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Dental Practice-Based Research Network
www.DentalPBRN.org

## 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 ☐☐ / ☐☐ / 20☐☐
mm dd 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:**

| | Study restoration(s) | | | |
|---|---|---|---|---|
| **Tooth #:** | **«T1»** | **«T2»** | **«T3»** | **«T4»** |
| **On which tooth is early caries located?** | ☐☐ | ☐☐ | ☐☐ | ☐☐ |

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 **pre**operatively? **(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: _____ | ☐ | ☐ | ☐ | ☐ |