SUSPICIOUS OCCLUSAL CARIES LESIONS STUDY

Patient Characteristics

Instructions: If parents are completing the form they should answer all questions for their child.

Today’s Date: [___] [___] / [___] [___] / 2020

1. Your gender:
   - [ ] Male
   - [ ] Female

2. Your date of birth: [___] [___] / [___] [___] / [___] [___] [___]

3. Your ethnicity:
   - [ ] Hispanic or Latino
   - [ ] Not Hispanic or Latino
   - [ ] I don’t know
   - [ ] Decline to answer

4. Your race (Check all that apply):
   - [ ] White
   - [ ] Black or African American
   - [ ] Asian
   - [ ] American Indian or Alaska Native
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] I don’t know
   - [ ] Decline to answer

5. Your dental insurance type or third party coverage for any type of dental care (Check all that apply):
   - [ ] No dental insurance coverage
   - [ ] Private insurance (e.g., employer sponsored, commercial, HMO, etc.)
   - [ ] Public/government insurance (Medicaid, military or veterans benefit, etc.)
   - [ ] Other (please specify): _____________________________
   - [ ] I don’t know

6. Indicate your highest level of education:
   - [ ] Less than a high school diploma
   - [ ] High School Graduate (including equivalency, GED, etc.)
   - [ ] Some college or Associate Degree
   - [ ] Bachelor’s Degree
   - [ ] Graduate Degree (including Master’s, Doctoral, etc.)
   - [ ] Decline to answer

7. Zip code where you live: [___] [___] [___] [___] [___] [___] [___] [___]