Cracked Tooth Registry

Patient Characteristics

Today's Date: 1/1/2011

1. Your gender:
   - ☐ Male
   - ☐ Female

2. Your date of birth: 1/1/1980

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
   - ☐ Decline to answer

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: 12345

Cracked Tooth-PatientCharacteristicsCRF-2014-09-04-V2.0.docx
Owner: Westat/Lisa Bowser
8. How often did you do each of the following behaviors during the past month?

<table>
<thead>
<tr>
<th>Behaviors During Sleep</th>
<th>None of the time</th>
<th>&lt;1 night/month</th>
<th>1-3 nights/month</th>
<th>4-15 nights/month</th>
<th>&gt;15 nights/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clench or grind teeth when asleep, based on any information you may have</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Wear a night guard to protect your teeth</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>None of the time</th>
<th>&lt;1 day/month</th>
<th>1-3 days/month</th>
<th>4-15 days/month</th>
<th>&gt;15 days/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Feel stressed out and/or nervous</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please complete the contact information form now. Thank you.