SUSPICIOUS OCCLUSAL CARIES LESIONS STUDY
Dentist Assessments

**Intervention Phase**

Visit Date: [___ / ___ / ___] 2020

1. On which tooth is the suspicious area located?
   Tooth #: [___ / ___]

2. Which one best describes the luster of the suspicious area? (Check a single answer)
   - ☐ Chalky appearance
   - ☐ Shiny appearance

3. Which one best describes the color of the suspicious area? (Check a single answer)
   - ☐ Opaque
   - ☐ White spot
   - ☐ Yellow/light brown discoloration
   - ☐ Dark brown/black discoloration
   - ☐ Other (please specify): ____________________________

4. Which aids were used in making (not confirming) the diagnosis? (Check all that apply)
   - ☐ Magnification
   - ☐ Air drying
   - ☐ Dental explorer
   - ☐ Radiographs
   - ☐ Transillumination
   - ☐ Caries detecting dye
   - ☐ Intraoral camera
   - ☐ Other (please specify): ____________________________

5. If you used a dental explorer, did you experience roughness of the enamel surface upon light exploration?
   - ☐ NA-Did not use an explorer
   - ☐ Yes
   - ☐ No
6. Do any other teeth in the mouth have any of the following characteristics? (Check all that apply)
   - ☐ Visible lesions or radiographic penetration of the dentin
   - ☐ White spots on smooth surfaces
   - ☐ Restorations in the last 3 years that were done to treat active caries
   - ☐ None of the above

7. Does the patient have any of the following risk factors? (Check all that apply)
   - ☐ Visible heavy plaque on teeth
   - ☐ High cariogenic diet
   - ☐ Inadequate saliva flow by either observation or measurement
   - ☐ Infrequent recall intervals
   - ☐ None of the above

8. Has the patient been prescribed/recommended any of the following? (Check all that apply)
   - ☐ 5000ppm fluoride toothpaste
   - ☐ Home fluoride rinse
   - ☐ Fluoride varnish or in-office fluoride topical in the last 6 months
   - ☐ None of the above

9. How would you classify the patient’s caries risk level? (Check a single answer)
   - ☐ Low
   - ☐ Elevated

10. Before you provide any treatment, how deep do you estimate that the deepest part of the suspicious caries lesion is? (Check a single answer)
    - ☐ Outer ⅔ of Enamel
    - ☐ Inner ⅔ of Enamel
    - ☐ Outer ⅔ of Dentin
    - ☐ Middle ⅔ of Dentin
    - ☐ Inner ⅔ of Dentin
    - ☐ Uncertain

11. I chose to treat the tooth today by (Check all that apply):
    - ☐ Monitoring
    - ☐ Oral hygiene instruction
    - ☐ Applying fluoride via in-office tray or varnish
    - ☐ Prescribing fluoride
    - ☐ Sealant placement (etch tooth with no preparation)
    - ☐ Enameloplasty (removing superficial grooves/other defects with or without fluoride)
    - ☐ Preventive resin restoration (i.e. minimal tooth preparation)
    - ☐ Full restoration
    - ☐ Other (please specify): ____________________________
12. When you treated the lesion, what did you find? (Check a single answer)

☐ Did not open the lesion
☐ Opened the lesion, but found No caries
☐ Opened the lesion and found Inactive or arrested caries (minimal risk of progression)
☐ Opened the lesion and found Active caries (Outer ⅔ of Enamel)
☐ Opened the lesion and found Active caries (Inner ⅔ of Enamel)
☐ Opened the lesion and found Active caries (Outer ⅔ of Dentin)
☐ Opened the lesion and found Active caries (Middle ⅔ of Dentin)
☐ Opened the lesion and found Active caries (Inner ⅔ of Dentin)
☐ Patient did not return for treatment

Practitioner Signature

Date: 2/01/20

IF YOU COMPLETED TREATMENT ON THE TOOTH TODAY, PLEASE COMPLETE THE QUESTION BELOW. IF YOU WILL BE COMPLETING TREATMENT ON THE TOOTH AT AN UPCOMING VISIT, NOTE THE VISIT DATE HERE: ___/___/____ [mm/dd/yyyy]. COMPLETE THIS FORM WHEN TREATMENT IS COMPLETED. ALSO, PLEASE REMEMBER TO FLAG YOUR PAPER CHARTS AND ELECTRONIC CHARTS AS A REMINDER TO COMPLETE THIS FORM ON THE RETURN TREATMENT VISIT AS SCHEDULED.