## DPBRN Logo

## Dental PBRN Study 5: Reasons for replacement or repair of dental restorations

**Use this Data Collection Form whenever a study restoration is replaced or repaired.**

**For enrollment and data collection you may replace or repair up to 4 restorations, on the same patient, during a single 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 replacement or repair.**

**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**

**College of Dentistry**

**PO Box 100415**

**Gainesville, FL 32610-0415**

Visit Date / / 200 **CDATE**

mm dd y

1. Patient Gender **CGENDER**

a  Male

b  Female

2.  Patient age in years (remember: only patients 13 years old or older should be enrolled) **CAGE**

3. Patient Ethnicity **CETHNIC**

a  Hispanic or Latino

b  Not Hispanic or Latino

4. Patient Race **CRACE**

a  White

b  Black or African-American

c  American Indian or Alaska Native

d  Asian

e  Native Hawaiian or Other Pacific Islander

f  Other (please specify) \_\_\_ **CRACESPE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

a  Yes

b  No

**RESTORATION REPLACEMENT/REPAIR DATA SHEET**

6. Which tooth was treated today?

tooth number  **CR01CTOHNUM**

7. **Before** your treatment today, which tooth surface(s) did the restoration include? **(Mark all that apply)**

a  Occlusal or Incisal **CR01CTOPOCCL**

b  Mesial **CR01CTOPMESI**

c  Distal **CR01CTOPDIST**

d  Buccal or Facial **CR01CTOPBUCC**

e  Lingual or Palatal **CR01CTOPLING**

8. What material was in the restoration **before** you repaired or replaced it today? (**Mark all that apply**)

a  Amalgam **CR01CPAMAG**

b  Composite resin directly placed, including compomer **CR01CPINDRESI**

c  Indirect composite resin **CR01CPINDRESI**

d  Glass ionomer, resin-modified glass ionomer

**CR01CPIONOM**

e  Ceramic or porcelain **CR01CPCERAM**

f  Cast gold or any other cast metallic restoration

**CR01CPMETAL**

g  Combined metal/ceramic restoration

**CR01CPMETCERA**

h  Unknown **CR01CPUK**

9. What treatment did you do on this tooth **today**?

**CR01CTRT**

a  Repaired a defective part of the restoration

b  Replaced the entire restoration

c  Placed a temporary restoration

10. Which restoration or tooth surface(s) did you repair or replace **today**? (**Mark all that apply**)

a  Occlusal or Incisal **CR01CTOOCCL**

b  Mesial **CR01CTOMESI**

c  Distal **CR01CTODIST**

d  Buccal or Facial **CR01CTOBUCC**

e  Lingual or Palatal **CR01CTOLING**

11. What material did you use for the restoration or repair **today**? (**Mark all that apply**)

a  Amalgam **CR01CAMAG**

b  Composite resin directly placed, including compomer (Brand:\_\_\_\_ **CR01CRESIBR** \_\_\_\_\_\_\_\_)

**CR01CDIRRESI**

c  Indirect composite resin **CR01CINDRESI**

d  Glass ionomer, resin-modified glass ionomer

(Brand:\_ **CR01CIONOBR** \_\_\_\_\_) **CR01CIONOM**

e  Ceramic or porcelain **CR01CCERAM**

f  Cast gold or any other cast metallic restoration

**CR01CMETAL**

g  Combined metal/ceramic restoration

**CR01CMETCERA**

h  Temporary restorative material **CR01CTEMP**

12. Did you use a base, lining or bonding material to place or

repair the restoration today? (**Mark all that apply**)

a  None **CR01CRENONE**

b  Resin-based bonding material **CR01CRERESI**

c  Glass ionomer, resin-modified glass ionomer

**CR01CREIONO**

d  Calcium hydroxide-based cement/liner **CR01CRECAOH**

e  Varnish (e.g. Copalite) (specify) \_ **CR01CREVASP** \_\_\_

**CR01CREVARN**

f  Other (specify) \_\_ **CR01CRESP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CR01CREOTHER**

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

a  Yes **CR01CREDAM**

b  No

14. Did you, or a different dentist, place the original restoration that was replaced or repaired today? **CR01CPOTDOC**

a  I did the original restoration

b  A different dentist did the original restoration

15. What was the **main** reason for repair or replacement of the restoration today? (**Choose only one**) **CR01CREASON**

a  Secondary/recurrent caries

b  Entire restoration is discolored

c  Restoration margins are discolored

d  Restoration margins are degraded or ditched

e  Bulk fracture of restoration

f  Restoration is missing

g  Tooth is fractured

h  Pain or sensitivity

i  Patient request (specify)\_\_ **CR01CPTREQ** \_\_\_\_\_\_\_\_\_

j  Other reason (specify) \_\_\_ **CR01COTRSNSP** \_\_\_\_\_\_\_

**answer questions 16-17 ONLY if “secondary caries” was marked in question 15**

16. What technique or observation led you to the diagnosis of secondary caries? (**Mark all that apply**)

a  Probing with a dental explorer **CR01CDENEXP**

b  Radiographs **CR01CGRAPH**

c  Intuition or experience based on clinical appearance

**CR01CAPP**

d  Discolored margin of the restoration **CR01CDISCLR**

e  Frank or definite caries cavitation **CR01CFRANK**

f  Presence of soft, discolored dentin or enamel

**CR01CDENTIN**

g  An exploratory preparation to inspect the lesion

**CR01CEXPPREP**

17. Where was the clinically diagnosed secondary caries

relative to the existing restoration? (**Choose only one**)

**CR01C2CARILOC**

a  Gingival to the restoration with the carious margin in the enamel

b  Gingival to the restoration with the carious margin in dentin or cementum

c  Other location



**RESTORATION REPLACEMENT/REPAIR DATA SHEET**

18. Which tooth was treated today?

tooth number  **CR02CTOHNUM**

19. **Before** your treatment today, which tooth surface(s) did the restoration include? **(Mark all that apply)**

a  Occlusal or Incisal **CR02CTOPOCCL**

b  Mesial **CR02CTOPMESI**

c  Distal **CR02CTOPDIST**

d  Buccal or Facial **CR02CTOPBUCC**

e  Lingual or Palatal **CR02CTOPLING**

20. What material was in the restoration **before** you repaired or replaced it today? (**Mark all that apply**)

a  Amalgam **CR02CPAMAG**

b  Composite resin directly placed, including compomer **CR02CPDIRRESI**

c  Indirect composite resin **CR02CPINDRESI**

d  Glass ionomer, resin-modified glass ionomer

**CR02CPIONOM**

e  Ceramic or porcelain **CR02CPCERAM**

f  Cast gold or any other cast metallic restoration

**CR02CPMETAL**

g  Combined metal/ceramic restoration

**CR02CPMETCERA**

h  Unknown **CR02CPUK**

21. What treatment did you do on this tooth **today**?

**CR02CTRT**

a  Repaired a defective part of the restoration

b  Replaced the entire restoration

c  Placed a temporary restoration

22. Which restoration or tooth surface(s) did you repair or replace **today**? (**Mark all that apply**)

a  Occlusal or Incisal **CR02CTOOCCL**

b  Mesial **CR02CTOMESI**

c  Distal **CR02CTODIST**

d  Buccal or Facial **CR02CTOBUCC**

e  Lingual or Palatal **CR02CTOLING**

23. What material did you use for the restoration or repair **today**? (**Mark all that apply**)

a  Amalgam **CR02CAMAG**

b  Composite resin directly placed, including compomer (Brand:\_\_\_\_\_ **CR02CRESIBR** \_\_\_\_\_\_\_)

**CR02CDIRRESI**

c  Indirect composite resin **CR02CINDRESI**

d  Glass ionomer, resin-modified glass ionomer

(Brand:\_\_\_ **CR02CIONOBR** \_\_) **CR02CIONOM**

e  Ceramic or porcelain **CR02CCERAM**

f  Cast gold or any other cast metallic restoration

**CR02CMETAL**

g  Combined metal/ceramic restoration

**CR02CMETCERA**

h  Temporary restorative material **CR02CTEMP**

24. Did you use a base, lining or bonding material to place or

repair the restoration today? (**Mark all that apply**)

a  None **CR02CRENONE**

b  Resin-based bonding material **CR02CRERESI**

c  Glass ionomer, resin-modified glass ionomer

**CR02CREIONO**

d  Calcium hydroxide-based cement/liner **CR02CRECAOH**

e  Varnish (e.g. Copalite) (specify) \_ **CR02CREVASP** \_\_\_

**CR02CREVARN**

f  Other (specify) \_\_\_ **CR02CRESP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CR02CREOTHER**

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

a  Yes **CR02CREDAM**

b  No

26. Did you, or a different dentist, place the original restoration that was replaced or repaired today? **CR02CPOTDOC**

a  I did the original restoration

b  A different dentist did the original restoration

27. What was the **main** reason for repair or replacement of the restoration today? (**Choose only one**) **CR02CREASON**

a  Secondary/recurrent caries

b  Entire restoration is discolored

c  Restoration margins are discolored

d  Restoration margins are degraded or ditched

e  Bulk fracture of restoration

f  Restoration is missing

g  Tooth is fractured

h  Pain or sensitivity

i  Patient request (specify)\_\_\_ **CR02CPTREQ** \_\_\_\_\_\_\_\_\_

j  Other reason (specify) \_\_\_\_ **CR02COTRSNSP** \_\_\_\_\_\_

**answer questions 28-29 ONLY if “secondary caries” was marked in question 27**

28. What technique or observation led you to the diagnosis of secondary caries? (**Mark all that apply**)

a  Probing with a dental explorer **CR02CDENEXP**

b  Radiographs **CR02CGRAPH**

c  Intuition or experience based on clinical appearance

**CR02CAPP**

d  Discolored margin of the restoration **CR02CDISCLR**

e  Frank or definite caries cavitation **CR02CFRANK**

f  Presence of soft, discolored dentin or enamel

**CR02CDENTIN**

g  An exploratory preparation to inspect the lesion

**CR02CEXPPREP**

29. Where was the clinically diagnosed secondary caries

relative to the existing restoration? (**Choose only one**)

**CR02C2CARILOC**

a  Gingival to the restoration with the carious margin in the enamel

b  Gingival to the restoration with the carious margin in dentin or cementum

c  Other location

**RESTORATION REPLACEMENT/REPAIR DATA SHEET**

30. Which tooth was treated today?

tooth number  **CR03CTOHNUM**

31. **Before** your treatment today, which tooth surface(s) did the restoration include? **(Mark all that apply)**

a  Occlusal or Incisal **CR03CTOPOCCL**

b  Mesial **CR03CTOPMESI**

c  Distal **CR03CTOPDIST**

d  Buccal or Facial **CR03CTOPBUCC**

e  Lingual or Palatal **CR03CTOPLING**

32. What material was in the restoration **before** you repaired or replaced it today? (**Mark all that apply**)

a  Amalgam **CR03CPAMAG**

b  Composite resin directly placed, including compomer **CR03CPDIRRESI**

c  Indirect composite resin **CR03CPINDRESI**

d  Glass ionomer, resin-modified glass ionomer

**CR03CPIONOM**

e  Ceramic or porcelain **CR03CPCERAM**

f  Cast gold or any other cast metallic restoration

**CR03CPMETAL**

g  Combined metal/ceramic restoration

**CR03CPMETCERA**

h  Unknown **CR03CPUK**

33. What treatment did you do on this tooth **today**?

**CR03CTRT**

a  Repaired a defective part of the restoration

b  Replaced the entire restoration

c  Placed a temporary restoration

34. Which restoration or tooth surface(s) did you repair or replace **today**? (**Mark all that apply**)

a  Occlusal or Incisal **CR03CTOOCCL**

b  Mesial **CR03CTOMESI**

c  Distal **CR03CTODIST**

d  Buccal or Facial **CR03CTOBUCC**

e  Lingual or Palatal **CR03CTOLING**

35. What material did you use for the restoration or repair **today**? (**Mark all that apply**)

a  Amalgam **CR03CAMAG**

b  Composite resin directly placed, including compomer (Brand:\_\_\_\_ **CR03CRESIBR** \_\_\_\_\_\_\_\_)

**CR03CDIRRESI**

c  Indirect composite resin **CR03CINDRESI**

d  Glass ionomer, resin-modified glass ionomer

(Brand:\_\_\_ **CR03CIONOBR** \_\_) **CR03CIONOM**

e  Ceramic or porcelain **CR03CCERAM**

f  Cast gold or any other cast metallic restoration

**CR03CMETAL**

g  Combined metal/ceramic restoration

**CR03CMETCERA**

h  Temporary restorative material **CR03CTEMP**

36. Did you use a base, lining or bonding material to place or

repair the restoration today? (**Mark all that apply**)

a  None **CR03CRENONE**

b  Resin-based bonding material **CR03CRERESI**

c  Glass ionomer, resin-modified glass ionomer

**CR03CREIONO**

d  Calcium hydroxide-based cement/liner **CR03CRECAOH**

e  Varnish (e.g. Copalite) (specify) \_\_ **CR03CREVASP** \_\_

**CR03CREVARN**

f  Other (specify) \_\_ **CR03CRESP** \_\_\_\_\_\_\_\_\_\_\_\_\_

**CR03CREOTHER**

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

a  Yes **CR03CREDAM**

b  No

38. Did you, or a different dentist, place the original restoration that was replaced or repaired today? **CR03CPOTDOC**

a  I did the original restoration

b  A different dentist did the original restoration

39. What was the **main** reason for repair or replacement of the restoration today? (**Choose only one**) **CR03CREASON**

a  Secondary/recurrent caries

b  Entire restoration is discolored

c  Restoration margins are discolored

d  Restoration margins are degraded or ditched

e  Bulk fracture of restoration

f  Restoration is missing

g  Tooth is fractured

h  Pain or sensitivity

i  Patient request (specify)\_\_\_ **CR03CPTREQ** \_\_\_\_\_\_\_\_

j  Other reason (specify) \_\_\_ **CR03COTRSNSP** \_\_\_\_\_\_\_

**answer questions 40-41 ONLY if “secondary caries” was marked in question 39**

40. What technique or observation led you to the diagnosis of secondary caries? (**Mark all that apply**)

a  Probing with a dental explorer **CR03CDENEXP**

b  Radiographs **CR03CGRAPH**

c  Intuition or experience based on clinical appearance

**CR03CAPP**

d  Discolored margin of the restoration **CR03CDISCLR**

e  Frank or definite caries cavitation **CR03CFRANK**

f  Presence of soft, discolored dentin or enamel

**CR03CDENTIN**

g  An exploratory preparation to inspect the lesion

**CR03CEXPPREP**

41. Where was the clinically diagnosed secondary caries

relative to the existing restoration? (**Choose only one**)

**CR03C2CARILOC**

a  Gingival to the restoration with the carious margin in the enamel

b  Gingival to the restoration with the carious margin in dentin or cementum

c  Other location

**RESTORATION REPLACEMENT/REPAIR DATA SHEET**

42. Which tooth was treated today?

tooth number  **CR04CTOHNUM**

43. **Before** your treatment today, which tooth surface(s) did the restoration include? **(Mark all that apply)**

a  Occlusal or Incisal **CR04CTOPOCCL**

b  Mesial **CR04CTOPMESI**

c  Distal **CR04CTOPDIST**

d  Buccal or Facial **CR04CTOPBUCC**

e  Lingual or Palatal **CR04CTOPLING**

44. What material was in the restoration **before** you repaired or replaced it today? (**Mark all that apply**)

a  Amalgam **CR04CPAMAG**

b  Composite resin directly placed, including compomer **CR04CPDIRRESI**

c  Indirect composite resin **CR04CPINDRESI**

d  Glass ionomer, resin-modified glass ionomer

**CR04CPIONOM**

e  Ceramic or porcelain **CR04CPCERAM**

f  Cast gold or any other cast metallic restoration

**CR04CPMETAL**

g  Combined metal/ceramic restoration

**CR04CPMETCERA**

h  Unknown **CR04CPUK**

45. What treatment did you do on this tooth **today**?

**CR04CTRT**

a  Repaired a defective part of the restoration

b  Replaced the entire restoration

c  Placed a temporary restoration

46. Which restoration or tooth surface(s) did you repair or replace **today**? (**Mark all that apply**)

a  Occlusal or Incisal **CR04CTOOCCL**

b  Mesial **CR04CTOMESI**

c  Distal **CR04CTODIST**

d  Buccal or Facial **CR04CTOBUCC**

e  Lingual or Palatal **CR04CTOLING**

47. What material did you use for the restoration or repair **today**? (**Mark all that apply**)

a  Amalgam **CR04CAMAG**

b  Composite resin directly placed, including compomer (Brand:\_\_\_\_ **CR04CRESIBR** \_\_\_\_\_\_\_)

**CR04CDIRRESI**

c  Indirect composite resin **CR04CINDRESI**

d  Glass ionomer, resin-modified glass ionomer

(Brand:\_\_\_ **CR04CIONOBR** \_\_\_\_) **CR04CIONOM**

e  Ceramic or porcelain **CR04CCERAM**

f  Cast gold or any other cast metallic restoration

**CR04CMETAL**

g  Combined metal/ceramic restoration

**CR04CMETCERA**

h  Temporary restorative material **CR04CTEMP**

48. Did you use a base, lining or bonding material to place or

repair the restoration today? (**Mark all that apply**)

a  None **CR04CRENONE**

b  Resin-based bonding material **CR04CRERESI**

c  Glass ionomer, resin-modified glass ionomer

**CR04CREIONO**

d  Calcium hydroxide-based cement/liner **CR04CRECAOH**

e  Varnish (e.g. Copalite) (specify) \_ **CR04CREVASP** \_\_\_

**CR04CREVARN**

f  Other (specify) \_\_ **CR04CRESP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CR04CREOTHER**

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

a  Yes **CR04CREDAM**

b  No

50. Did you, or a different dentist, place the original restoration that was replaced or repaired today? **CR04CPOTDOC**

a  I did the original restoration

b  A different dentist did the original restoration

51. What was the **main** reason for repair or replacement of the restoration today? (**Choose only one**) **CR04CREASON**

a  Secondary/recurrent caries

b  Entire restoration is discolored

c  Restoration margins are discolored

d  Restoration margins are degraded or ditched

e  Bulk fracture of restoration

f  Restoration is missing

g  Tooth is fractured

h  Pain or sensitivity

i  Patient request (specify)\_\_ **CR04CPTREQ** \_\_\_\_\_

j  Other reason (specify) \_\_\_ **CR04COTRSNSP** \_\_\_\_\_\_\_

**answer questions 52-53 ONLY if “secondary caries” was marked in question 51**

52. What technique or observation led you to the diagnosis of secondary caries? (**Mark all that apply**)

a  Probing with a dental explorer **CR04CDENEXP**

b  Radiographs **CR04CGRAPH**

c  Intuition or experience based on clinical appearance

**CR04CAPP**

d  Discolored margin of the restoration **CR04CDISCLR**

e  Frank or definite caries cavitation **CR04CFRANK**

f  Presence of soft, discolored dentin or enamel

**CR04CDENTIN**

g  An exploratory preparation to inspect the lesion

**CR04CEXPPREP**

53. Where was the clinically diagnosed secondary caries

relative to the existing restoration? (**Choose only one**)

**CR04C2CARILOC**

a  Gingival to the restoration with the carious margin in the enamel

b  Gingival to the restoration with the carious margin in dentin or cementum

c  Other location