Cracked Tooth Registry

Discontinuation

Discontinuation Date: __/__/____/2011

Complete this form to record study discontinuation.

1. Reason for patient discontinuation from the study (Check all that apply):
   - ☐ Tooth was extracted (You do not need to answer any other questions)
   - ☐ No longer physically/mentally able to continue attending visits with a study dentist (You do not need to answer any other questions)
   - ☐ Cannot locate or contact participant (You do not need to answer any other questions)
   - ☐ Death (You do not need to answer any other questions)
   - ☐ Moved (Go to Q2)
   - ☐ No longer willing to continue attending visits with a study dentist (Go to Q2)
   - ☐ Other, (specify): ____________________________________________ (Go to Q2)

2. Did the patient discontinue outside of an in-office visit?
   - ☐ Yes (Go to Q3)
   - ☐ No (You do not need to answer any other questions)

3. If Yes to Q2, should the patient be contacted by the Regional Coordinator for a telephone interview in English or Coordinating Center staff for a telephone interview in Spanish?
   - ☐ Yes (Go to Q4)
   - ☐ No (You do not need to answer any other questions)

4. If Yes to Q3, should the telephone interview be conducted in Spanish?
   - ☐ Yes
   - ☐ No

5. Please indicate the best time to call the patient (if known)?
   - ☐ Morning
   - ☐ Afternoon
   - ☐ Evening
   - ☐ Unknown