



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: |__|_|_|/|__|_|_|/|_2_|_0_|_|_|_|
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1. Your gender:

- Male
- Female

2. Your date of birth: |__|_|_|/|__|_|_|/|_|_|_|_|_|_|_|
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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: |__|_|_|_|_|_|_|_|