Dental PBRN Study 10: Development of a Patient-Based Provider Intervention for Early Caries

Use this Data Collection Form when a patient with non-cavitated early caries is enrolled. Please remember that the term “early” is defined as an E1 or E2 caries diagnosis pre-operatively. This study concerns patients treated both non-invasively as well as operatively (surgical or minimally invasive).

You may record information on up to 4 early carious lesions on the same patient at one visit. Patients whom you will treat both invasively and non-invasively are not eligible.

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

Visit Date mm / dd / 20 yy

1. Patient Gender
   a ☐ Male
   b ☐ Female

2. □ Patient age in years

3. Patient ethnicity
   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
   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) ______________________

5. Does the patient have any dental insurance or third party coverage?
   a ☐ No
   b ☐ Yes
Please answer the following questions for each restoration listed:

<table>
<thead>
<tr>
<th>Study restoration(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth #:</td>
</tr>
<tr>
<td>On which tooth is early caries located?</td>
</tr>
</tbody>
</table>

6. Tooth surface(s) that has early caries *(Mark all that apply)*:
   - a. Occlusal
   - b. Mesial
   - c. Distal
   - d. Buccal or Facial
   - e. Lingual or Palatal
   - f. Incisal

7. How deep did you estimate that the deepest part of the primary caries lesion was *preoperatively*? *(Mark one category only.)*
   - a. E1 (Outer ½ of Enamel)
   - b. E2 (Inner ½ of Enamel)

8. I chose to treat the tooth by *(Mark all that apply)*:
   - a. Monitoring
   - b. Oral hygiene instruction
   - c. Applying/prescribing fluoride
   - d. Applying varnish
   - e. Sealant placement (etch tooth with *no* preparation, with sealant material/composite resin placed over it)
   - f. Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material)
   - g. Preventive Resin Restoration (i.e., minimal tooth preparation, composite resin placed, with sealant material placed over it)
   - h. Full Restoration
   - i. Other ____________________________

   If you checked a, b, c, d, e or f as a form of treatment, please **STOP HERE**.

9. Did you recommend a, b, c, d, e, or f but the patient chose to have the caries restored anyway?
   - a. Yes
   - b. No

10. Reason that the patient stated for restorative decision *(Mark all that apply)*:
    - a. Does not have time for home care
    - b. Does not believe that non-invasive treatment works
    - c. Prefers a quick-fix to the problem
    - d. Other: ____________________________