## DPBRN Logo

## 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 zero*s* 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**

 Visit Date / / 200 **LVISDATMM LVISDATDD LVISDATYY**

 mm dd y

1. Patient Gender **LGENDER**

a  Male

b  Female

2.  Patient age in years **LAGE**

3. Patient ethnicity **LETHN**

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 **LRACE**

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LRACESP**

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

a  No

b  Yes

6. On which tooth is the questionable area located?

 tooth number  **LTOHNUM**

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

 a  Chalky appearance **LLUSTER**

b  Shiny appearance

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

 a  Opaque **LCOLOR**

 b  White spot

 c  Yellow/light brown discoloration

 d  Dark brown/black discoloration

 e  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LCOLORSP**

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

 a  No **LFISSURE**

 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\_ **LMAGPWR­**\_)

**LMAGNIFY**

 b  Air drying **LAIRDRY**

 c  Dental explorer **LDENEXP**

 d  Laser fluorescence such as DIAGNOdent® **LLASER**

 (measurement\_\_\_\_\_\_\_\_) **LLASRMEAS**

 e  Caries Detecting Dye **LDETDYE**

 f  Radiographs **LRADGRAPH**

 g  Transillumination **LFIBOP**

 h  Other \_\_\_\_\_\_\_\_\_\_\_\_ **LAIDOTH LAIDOTHSP**

**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 **LROUGH**

 b  Yes

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

 a  No **LEXPRET**

 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 LCARIES**

 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 LRECALL**

 a  Regular recall care intervals

 b  Irregular recall care interval

15. **Homecare** **LHMCARE**

 a  Good oral self-care

 b  Fair oral self-care

 c  Poor oral self-care

16. **Restorations LRESTO**

 a  Has restorations

 b  Does not have restorations

17. **Fluoride**  **LFLUORLEV**

 a  Optimal Fl level (inc Fl toothpaste) or receives Fl treatments

 b  Suboptimal Fl level and does not receive Fl treatment

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

 a  Cariogenic Diet **LCARDIET**

 b  Medication/Disease induced xerostomia/hyposalivation **LXEROS**

 c  Active Orthodontic treatment **LORTHDTRT**

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

 a  Monitoring **LMONITOR**

 b  Oral hygiene instruction **LORALHYG**

 c  Applying/prescribing fluoride **LFLUOR**

 d  Applying varnish **LVARNISH**

 e  Sealant placement (etch tooth with **no** preparation, with

 sealant material/composite resin placed over it ) **LSEALNT**

 f  Enameloplasty (removing superficial grooves and other

 defects with or without fluoride/resin material) **LENAMPL**

 g  Preventive Resin Restoration (i.e. minimal tooth preparation,

 composite resin placed, with sealant material placed over it) **LPRERESIN**

 h  Full Restoration **LFURESTO**

 i  Other **LTOHTRT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LTOHTRTSP**



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

 a  No caries **LFIND**

 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)

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

 use? **LREMAT**

 a  Amalgam

 b  Composite

 c  Glass ionomer

 d  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. On which tooth is the questionable area located?

 tooth number  **LTOHNUM**

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

 a  Chalky appearance **LLUSTER**

b  Shiny appearance

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

 a  Opaque **LCOLOR**

 b  White spot

 c  Yellow/light brown discoloration

 d  Dark brown/black discoloration

 e  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LCOLORSP**

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

 a  No **LFISSURE**

 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) **LDIAGAID**

 a  Magnification (please indicate power\_ **LMAGPWR­**\_)

**LMAGNIFY**

 b  Air drying **LAIRDRY**

 c  Dental explorer **LDENEXP**

 d  Laser fluorescence such as DIAGNOdent® **LLASER**

 (measurement\_\_\_\_\_\_\_\_) **LLASRMEAS**

 e  Caries Detecting Dye **LDETDYE**

 f  Radiographs **LRADGRAPH**

 g  Transillumination **LFIBOP**

 h  Other \_\_\_\_\_\_\_\_\_\_\_\_ **LAIDOTH LAIDOTHSP**

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

27. When you used a dental explorer, did you experience

 roughness of the enamel surface upon light exploration?

 a  No **LROUGH**

 b  Yes

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

 a  No **LEXPRET**

 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)

29. **Caries LCARIES**

 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 LRECALL**

 a  Regular recall care intervals

 b  Irregular recall care interval

31. **Homecare** **LHMCARE**

 a  Good oral self-care

 b  Fair oral self-care

 c  Poor oral self-care

32. **Restorations LRESTO**

 a  Has restorations

 b  Does not have restorations

33. **Fluoride**  **LFLUOR**

 a  Optimal Fl level (inc Fl toothpaste) or receives Fl treatments

 b  Suboptimal Fl level and does not receive Fl treatment

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

 a  Cariogenic Diet **LCARDIET**

 b  Medication/Disease induced xerostomia/hyposalivation **LXEROS**

 c  Active Orthodontic treatment **LORTHDTRT**

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

 a  Monitoring **LMONITOR**

 b  Oral hygiene instruction **LORALHYG**

 c  Applying/prescribing fluoride **LFLUOR**

 d  Applying varnish **LVARNISH**

 e  Sealant placement (etch tooth with **no** preparation, with

 sealant material/composite resin placed over it ) **LSEALNT**

 f  Enameloplasty (removing superficial grooves and other

 defects with or without fluoride/resin material) **LENAMPL**

 g  Preventive Resin Restoration (i.e. minimal tooth preparation,

 composite resin placed, with sealant material placed over it) **LPRERESIN**

 h  Full Restoration **LFURESTO**

 i  Other **LTOHTRT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LTOHTRTSP**



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

 a  No caries **LFIND**

 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? **LREMAT**

 a  Amalgam

 b  Composite

 c  Glass ionomer