



Dental Practice-Based Research Network
www.DentalPBRN.org

Dental PBRN Study: 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 zeros 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
mm dd y

1. Patient Gender

- a Male
b Female

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

3. Patient Ethnicity

- a Hispanic or Latino
b Not Hispanic or Latino

4. Patient Race

- 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) _____

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

- a Yes
b No

RESTORATION REPLACEMENT/REPAIR DATA SHEET



6. Which tooth was treated today?

TOOTH NUMBER

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

- a Occlusal or Incisal
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Unknown

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

- 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
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer (Brand: _____)
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer (Brand: _____)
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Temporary restorative material

12. Did you use a base, lining or bonding material to place or repair the restoration today? **(Mark all that apply)**

- a None
- b Resin-based bonding material
- c Glass ionomer, resin-modified glass ionomer
- d Calcium hydroxide-based cement/liner
- e Varnish (e.g. Copalite) (specify) _____
- f Other (specify) _____

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

- a Yes
- b No

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

- 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)**

- 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) _____
- j Other reason (specify) _____

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
- b Radiographs
- c Intuition or experience based on clinical appearance
- d Discolored margin of the restoration
- e Frank or definite caries cavitation
- f Presence of soft, discolored dentin or enamel
- g An exploratory preparation to inspect the lesion

17. Where was the clinically diagnosed secondary caries relative to the existing restoration? **(Choose only one)**

- 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

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

- a Occlusal or Incisal
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Unknown

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

- 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
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer (Brand: _____)
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer (Brand: _____)
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Temporary restorative material

24. Did you use a base, lining or bonding material to place or repair the restoration today? **(Mark all that apply)**

- a None
- b Resin-based bonding material
- c Glass ionomer, resin-modified glass ionomer
- d Calcium hydroxide-based cement/liner
- e Varnish (e.g. Copalite) (specify) _____
- f Other (specify) _____

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

- a Yes
- b No

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

- 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)**

- 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) _____
- j Other reason (specify) _____

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
- b Radiographs
- c Intuition or experience based on clinical appearance
- d Discolored margin of the restoration
- e Frank or definite caries cavitation
- f Presence of soft, discolored dentin or enamel
- g An exploratory preparation to inspect the lesion

29. Where was the clinically diagnosed secondary caries relative to the existing restoration? **(Choose only one)**

- 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

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

- a Occlusal or Incisal
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Unknown

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

- 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
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer (Brand: _____)
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer (Brand: _____)
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Temporary restorative material

36. Did you use a base, lining or bonding material to place or repair the restoration today? **(Mark all that apply)**

- a None
- b Resin-based bonding material
- c Glass ionomer, resin-modified glass ionomer
- d Calcium hydroxide-based cement/liner
- e Varnish (e.g. Copalite) (specify) _____
- f Other (specify) _____

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

- a Yes
- b No

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

- 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)**

- 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) _____
- j Other reason (specify) _____

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
- b Radiographs
- c Intuition or experience based on clinical appearance
- d Discolored margin of the restoration
- e Frank or definite caries cavitation
- f Presence of soft, discolored dentin or enamel
- g An exploratory preparation to inspect the lesion

41. Where was the clinically diagnosed secondary caries relative to the existing restoration? **(Choose only one)**

- 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

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

- a Occlusal or Incisal
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Unknown

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

- 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
- b Mesial
- c Distal
- d Buccal or Facial
- e Lingual or Palatal

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

- a Amalgam
- b Composite resin directly placed, including compomer (Brand: _____)
- c Indirect composite resin
- d Glass ionomer, resin-modified glass ionomer (Brand: _____)
- e Ceramic or porcelain
- f Cast gold or any other cast metallic restoration
- g Combined metal/ceramic restoration
- h Temporary restorative material

48. Did you use a base, lining or bonding material to place or repair the restoration today? **(Mark all that apply)**

- a None
- b Resin-based bonding material
- c Glass ionomer, resin-modified glass ionomer
- d Calcium hydroxide-based cement/liner
- e Varnish (e.g. Copalite) (specify) _____
- f Other (specify) _____

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

- a Yes
- b No

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

- 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)**

- 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) _____
- j Other reason (specify) _____

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
- b Radiographs
- c Intuition or experience based on clinical appearance
- d Discolored margin of the restoration
- e Frank or definite caries cavitation
- f Presence of soft, discolored dentin or enamel
- g An exploratory preparation to inspect the lesion

53. Where was the clinically diagnosed secondary caries relative to the existing restoration? **(Choose only one)**

- 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