ANNUAL FOLLOW-UP: 1 YEAR VISIT EXAM & TREATMENT FORM





Cracked Tooth Registry

Section 1 (Follow-up Exam) **MUST** be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out **ONLY** if treatment is performed at this follow-up visit.

Annual Follow-Up: 1 Year Visit Exam & Treatment Form

Section 1 – Follow-up Exam

Vis	Visit Date: / / _2_ 0 1 m m d d y y y y				
1.	Tooth #: Please answer the following questions regarding this tooth:				
2.	Patient reports spontaneous pain in this tooth Yes No				
3.	How was tooth tested for vitality? (Check all that apply): Cold-refrigerant spray (preferred) Electric Pulp Tester Other (please describe):				
4.	Is the tooth vital?				
5.	Did the patient respond with pain (not just discomfort) to cold testing of this tooth?Yes, pain was short and sharpNoYes, pain was prolonged (5 seconds or more)Other (please describe):				
6.	Did the patient respond with pain (not just pressure) upon biting and/or releasing on this tooth ? Yes No Other (please describe):				
7.	 Select the characteristics that apply to the tooth in question (Check all that apply): In occlusion with opposing tooth/teeth Has a wear facet through enamel Roots exposed to oral cavity Caries present anywhere on the tooth It is a Removable Partial Denture abutment tooth 				
	 It is a Fixed Partial Denture (bridge) abutment tooth Has a non-carious cervical lesion (NCCL) or abfraction Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodontal attachment; e.g., loss of a cusp) 				
	 Has a complete tooth fracture (includes both the coronal and radicular tooth structure below the periodontal attachment; e.g., a fracture that renders the tooth non-restorable) None of the above 				
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8.	 Characterize the opposing tooth/teeth (Check all that apply): Natural or restored tooth Implant restored crown Fixed Partial Denture (bridge) pontic Removable Full Denture or Partial Denture No opposing tooth 		YELLOW
9.		months, taken in the course related findings on the radio oh not taken in past 12 mon	ograph
10.	 Treatment you are recommending for this tooth subsequent practice to which you refer) (Check all that apply): No treatment/monitor Extraction (Complete the DISCONTINUATION FORM) Endodontics Restoration(s) (Go to Q10a) 	to this evaluation (whether	in your office or a
	 10a. If you checked the "restoration" box, please answer the f DEFINITIVE restoration you are recommending for this tooth another day, whether in your office or a practice to which you i) The restoration will be (Check one response only) Direct Placement <a>Indirect ii) The restoration will be (Check one response only) Intracoronal <a>Crown Partial crown/a iii) The restoration will be (Check one response only) Bonded (i.e. restoration bonded to tooth w Non-bonded iv) If you will be providing a crown, partial crown or or the final restoration? (Check one response only) 	subsequent to this evaluation refer) onlay with bonding agent and/or re- nlay, will you be placing a co Yes 🗌 No 🗌 NA	i on, (either today or esin cement)
11.	Reason for recommended treatment (Check all that apply): Caries (associated with crack) Caries (NOT associated with crack) Broken/defective restoration Compromised tooth structure (protection against tooth fraction) Periodontal involvement Pulpal involvement Tooth sensitive to hot/cold Broken tooth Other (please describe):		
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Owner: Westat/Lisa Bowser





END OF SECTION 1

If you will be treating this tooth **at this time**, please fill out Section 2. If you are only completing the exam, skip Section 2. Please sign and date this form on the last page. If you have not already done so, please complete the Reference Worksheet.

Section 2 - Treatment Information

- 1. Tooth #: |___|
- 2. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed now)?

🗌 Yes

□ No (Skip to Q4)

3. Number of cracks assessed internally: |____| (For each numbered internal crack, fill out the appropriate table below)

		1			
Internal Crack #1			Inter	rnal Crack #2	
а.	Characteristics (Check all that apply):		a. Characteristics (Check all that apply):		
	□ Stained			□ Stained	
	Connected with pre-existing			Connected with pre-existing	
	restoration			restoration	
	None of the above			None of the above	
b.	Surfaces involved (Check all that apply):		b.	Surfaces involved (Check all that apply):	
	🗆 F 🗌 L 🔲 Pulpal			🗆 F 🗌 L 🗌 Pulpal	
с.	Crack involves: (Check all that apply):		C.	Crack involves: (Check all that apply):	
	🗆 F cusps 🛛 L cusps 🖾 Unsure			🗆 F cusps 🛛 L cusps 🗆 Unsure	
	□ None			□ None	
d.	Connects with another crack(s):		d.	Connects with another crack(s):	
	□ Yes			🗆 Yes	
	🗆 No			🗆 No	
	🗆 I don't know			🗆 I don't know	
e.	Continuation of external crack:		e.	Continuation of external crack:	
	□ Yes			□ Yes	
	□ No			🗆 No	
	🗌 I don't know			🗌 I don't know	
f.	Crack includes: (Check all that apply):		f.	Crack includes: (Check all that apply):	
	Enamel			Enamel	
	Dentin			Dentin	

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Inte	rnal Crack #3	Inte	ternal Crack #4	
a.	Characteristics (Check all that apply): Stained	a.	 Characteristics (Check all that apply): Stained 	
	 Connected with pre-existing restoration 		 Connected with pre-existing Restoration None of the above 	
b.	 None of the above Surfaces involved (Check all that apply): 	b	 Surfaces involved (Check all that apply): 	
υ.		-		
	□ F □ L □ Pulpal		🗆 F 🗌 L 🗌 Pulpal	
c.		c.	 Crack involves: (Check all that apply): F cusps L cusps Unsure None 	
d.	Connects with another crack(s):	d.	 Connects with another crack(s): 	
	□ Yes		□ Yes	
	□ No □ I don't know		□ No □ I don't know	
e.	Continuation of external crack:	e.	e. Continuation of external crack:	
	□ Yes		☐ Yes	
	No			
	I don't know		□ I don't know	
f.	Crack includes: (Check all that apply):	f.	 Crack includes: (Check all that apply): Enamel 	
	Enamel Dentin		Enamel Dentin	

- 4. What treatment was completed on the study tooth? (Check all that apply)
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics
 - Restoration(s) (Go to Q4a)

4a. If you checked the "restoration" box, please answer the following questions (i-v) only if you provided a FINAL DEFINITIVE restoration at this appointment?

i) The restoration was (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration was (Check one response only)

🗌 Intracoronal 🔲 Crown 🗌 Partial crown/onlay

iii) The restoration was (Check one response only)

□ Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)

□ Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

\square M	Ο []	🗌 D	🗌 F	
-------------	------	-----	-----	--

v) Which material(s) were used? (Check all that apply)

🗌 Amalgam	🗌 Composite	□ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
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 \Box All Ceramic \Box Cast metal/PFM (porcelain fused to metal)

Other (please describe): ______





4b. If you checked the "restoration" box, did you place a core/build-up for a crown, partial crown or onlay at
today's appointment? (Check one response only)
🗆 Yes 🖾 No 🖾 NA

4c. If you checked the "restoration" box, did you place a temporary crown or restoration at today's appointment? (Check one response only)

🗌 Ye	es 🗆	No	🗆 NA
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- 5. **Treatment you are <u>recommending</u> for this tooth subsequent to today's treatment,** (whether in your office or a practice to which you refer) (Check all that apply):
 - □ No treatment/monitor
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics

□ Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q10a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the "restoration" box, please answer the following questions about the FINAL **DEFINITIVE restoration you are recommending** for this tooth **subsequent to this evaluation**, (either today or another day, whether in your office or a practice to which you refer)

i) The restoration will be (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration will be (Check one response only)

□Intracoronal □Crown □ Partial crown/onlay

- iii) The restoration will be (Check one response only)
 - □ Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - \Box Non-bonded

□ Other (please describe):_

END OF SECTION 2

Practitioner	Signature
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Date: |____|/|__| /| <u>2</u> | <u>0</u> | <u>1</u> | ___| m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU. Questions? Contact your RC at the phone or email provided on the front of the binder.

ANNUAL FOLLOW-UP: 2 YEAR VISIT EXAM & TREATMENT FORM





Cracked Tooth Registry

Owner: Westat/Lisa Bowser

Section 1 (Follow-up Exam) **MUST** be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out **ONLY** if treatment is performed at this follow-up visit.

Annual Follow-Up: 2 Year Visit Exam & Treatment Form

Section 1 – Follow-up Exam

Vis	Visit Date: / / _2_ 0 1 m m d d y y y y				
1.	Tooth #: Please answer the following questions regarding this tooth:				
2.	Patient reports spontaneous pain in this tooth Yes No				
3.	How was tooth tested for vitality? (Check all that apply): Cold-refrigerant spray (preferred) Electric Pulp Tester Cold-ice Other (please describe):				
4.	Is the tooth vital?				
5.	Did the patient respond with pain (not just discomfort) to cold testing of this tooth?Yes, pain was short and sharpIn NoYes, pain was prolonged (5 seconds or more)In Other (please describe):				
6.	Did the patient respond with pain (not just pressure) upon biting and/or releasing on thi Yes No Other (please describe):	s tooth?			
7.	Select the characteristics that apply to the tooth in question (Check all that apply): In occlusion with opposing tooth/teeth Has a wear facet through enamel Roots exposed to oral cavity Caries present anywhere on the tooth It is a Removable Partial Denture abutment tooth It is a Fixed Partial Denture (bridge) abutment tooth Has a non-carious cervical lesion (NCCL) or abfraction Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodo e.g., loss of a cusp) Has a complete tooth fracture (includes both the coronal and radicular tooth structure periodontal attachment; e.g., a fracture that renders the tooth non-restorable)	e below the			
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			GREEN
8.	Characterize the opposing tooth/teeth (Check all that apply)	:	
	Natural or restored tooth		
	Implant restored crown		
	 Fixed Partial Denture (bridge) pontic Removable Full Denture or Partial Denture 		
	\Box No opposing tooth		
9.	Radiographic evidence (if radiograph available within past 12	2 months, taken in the course	e of regular care)
	(Check all that apply):□ Evidence of crack(s) on radiograph□ No crack	k-related findings on the radio	agraph
		aph not taken in past 12 mon	
		apit flot taken in past 12 filon	
10.	Treatment you are <u>recommending</u> for this tooth subsequent	t to this evaluation (whether	in your office or a
	practice to which you refer) (Check all that apply):		
	No treatment/monitor		
	Extraction (Complete the DISCONTINUATION FORM)		
	Endodontics		
	Restoration(s) (Go to Q10a)		
	 10a. If you checked the "restoration" box, please answer the DEFINITIVE restoration you are recommending for this tooth another day, whether in your office or a practice to which you i) The restoration will be (Check one response only) Direct Placement Indirect Direct restoration will be (Check one response only) Intracoronal Crown Partial crown iii) The restoration will be (Check one response only) 	h subsequent to this evaluat ou refer)	
	Bonded (i.e. restoration bonded to tooth	with bonding agent and/or re	esin cement)
	□ Non-bonded		,
	iv) If you will be providing a crown, partial crown or c	onlay, will you be placing a co	re/build-up prior to
	the final restoration? (Check one response only)	🗌 Yes 🗌 No 🗌 NA	
	Other (please describe):		
11.	Reason for recommended treatment (Check all that apply):		
	Caries (associated with crack)		
	Caries (NOT associated with crack)		
	Broken/defective restoration		
	Compromised tooth structure (protection against tooth f	racture)	
	Periodontal involvement		
	Pulpal involvement		
	Tooth sensitive to hot/cold		
	Tooth painful or infected		
	Broken tooth		
	Other (please describe):		
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Owner: Westat/Lisa Bowser





END OF SECTION 1

If you will be treating this tooth **at this time**, please fill out Section 2. If you are only completing the exam, skip Section 2. Please sign and date this form on the last page. If you have not already done so, please complete the Reference Worksheet.

Section 2 - Treatment Information

- 1. Tooth #: |___|
- 2. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed now)?

🗌 Yes

□ No (Skip to Q4)

3. Number of cracks assessed internally: |____| (For each numbered internal crack, fill out the appropriate table below)

Inte	ernal Crack #1
a.	Characteristics (Check all that apply):
	□ Stained
	Connected with pre-existing
	restoration
	None of the above
b.	Surfaces involved (Check all that apply):
	🗆 F 🗌 L 🗌 Pulpal
c.	······································
	🗆 F cusps 🛛 L cusps 🖓 Unsure
	□ None
d.	Connects with another crack(s):
	□ Yes
	□ No
	🗆 I don't know
e.	Continuation of external crack:
	□ Yes
	□ No
	🗌 I don't know
f.	Crack includes: (Check all that apply):
	Enamel
	Dentin

Pi	tional Dental ractice-Based esearch Network		Print SID here	
Intei	mal Crack #3	Inter	nal Crack #4	G
a.	Characteristics (Check all that apply): Stained	a.	Characteristics (Check all that apply): Stained	
	 Connected with pre-existing restoration None of the above 		 Connected with pre-existing Restoration None of the above 	
b.	Surfaces involved (Check all that apply): M O D F L Pulpal	b.	Surfaces involved (Check all that apply): M O D F L Pulpal	
c.	Crack involves: (Check all that apply): F cusps L cusps Unsure None	c.	Crack involves: (Check all that apply): F cusps L cusps Unsure None	
d.	Connects with another crack(s):	d.	Connects with another crack(s):	
	□ Yes		□ Yes	
	□ No		□ No	
	🗆 I don't know		🗆 I don't know	
e.	Continuation of external crack: Yes No 	е.	Continuation of external crack:	*
	🗌 I don't know		I don't know	
f.	Crack includes: (Check all that apply): Enamel Dentin	f.	Crack includes: (Check all that apply): Enamel Dentin	

- 4. What treatment was completed on the study tooth? (Check all that apply)
 - Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics
 - Restoration(s) (Go to Q4a)

4a. If you checked the "restoration" box, please answer the following questions (i-v) **only** if you provided a **FINAL DEFINITIVE restoration** at this appointment?

i) The restoration was (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration was (Check one response only)

🗆 Intracoronal 🛛 Crown 🗆 Partial crown/onlay

iii) The restoration was (Check one response only)

Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)

□ Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

🗆 М	□ O	🗌 D	🗌 F	
-----	-----	-----	-----	--

v) Which material(s) were used? (Check all that apply)

🗌 Amalgam	Composite	□ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
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□ All Ceramic □ Cast metal/PFM (porcelain fused to metal)

Other (please describe): ______

Other (please describe): ______

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4b. If you checked the "restoration" box, did you place a core/build-up for a crown, partial crown or onlay at
today's appointment? (Check one response only)
🗆 Yes 🔲 No 🗔 NA

4c. If you checked the "restoration" box, did you place a temporary crown or restoration at today's appointment? (Check one response only)

🗌 Yes	🗌 No	\Box NA
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- 5. **Treatment you are <u>recommending</u> for this tooth subsequent to today's treatment,** (whether in your office or a practice to which you refer) (Check all that apply):
 - □ No treatment/monitor
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics

□ Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q10a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the "restoration" box, please answer the following questions about the FINAL **DEFINITIVE restoration you are recommending** for this tooth **subsequent to this evaluation**, (either today or another day, whether in your office or a practice to which you refer)

i) The restoration will be (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration will be (Check one response only)

□Intracoronal □Crown □ Partial crown/onlay

- iii) The restoration will be (Check one response only)
 - □ Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - \Box Non-bonded

□ Other (please describe):_

END OF SECTION 2

Practitioner	Signature
--------------	-----------

Date: |___|/|__|/|_2|_0|_1|__| m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU. Questions? Contact your RC at the phone or email provided on the front of the binder.

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ANNUAL FOLLOW-UP: 3 YEAR VISIT EXAM & TREATMENT FORM





Cracked Tooth Registry

Section 1 (Follow-up Exam) MUST be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out ONLY if treatment is performed at this follow-up visit.

Annual Follow-Up: 3 Year Visit Exam & Treatment Form

Section 1 – Follow-up Exam

	-	
Vis	sit Date: / / _2_ 0 1 m m d d y y y y	
1.	Tooth #: Please answer the following questions regarding this tooth:	
2.	Patient reports spontaneous pain in this tooth Yes No 	
3.	How was tooth tested for vitality? (Check all that apply): Cold-refrigerant spray (preferred) Electric Pulp Tester Other (please describe):	
4.	Is the tooth vital?	
5.	Did the patient respond with pain (not just discomfort) to cold testing of this tooth?Yes, pain was short and sharpNoYes, pain was prolonged (5 seconds or more)Other (please describe):	
6.	Did the patient respond with pain (not just pressure) upon biting and/or releasing on this	s tooth?
7.	 Select the characteristics that apply to the tooth in question (Check all that apply): In occlusion with opposing tooth/teeth Has a wear facet through enamel Roots exposed to oral cavity Caries present anywhere on the tooth It is a Removable Partial Denture abutment tooth It is a Fixed Partial Denture (bridge) abutment tooth Has a non-carious cervical lesion (NCCL) or abfraction Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodor e.g., loss of a cusp) Has a complete tooth fracture (includes both the coronal and radicular tooth structure periodontal attachment; e.g., a fracture that renders the tooth non-restorable) None of the above 	
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8.	Characterize the opposing tooth/teeth (Check all that apple Natural or restored tooth Implant restored crown Fixed Partial Denture (bridge) pontic Removable Full Denture or Partial Denture No opposing tooth	y):	BLUE
9.	Radiographic evidence (if radiograph available within past (Check all that apply):		-
		ck-related findings on the radi raph not taken in past 12 mon	•
10.	Treatment you are <u>recommending</u> for this tooth subseque	nt to this evaluation (whether	in your office or a
	 practice to which you refer) (Check all that apply): No treatment/monitor Extraction (Complete the DISCONTINUATION FORM) Endodontics Restoration(s) (Go to Q10a) 		
	 10a. If you checked the "restoration" box, please answer th DEFINITIVE restoration you are recommending for this too another day, whether in your office or a practice to which y i) The restoration will be (Check one response only	th subsequent to this evaluat you refer)) m/onlay h with bonding agent and/or r onlay, will you be placing a co □ Yes □ No □ NA	ion, (either today or esin cement)
	Other (please describe):		
11.	Reason for recommended treatment (Check all that apply): Caries (associated with crack) Caries (NOT associated with crack) Broken/defective restoration Compromised tooth structure (protection against tooth Periodontal involvement Pulpal involvement Tooth sensitive to hot/cold Tooth painful or infected Broken tooth Other (please describe):	fracture)	
	Cracked Tooth-AnnualFollowUp-3YrExamandTreatmentCRF-2014-09-04-		Page 2 of 5

Owner: Westat/Lisa Bowser





END OF SECTION 1

If you will be treating this tooth **at this time**, please fill out Section 2. If you are only completing the exam, skip Section 2. Please sign and date this form on the last page. If you have not already done so, please complete the Reference Worksheet.

Section 2 - Treatment Information

- 1. Tooth #: |___|
- 2. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed now)?

🗌 Yes

 \Box No (Skip to Q4)

3. Number of cracks assessed internally: |____| (For each numbered internal crack, fill out the appropriate table below)

		1		
Inter	rnal Crack #1		Inter	rnal Crack #2
a.	Characteristics (Check all that apply): Stained 		a.	Characteristics (Check all that apply): Stained
	 Connected with pre-existing restoration 			Connected with pre-existing restoration
b.	None of the above Surfaces involved (Check all that apply): □ M □ O □ D □ F □ L □ Pulpal		b.	None of the above Surfaces involved (Check all that apply): □ M □ D □ F □ L □
c.	Crack involves: (Check all that apply): F cusps L cusps Unsure None) C.	Crack involves: (Check all that apply): F cusps
d.	Connects with another crack(s):		d.	Connects with another crack(s):
	□ Yes			□ Yes
	🗆 No			🗆 No
	🗆 I don't know			🗌 I don't know
e.	Continuation of external crack:		e.	Continuation of external crack:
	□ Yes			□ Yes
	□ No			□ No
	I don't know			🗌 I don't know
f.	Crack includes: (Check all that apply):		f.	Crack includes: (Check all that apply):
	Enamel			Enamel
	Dentin	J		Dentin

he National Dental Practice-Based Research Network	Print SID here
townal Crack #2	Internal Crack #4
 nternal Crack #3 a. Characteristics (Check all that apply): Stained Connected with pre-existing restoration None of the above 	a. Characteristics (Check all that apply): Stained Connected with pre-existing Restoration None of the above
 b. Surfaces involved (Check all that apply): M O D F L Pulpal 	b. Surfaces involved (Check all that apply): Image: Model of the structure Image: Model of
 Crack involves: (Check all that apply): □ F cusps □ L cusps □ Unsure □ None 	c. Crack involves: (Check all that apply): □ F cusps □ L cusps □ Unsure □ None
 d. Connects with another crack(s): Yes No I don't know 	 d. Connects with another crack(s): Yes No I don't know
 e. Continuation of external crack: Yes No I don't know 	e. Continuation of external crack:
 f. Crack includes: (Check all that apply): □ Enamel □ Dentin 	f. Crack includes: (Check all that apply): Enamel Dentin

- 4. What treatment was completed on the study tooth? (Check all that apply)
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics
 - Restoration(s) (Go to Q4a)

4a. If you checked the "restoration" box, please answer the following questions (i-v) **only** if you provided a **FINAL DEFINITIVE restoration** at this appointment?

i) The restoration was (Check one response only)

□ Direct Placement □ Indirect

- ii) The restoration was (Check one response only)
- 🗆 Intracoronal 🛛 Crown 🗆 Partial crown/onlay
- iii) The restoration was (Check one response only)

 $\hfill\square$ Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)

□ Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

🗆 М	Ο Ο	🗌 D	🗌 F	
-----	-----	-----	-----	--

- v) Which material(s) were used? (Check all that apply)
 - □ Amalgam □ Composite □ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
 - \Box All Ceramic \Box Cast metal/PFM (porcelain fused to metal)
- Other (please describe): ______

Other (please describe): ______





4b. If you checked the "restoration" box, did you place a core/build-up for a crown, partial crown or onlay	at
today's appointment? (Check one response only)	

4c. If you checked the "restoration" box, did you place a temporary crown or restoration at today's appointment? (Check one response only)

🗌 Yes	🗌 No	🗆 NA
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- 5. **Treatment you are <u>recommending</u> for this tooth subsequent to today's treatment,** (whether in your office or a practice to which you refer) (Check all that apply):
 - □ No treatment/monitor
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics

□ Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q10a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the "restoration" box, please answer the following questions about the FINAL **DEFINITIVE restoration you are recommending** for this tooth **subsequent to this evaluation**, (either today or another day, whether in your office or a practice to which you refer)

i) The restoration will be (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration will be (Check one response only)

□Intracoronal □Crown □ Partial crown/onlay

- iii) The restoration will be (Check one response only)
 - □ Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - \Box Non-bonded

□ Other (please describe):_

END OF SECTION 2

Practitioner	Signature
--------------	-----------

Date: |___|/|__|/|_2|0|1|||| m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU. Questions? Contact your RC at the phone or email provided on the front of the binder.

Cracked Tooth-AnnualFollowUp-3YrExamandTreatmentCRF-2014-09-04-V2.0.docx Owner: Westat/Lisa Bowser

ANNUAL FOLLOW-UP: COMPLETION VISIT EXAM & TREATMENT FORM





Cracked Tooth Registry

Owner: Westat/Lisa Bowser

Section 1 (Follow-up Exam) **MUST** be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out **ONLY** if treatment is performed at this follow-up visit.

Annual Follow-Up: Completion Visit Exam & Treatment Form

Section 1 – Follow-up Exam

Vis	it Date: / / _2 _0 _1 m m d d y y y y
1.	Tooth #: Please answer the following questions regarding this tooth:
2.	Patient reports spontaneous pain in this tooth Yes No
3.	How was tooth tested for vitality? (Check all that apply): Cold-refrigerant spray (preferred) Electric Pulp Tester Other (please describe):
4.	Is the tooth vital?
5.	Did the patient respond with pain (not just discomfort) to cold testing of this tooth? Yes, pain was short and sharp No Yes, pain was prolonged (5 seconds or more) Other (please describe):
6.	Did the patient respond with pain (not just pressure) upon biting and/or releasing on this tooth ? Yes No Other (please describe):
7.	Select the characteristics that apply to the tooth in question (Check all that apply): In occlusion with opposing tooth/teeth Has a wear facet through enamel Roots exposed to oral cavity Caries present anywhere on the tooth It is a Removable Partial Denture abutment tooth It is a Fixed Partial Denture (bridge) abutment tooth Has a non-carious cervical lesion (NCCL) or abfraction Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodontal attachment; e.g., loss of a cusp) Has a complete tooth fracture (includes both the coronal and radicular tooth structure below the periodontal attachment; e.g., a fracture that renders the tooth non-restorable)
	Cracked Tooth-AnnualFollowUp-ComplVisitExamandTreatmentCRF-2014-09-04-V2.0.docx Page 1 of 5

	The National Dental Practice-Based Research Network	Print SID here	
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8.	 Characterize the opposing tooth/teeth (Check all that apply): Natural or restored tooth Implant restored crown Fixed Partial Denture (bridge) pontic Removable Full Denture or Partial Denture No opposing tooth 	:	PURPLE
9.	Radiographic evidence (if radiograph available within past 12 (Check all that apply):	2 months, taken in the course	e of regular care)
		-related findings on the radio	aranh
		ph not taken in past 12 mon	•
	, ,		
10.	Treatment you are <u>recommending</u> for this tooth subsequent	to this evaluation (whether	in your office or a
	practice to which you refer) (Check all that apply):		
	 No treatment/monitor Extraction (Complete the DISCONTINUATION FORM) 		
	Extraction (complete the Discontinuox non Form) Endodontics		
	 Restoration(s) (Go to Q10a) 		
	10a. If you checked the "restoration" box, please answer the DEFINITIVE restoration you are recommending for this tooth another day , whether in your office or a practice to which yo i) The restoration will be (Check one response only) Direct Placement Indirect II) The restoration will be (Check one response only) Intracoronal Crown Partial crown, III) The restoration will be (Check one response only) Bonded (i.e. restoration bonded to tooth you not be providing a crown, partial crown or one will be providing a crown, partial crown or one will be provided and the provide	subsequent to this evaluation u refer) /onlay with bonding agent and/or re nlay, will you be placing a co	on, (either today or
	the final restoration? (Check one response only)		
11.	Reason for recommended treatment (Check all that apply):		
	Caries (associated with crack)		
	 Caries (NOT associated with crack) Broken/defective restoration 		
		ractural	
	 Compromised tooth structure (protection against tooth find the periodontal involvement) 	acture	
	Periodontal involvement Pulpal involvement		
	 Pulpar involvement Tooth sensitive to hot/cold 		
	 Tooth painful or infected Broken tooth 		
	Other (please describe):		
	Cracked Tooth-AnnualFollowUp-ComplVisitExamandTreatmentCRF-2014-0		Page 2 of 5

Owner: Westat/Lisa Bowser





END OF SECTION 1

If you will be treating this tooth **at this time**, please fill out Section 2. If you are only completing the exam, skip Section 2. Please sign and date this form on the last page. If you have not already done so, please complete the Reference Worksheet.

Section 2 - Treatment Information

- 1. Tooth #: |___|
- 2. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed now)?

🗌 Yes

 \Box No (Skip to Q4)

3. Number of cracks assessed internally: |____| (For each numbered internal crack, fill out the appropriate table below)

Internal Crack #1	
a.	Characteristics (Check all that apply):
	□ Stained
	Connected with pre-existing
	restoration None of the above
b	
р.	Surfaces involved (Check all that apply):
	□ F □ L □ Pulpal
с.	Crack involves: (Check all that apply):
	□ F cusps □ L cusps □ Unsure
	□ None
d.	Connects with another crack(s):
	□ Yes
	□ No
	🗆 I don't know
e.	Continuation of external crack:
	Yes
	□ I don't know
f.	Crack includes: (Check all that apply):
	Dentin

P R	ntional Dental ractice-Based esearch Network			Print SID) here	
,	ne nation's network					PI
Inte	rnal Crack #3	Inter	rnal Cra	ck #4		
a.	Characteristics (Check all that apply): Stained 	a.	Charact	•	< all that apply)	:
	 Connected with pre-existing restoration 		Resto	nected with pr pration	-	
	□ None of the above			e of the above		L A :
b.	Surfaces involved (Check all that apply):	D.	□ M		eck all that app	iy):
	🗆 F 🛛 L 🖓 Pulpal		🗆 F		Pulpal	
c.	Crack involves: (Check all that apply): F cusps L cusps Unsure None	c.	Crack in F cu Non	sps 🗋 L cu	all that apply) usps Unsur	
d.	Connects with another crack(s):	d.	Connect	s with anothe	r crack(s):	
	□ Yes		🗆 Yes			
			🗆 No			
	🗆 I don't know		🗆 I dor	n't know		
e.	Continuation of external crack: Yes No I don't know 	e.	□ Yes □ No	ation of exter	nal crack:	
f.	Crack includes: (Check all that apply):	f.			all that apply)	:
	Enamel		🗆 Enai			
	\square Dentin		🗆 Den	tin		

- 4. What treatment was completed on the study tooth? (Check all that apply)
 - Extraction (Complete the **DISCONTINUATION FORM**)
 - \Box Endodontics
 - Restoration(s) (Go to Q4a)

4a. If you checked the "restoration" box, please answer the following questions (i-v) only if you provided a FINAL DEFINITIVE restoration at this appointment?

i) The restoration was (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration was (Check one response only)

🗆 Intracoronal 🛛 Crown 🗆 Partial crown/onlay

iii) The restoration was (Check one response only)

□ Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)

□ Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

\square M	□ o	🗌 D	🗌 F	
-------------	-----	-----	-----	--

v) Which material(s) were used? (Check all that apply)

🗌 Amalgam	🗌 Composite	□ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
-----------	-------------	--

□ All Ceramic □ Cast metal/PFM (porcelain fused to metal)

Other (please describe): _____

Other (please describe): ______





4b. If you checked the "restoration" box, did you place a core/build-up for a crown, partial crown or onlay at
today's appointment? (Check one response only)
🗆 Yes 🖾 No 🖾 NA

4c. If you checked the "restoration" box, did you place a temporary crown or restoration at today's appointment? (Check one response only)

🗌 Yes	🗌 No	\Box NA
-------	------	-----------

- 5. **Treatment you are <u>recommending</u> for this tooth subsequent to today's treatment,** (whether in your office or a practice to which you refer) (Check all that apply):
 - □ No treatment/monitor
 - □ Extraction (Complete the **DISCONTINUATION FORM**)
 - □ Endodontics

□ Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q10a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the "restoration" box, please answer the following questions about the FINAL **DEFINITIVE restoration you are recommending** for this tooth **subsequent to this evaluation**, (either today or another day, whether in your office or a practice to which you refer)

- i) The restoration will be (Check one response only)
 - □ Direct Placement □ Indirect
- ii) The restoration will be (Check one response only)
- □Intracoronal □Crown □ Partial crown/onlay
- iii) The restoration will be (Check one response only)
 - □ Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - \Box Non-bonded

□ Other (please describe):_

END OF SECTION 2

Practitioner	Signature
--------------	-----------

Date: |____|/|__| /| <u>2</u> | <u>0</u> | <u>1</u> | ___| m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU. Questions? Contact your RC at the phone or email provided on the front of the binder. **TREATMENT VISIT FORM**





Cracked Tooth Registry

Treatment Visit (use this form to record treatment provided for one visit only; use additional forms for additional treatments)

Visit Date: |____|/|__| /|_2 |_0 |_1 |___| m m d d y y y y

- 1. Tooth #: |____ Please answer the following questions regarding this tooth
- Who did provide/is providing treatment?
 Study Enrolling dentist
 Dentist other than study enrolling dentist
- Treatment timing? (Check all that apply)
 □ Prior to today (Skip to Q18)
 □ Today
- 4. Is this a continuation of previous treatment either provided or treatment planned? $\hfill Yes$

 \Box No (Skip to Q6)

5. Has status of tooth changed adversely since previous treatment appointment? (e.g. more symptomatic, more cracks, fractured cusp, etc)

□Yes

□ No (Skip to Q18 unless the tooth is being prepared and internal cracks will be assessed, then proceed to Q17)

6. Patient reports spontaneous pain in this tooth

□ Yes

□No

7. Is the tooth **vital**?

□Yes

□No

- Unable to confirm
- 8. How was tooth tested for vitality today? (Check all that apply):
 - □ Cold-refrigerant spray (preferred)
 - Cold-ice
 - □ Electric Pulp Tester
 - Other (please describe):_____





- 9. Did the patient respond with pain (not just discomfort) today to cold testing of this tooth?
 - □ Yes, pain was short and sharp
 - □ Yes, pain was prolonged (5 seconds or more)
 - 🗌 No
 - Other (please describe): ______

10. Did the patient respond with pain (not just pressure) today upon biting and/or releasing on this tooth?

- 🗆 Yes
- 🗆 No
- Other (please describe): _____

11. Select the characteristics that apply to the tooth in question (Check all that apply):

- \Box In occlusion with opposing tooth/teeth
- \Box Has a wear facet through enamel
- \Box Roots exposed to oral cavity
- \Box Caries present anywhere on the tooth
- □ It is a Removable Partial Denture abutment tooth
- □ It is a Fixed Partial Denture (bridge) abutment tooth
- □ Has a non-carious cervical lesion (NCCL or abfraction)
- □ Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodontal attachment; e.g., loss of a cusp)
- □ Has a complete tooth fracture (includes both the coronal and radicular tooth structure below the periodontal attachment; e.g., a fracture that renders the tooth non-restorable)
- \Box None of the above

12. Characterize the **opposing tooth/teeth** (Check all that apply):

- □ Natural or restored tooth
- □ Implant restored crown
- □ Fixed Partial Denture (bridge) pontic
- Removable Full Denture or Partial Denture
- \Box No opposing tooth
- 13. Number of external cracks before treatment: |____| (For each numbered external crack, fill out the appropriate table below)

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External Crack #1:	External Crack #2
a. Characteristics (Check all that apply):	a. Characteristics (Check all that apply):
□ Stained	□ Stained
Detectable with an explorer	Detectable with an explorer
Blocks transilluminated light	Blocks transilluminated light
Connects with a restoration	Connects with a restoration
□ None	□ None
b. Surfaces involved (Check all that apply):	b. Surfaces involved (Check all that apply):
c. Connects with another crack(s):	c. Connects with another crack(s):
□ Yes	□ Yes
□ No	
🗆 I don't know	🗆 I don't know
d. Extends onto root:	d. Extends onto root:
□ Yes	□ Yes
□ No	
🗆 l don't know	□ I don't know
e. Direction: (Check all that apply):	e. Direction: (Check all that apply):
🗆 Horizontal	□ Horizontal
Vertical	Vertical
Oblique	
External Crack #3	External Crack #4
a. Characteristics (Check all that apply):	a. Characteristics (Check all that apply):
□ Stained	Stained
Detectable with an explorer	Detectable with an explorer
Blocks transilluminated light	Blocks transilluminated light
Connects with a restoration	Connects with a restoration
None	□ None
b. Surfaces involved (Check all that apply):	b. Surfaces involved (Check all that apply):
c. Connects with another crack(s):	c. Connects with another crack(s):
□ Yes	□ Yes
□ No	□ No
🗆 I don't know	🗆 I don't know
d. Extends onto root:	d. Extends onto root:
□ Yes	□ Yes
□ No	□ No
🗆 I don't know	🗆 I don't know
e. Direction: (Check all that apply):	e. Direction: (Check all that apply):
Horizontal	Horizontal
□ Vertical	
Oblique	Oblique

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Exte	rnal Crack #5	External Crack #6	
a.	Characteristics (Check all that apply):	a. Characteristics (Check all that apply):	
	□ Stained	□ Stained	
	Detectable with an explorer	Detectable with an explorer	
	Blocks transilluminated light	Blocks transilluminated light	
	Connects with a restoration	□ Connects with a restoration	
	□ None	□ None	
b.	Surfaces involved (Check all that apply):	b. Surfaces involved (Check all that apply):	
c.	Connects with another crack(s):	c. Connects with another crack(s):	
	□ Yes	□ Yes	
	□ No		
	🗆 I don't know	□ I don't know	
d.	Extends onto root:	d. Extends onto root:	
	□ Yes	□ Yes	
	□ No		
	□ I don't know	□ I don't know	
e.		e. Direction: (Check all that apply):	
	□ Horizontal	□ Horizontal	
	Vertical		
	Oblique	Oblique	
	rnal Crack #7	External Crack #8	
а.	Characteristics (Check all that apply):	a. Characteristics (Check all that apply):	
		Stained State table with an evaluater	
	Detectable with an explorer	Detectable with an explorer	
	Blocks transilluminated light	Blocks transilluminated light	
	Connects with a restoration	Connects with a restoration	
b.	None Surfaces involved (Check all that apply):	 None Surfaces involved (Check all that apply): 	
ы.			
с.	Connects with another crack(s):	c. Connects with another crack(s):	
с.			
اہ	I don't know	I don't know d. Extends onto root:	
d.	Extends onto root:	d. Extends onto root:	
	I don't know Direction: (Check all that apply):	I don't know Direction: (Check all that apply):	
e.	Direction: (Check all that apply):	e. Direction: (Check all that apply):	
	Horizontal Vertical		
	□ Oblique		





14. Radiographic evidence (if radiograph available within past 12 months, taken in the course of regular care) (Check all that apply):

- Evidence of crack(s) on radiograph
- Evidence of periradicular lucency
- □ No crack-related findings on the radiograph
- □ Radiograph not taken in past 12 months
- 15. Will you be providing treatment on the tooth today?
 - □ Yes
 - □ No (Skip to Q21)
- 16. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed)?
 - □ Yes
 - □ No (Skip to Q18)
- 17. Number of cracks assessed internally: |____| (For each numbered internal crack, fill out the appropriate table below)

Inte	rnal Crack #1			
a.	Characteristics (Check all that apply):			
	□ Stained			
	Connected with pre-existing			
	restoration			
	None of the above			
b.	Surfaces involved (Check all that apply):			
	🗆 F 🛛 L 🗆 Pulpal			
с.	Crack involves: (Check all that apply):			
	🗆 F cusps 🛛 L cusps 🗖 Unsure			
	□ None			
d.	Connects with another crack(s):			
	🗆 Yes			
	□ No			
	🗆 I don't know			
e.	Continuation of external crack:			
	□ Yes			
	🗆 No			
	🗌 I don't know			
f.	Crack includes: (Check all that apply):			
	Enamel			
	Dentin			

Inter	rnal Crack #2
a.	Characteristics (Check all that apply):
	□ Stained
	Connected with pre-existing
	restoration
	None of the above
b.	Surfaces involved (Check all that apply):
	🗆 F 🗌 L 🗌 Pulpal
с.	Crack involves: (Check all that apply):
	🗆 F cusps 🛛 L cusps 🗌 Unsure
	□ None
d.	Connects with another crack(s):
	🗆 Yes
	🗆 No
	🗆 I don't know
e.	Continuation of external crack:
	□ Yes
	🗆 No
	🗆 I don't know
f.	Crack includes: (Check all that apply):
	Enamel
	Dentin

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Inte	rnal Crack #3	Inte	rnal Crack #4
a.	Characteristics (Check all that apply):	a.	Characteristics (Check all that apply):
	□ Stained		Stained
	Connected with pre-existing		Connected with pre-existing
	restoration		restoration
	None of the above		□ None of the above
b.	Surfaces involved (Check all that apply):	b.	Surfaces involved (Check all that apply
	🗆 F 🛛 L 🗆 Pulpal		F L Pulpal
c.	Crack involves: (Check all that apply):	с.	
	□ F cusps □ L cusps □ Unsure		□ F cusps □ L cusps □ Unsure
	□ None	-	None Consists with eacther creat/(a)
d.	Connects with another crack(s):	d.	Connects with another crack(s):
	□ Yes		□ Yes
	□ No		
	🗆 I don't know		□ I don't know
e.	Continuation of external crack:	e.	Continuation of external crack:
	□ No □ I don't know		\Box I don't know
f.	Crack includes: (Check all that apply):	f.	Crack includes: (Check all that apply):
1.	Enamel	1.	
			Dentin

18. What treatment was completed on the study tooth? (Check all that apply)

Extraction (Complete the **DISCONTINUATION FORM**)

□ Endodontics

Restoration(s) (Go to Q18a)

18a. If you checked the "restoration" box, please answer the following questions (i-v) **only** if you provided a **FINAL DEFINITIVE restoration** at this appointment?

i) The restoration was (Check one response only)

□ Direct Placement □ Indirect

ii) The restoration was (Check one response only)

🗆 Intracoronal 🛛 Crown 🗆 Partial crown/onlay

iii) The restoration was (Check one response only)

□ Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)

□ Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

\square M	🗆 O	🗌 D	🗌 F	🗆 L
-------------	-----	-----	-----	-----

v) Which material(s) were used? (Check all that apply)

🗌 Amalgam	🗌 Composite	□ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
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□ All Ceramic □ Cast metal/PFM (porcelain fused to metal)

Other (please describe)):
Other (please describe)):

Other (please describe):_____

BROWN

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 18b. If you checked the "restoration" box, did you place today's appointment? (Check one response only) Yes No NA 18c. If you checked the "restoration" box, did you place appointment? (Check one response only) Yes No NA 		
19. Which surfaces were involved in the treatment/restora	ation? (Check all that apply)	
 20. Which material(s) were used? (Check all that apply) All Ceramic Cast metal/PFM (porcelain fused to metal) Amalgam Composite GI/RMGI (Glass Ionomer/Resin-modified Glass Iono Temporary crown/partial crown Other (please describe):	omer)	
 21. <u>Recommended</u> treatment subsequent to this treatmerefer) (Check all that apply): No treatment/monitor (If checked, no need to resp Extraction (Complete the DISCONTINUATION FORM Endodontics Restoration(s) (Go to Q21a) 	bond to Q22)	or a practice to which you
 21a. If you checked the "restoration" box, please answer DEFINITIVE restoration you are recommending for this another day, whether in your office or a practice to whether it is the restoration will be (Check one response) and a preserve of the p	s tooth subsequent to this evalu nich you refer) e only) n/onlay e only) th with bonding agent and/or re own or onlay, will you be placing	ration, (either today or
Other (please describe):		





22. Reason for recommended treatment (Check all that apply):

- □ Caries (associated with crack)
- □ Caries (NOT associated with crack)
- □ Broken/defective restoration
- □ Compromised tooth structure (protection against tooth fracture)
- □ Periodontal involvement
- Pulpal involvement
- □ Tooth sensitive to hot/cold
- \Box Tooth painful or infected
- □ Broken tooth
- □ Other (please describe):__

Practitioner Signature

Date: |____|/|___| /|_2 |_0 |_1 |___| m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU. Questions? Contact your RC at the phone or email provided on the front of the binder. **DISCONTINUATION FORM**





Cracked Tooth Registry

Discontinuation

Discontinuation Date:		/	/		<u> / _2</u> _	<u> 0 </u>	<u>1</u>	
	m	m	d	d	У	y	y	У

Complete this form to record study discontinuation.

- 1. Reason for patient discontinuation from the study (Check all that apply):
 - □ Tooth was extracted (You do not need to answer any other questions)
 - □ No longer physically/mentally **able** to continue attending visits with a study dentist (You do not need to answer any other questions)
 - Cannot locate or contact participant (You do not need to answer any other questions)
 - Death (You do not need to answer any other questions)
 - □ Moved (Go to Q2)
 - □ No longer willing to continue attending visits with a study dentist (Go to Q2)
 - Other, (specify):_

2. Did the patient discontinue outside of an in-office visit?

- Yes (Go to Q3)
- □ No (You do not need to answer any other questions)
- 3. If Yes to Q2, should the patient be contacted by the Regional Coordinator for a telephone interview in English or Coordinating Center staff for a telephone interview in Spanish?
 - □ Yes (**Go to Q4**)
 - □ No (You do not need to answer any other questions)
- 4. If Yes to Q3, should the telephone interview be conducted in Spanish?
 - □ Yes □ No
- 5. Please indicate the best time to call the patient (if known)?
 - □ Morning □ Afternoon □ Evening □ Unknown

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