The National Dental Practice-Based Research Network
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Cracked Tooth Registry

Patient Characteristics

Today's Date: |___|___|/|___|___| /|_2_|_0_|_1_|___|
m m d d y y y y

1. Your gender:
   - ☐ Male
   - ☐ Female
2. Your date of birth: |___|___|/|___|___|/|___|___|___|___|
   m m d d y y y y
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: |___|___|___|___|___|

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8. How often did you do each of the following behaviors during the past month?

Behaviors During Sleep	None of the time	<1 night/ month	1-3 nights/ month	4-15 nights/ month	>15 nights/ month
a. Clench or grind teeth **when asleep**, based on any information you may have	☐	☐	☐	☐	☐
b. Wear a night guard to protect your teeth	☐	☐	☐	☐	☐

Behaviors During Waking Hours		None of the time	<1 day/ month	1-3 days/ month	4-15 days/ month	>15 days/ month
c. Clench or grind teeth together **during waking hours**		☐	☐	☐	☐	☐
d. Press, touch, or hold teeth together other than while eating (that is, contact between upper and lower teeth)		☐	☐	☐	☐	☐
e. Hold between the teeth or bite objects such as ice, hair, pipe, pencil, pens, fingers, fingernails, hard candy, etc.		☐	☐	☐	☐	☐
f. Use chewing gum		☐	☐	☐	☐	☐
g. Do you ever avoid chewing food on one side of your mouth due to tooth pain? *(choose one)*:	☐No ☐Yes- avoid right side ☐Yes-avoid left side ☐Don't Know					

Stress Level	None of the time	<1 day/ month	1-3 days/ month	4-15 days/ month	>15 days/ month
h. Feel stressed out and/or nervous	☐	☐	☐	☐	☐

Please complete the contact information form now. Thank you.

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