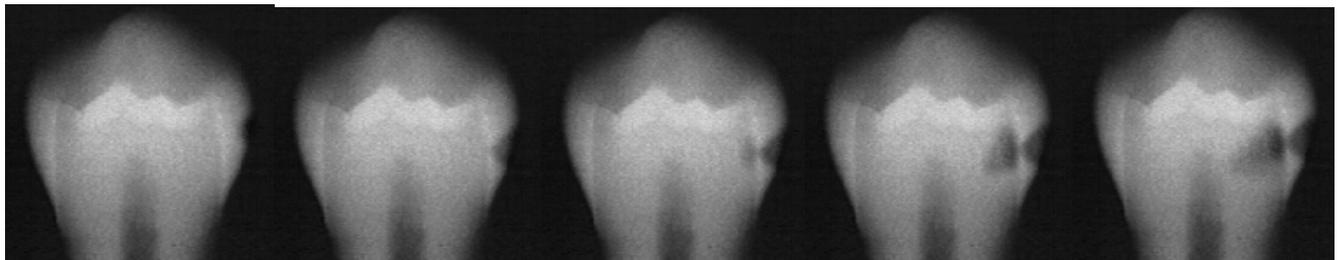
- | | | | | |
|---------------|---------------|---------------|---------------|---------------|
| Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
| a b c d e f g | a b c d e f g | a b c d e f g | a b c d e f g | a b c d e f g |
| h i j k l m n | h i j k l m n | h i j k l m n | h i j k l m n | h i j k l m n |



SECTION 6: For question 16, please circle the one number that corresponds to the lesion depth at which you think it is best to do a permanent restoration (composite, amalgam, etc.) instead of only doing preventive therapy.

For question 16: The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

16. The patient has no dental restorations, no dental caries, and is not missing any teeth.



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1

2

3

4

5

17. Which of the following pulp capping materials do you use **most often** in your practice (choose one)?

- 1 – Mineral Trioxide Aggregate (MTA)
- 2 – Calcium Hydroxide
- 3 – Glass Ionomer
- 4 – Dentin Bonding System
- 5 – Other (please specify) _____

References

Ericson D, Kidd E, McComb D, Mjör IA, Noack MJ. Minimally invasive dentistry-concepts and techniques in cariology. *Oral Health Prev Dent* 2003; 1:59-72.

Mjör IA, Toffenetti F. Secondary caries: A literature review with case reports. *Quintessence Int* 2000; 31:165-179.

Espelid I, Tveit AB, Mejåre I, Nyvad B. Caries - new knowledge or old truths? *Norwegian Dental Journal* 1997;107:66-74.