



**Dental Practice-Based Research Network**  
[www.DentalPBRN.org](http://www.DentalPBRN.org)

**Questionnaire to be completed at check-in at  
the Meeting Registration Desk  
at 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 5 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



**SECTION 1: Questions 1- 5 have to do with what you did before this meeting. Please circle the one number that best corresponds to your answer.**

1. Before the Atlanta meeting, did you receive a packet that contained your results from the Study 1 questionnaire?

- 1 – Yes
- 2 – No [if you circled “No”, please go to Question # 4]

2. About how much time did you spend reviewing this packet?

- 1 – less than 15 minutes
- 2 – 15 – 30 minutes
- 3 – between 30 minutes and 1 hour
- 4 – more than 1 hour

3. Did you discuss these results with any other practitioners?

- 1 – Yes
- 2 – No

4. As a result of considering these Study 1 results or if you did not receive them, since you completed the original Study 1 questionnaire, how much did you change how you diagnose dental caries?

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

4b. If you changed at least some, what did you do differently?

Write answer here: \_\_\_\_\_

5. As a result of considering these Study 1 results or if you did not receive them, since you completed the original Study 1 questionnaire, how much did you change how you treat (prevention and restoration) dental caries?

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

5b. If you did changed at least some, what did you do differently?

Write answer here: \_\_\_\_\_