

**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

Visit Date: |__|_|_|/|__|_|_|/| 2 | 0 | 1 |__|_|
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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?
☐ Yes ☐ No ☐ Unable to confirm
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)
☐ 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

9. **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
- ☐ No crack-related findings on the radiograph
- ☐ Evidence of periradicular lucency
- ☐ Radiograph not taken in past 12 months

10. **Treatment you are recommending** 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**)
- ☐ Endodontics
- ☐ Restoration(s) (**Go to Q10a**)

10a. 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)
- ☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/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 fracture)
- ☐ Periodontal involvement
- ☐ Pulpal involvement
- ☐ Tooth sensitive to hot/cold
- ☐ Tooth painful or infected
- ☐ Broken tooth
- ☐ Other (please describe): _____



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

- Tooth #:**
- 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)
- 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): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #3
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #4
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing Restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> 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)

- ☐ 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)
☐ 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 ☐ NA

5. **Treatment you are recommending 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)

☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) ☐ Yes ☐ No ☐ NA

☐ Other (please describe): _____

END OF SECTION 2

Practitioner Signature

Date: |__|/|__|/|2|0|1|
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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

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

Visit Date: |__|_|_|/|__|_|_|/| 2 | 0 | 1 |__|_|
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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?
☐ Yes ☐ No ☐ Unable to confirm
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)
☐ None of the above



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

9. **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
- ☐ No crack-related findings on the radiograph
- ☐ Evidence of periradicular lucency
- ☐ Radiograph not taken in past 12 months

10. **Treatment you are recommending** 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**)
- ☐ Endodontics
- ☐ Restoration(s) (**Go to Q10a**)

10a. 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)
- ☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/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 fracture)
- ☐ Periodontal involvement
- ☐ Pulpal involvement
- ☐ Tooth sensitive to hot/cold
- ☐ Tooth painful or infected
- ☐ Broken tooth
- ☐ Other (please describe): _____

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

- Tooth #:**
- 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)
- 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): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #3
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #4
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing Restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> 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)

- ☐ 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)
☐ 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 ☐ NA

5. Treatment you are **recommending** 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)

☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) ☐ Yes ☐ No ☐ NA

☐ 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.

**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

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?
☐ Yes ☐ No ☐ Unable to confirm
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)
☐ None of the above



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

9. **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
- ☐ No crack-related findings on the radiograph
- ☐ Evidence of periradicular lucency
- ☐ Radiograph not taken in past 12 months

10. **Treatment you are recommending** 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**)
- ☐ Endodontics
- ☐ Restoration(s) (**Go to Q10a**)

10a. 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)
- ☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/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 fracture)
- ☐ Periodontal involvement
- ☐ Pulpal involvement
- ☐ Tooth sensitive to hot/cold
- ☐ Tooth painful or infected
- ☐ Broken tooth
- ☐ Other (please describe): _____



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

- Tooth #:**
- 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)
- 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): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #3
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #4
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing Restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> 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)

- ☐ 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)
☐ 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 ☐ NA

5. Treatment you are **recommending** 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)

☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) ☐ Yes ☐ No ☐ NA

☐ 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.

**ANNUAL FOLLOW-UP: COMPLETION 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: Completion Visit Exam & Treatment Form

Section 1 – Follow-up Exam

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?
☐ Yes ☐ No ☐ Unable to confirm
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)
☐ 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

9. **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
- ☐ No crack-related findings on the radiograph
- ☐ Evidence of periradicular lucency
- ☐ Radiograph not taken in past 12 months

10. **Treatment you are recommending** 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**)
- ☐ Endodontics
- ☐ Restoration(s) (**Go to Q10a**)

10a. 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)
- ☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/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 fracture)
- ☐ Periodontal involvement
- ☐ Pulpal involvement
- ☐ Tooth sensitive to hot/cold
- ☐ Tooth painful or infected
- ☐ Broken tooth
- ☐ Other (please describe): _____

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

- Tooth #:**
- 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)
- 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): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #3
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #4
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing Restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> 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)

- ☐ 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)
☐ 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 ☐ NA

5. Treatment you are **recommending** 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)

☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) ☐ Yes ☐ No ☐ NA

☐ 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.

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
2. Who did provide/is providing treatment?
 - ☐ Study Enrolling dentist
 - ☐ Dentist other than study enrolling dentist
3. 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?
 - ☐ Yes
 - ☐ 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):

- ☐ 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

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
- ☐ No opposing tooth

13. Number of external cracks before treatment: |__| (For each numbered external crack, fill out the appropriate table below)



External Crack #1:

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #2

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #3

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #4

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique



External Crack #5

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #6

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #7

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

e. Direction: (Check all that apply):

- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #8

a. Characteristics (Check all that apply):

- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

b. Surfaces involved (Check all that apply):

- ☐ M ☐ O ☐ D
- ☐ F ☐ L

c. Connects with another crack(s):

- ☐ Yes
- ☐ No
- ☐ I don't know

d. Extends onto root:

- ☐ Yes
- ☐ No
- ☐ I don't know

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)

Internal Crack #1
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin



Internal Crack #3	Internal Crack #4
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above	a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal	b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None	c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin	f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> 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)
☐ 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)
☐ All Ceramic ☐ Cast metal/PFM (porcelain fused to metal)
☐ Other (please describe): _____
- ☐ Other (please describe): _____



18b. 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

18c. 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

19. Which surfaces were involved in the treatment/restoration? (Check all that apply)

☐ M ☐ O ☐ D ☐ F ☐ L

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 Ionomer)
- ☐ Temporary crown/partial crown
- ☐ Other (please describe): _____

21. **Recommended treatment subsequent to this treatment visit**, (whether in your office or a practice to which you refer) (Check all that apply):

- ☐ No treatment/monitor (If checked, no need to respond to Q22)
- ☐ Extraction (Complete the **DISCONTINUATION FORM**)
- ☐ Endodontics
- ☐ Restoration(s) (Go to Q21a)

21a. 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)

☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) ☐ Yes ☐ No ☐ NA

☐ 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
- ☐ 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: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|
m m d d y y y y

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): _____ (**Go to Q2**)

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