



Dental PBRN Study: Reasons for placing the first restoration on permanent tooth surface(s)

Use this Data Collection Form whenever a study restoration is placed on a previously un-restored surface, which is not related to a current restoration, on a permanent tooth.

You may place multiple ‘first restorations’ on the same patient during the same visit. You can do so by filling in the details on this information sheet and then filling out a restoration data sheet for each restoration.

For each question, please indicate the answer that best applies by marking an “X” in the corresponding box like this: It is very important that the responses be recorded within the space allotted.

When recording numerical responses, such as amounts or dates, one number should be entered in each box and every box should have a number in it. Therefore, it may be necessary to record leading zeros when the number requires fewer boxes than provided.

Completed form should be mailed to: **Dental PBRN
Andrea Mathews, Program Manager
SDB 111
1530 3rd Avenue South
Birmingham, AL 35294-0007**

Visit Date / / 200
mm dd y

Participant ID: _____

1. Patient Gender

- 1 Male
- 2 Female

2. Patient Age in years

3. Patient Race

- 1 White
- 2 Black or African-American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 Other (please specify) _____

4. Patient Ethnicity

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

5. Does the patient have any dental insurance or third party coverage?

- 1 Yes
- 2 No



RESTORATION DATA SHEET

6. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

TOOTH NUMBER

TOOTH SURFACE (MARK ALL THAT APPLY)

- 1 Occlusal
- 2 Mesial
- 3 Distal
- 4 Buccal or Facial
- 5 Lingual or Palatal
- 6 Incisal

7. What is the **main** reason that you placed a restoration in this tooth? (Please mark one response only.)

- 1 Restoration of a non-carious defect (For example: abrasion /abfraction / erosion, fractured tooth, unsightly area)

GO TO QUESTION 7d

- 2 Primary caries (The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)

GO TO QUESTION 7a

ANSWER QUESTIONS 7a – 7c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 7

7a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

- 1 Clinical assessments including probing
- 2 Radiographs
- 3 Transillumination or optical technique (e.g., Diagnodent®)

7b. How deep did you estimate that the deepest part of the primary caries lesion was **preoperatively**? (Please mark one category only.)

- 1 E1 (Outer 1/2 of Enamel)
- 2 E2 (Inner 1/2 of Enamel)
- 3 D1 (Outer 1/3 of Dentin)
- 4 D2 (Middle 1/3 of Dentin)
- 5 D3 (Inner 1/3 of Dentin)
- 6 Uncertain

7c. How deep did you estimate that the deepest part of the primary caries lesion was **postoperatively**? (Please mark one category only.)

- 1 E1 (Outer 1/2 of Enamel)
- 2 E2 (Inner 1/2 of Enamel)
- 3 D1 (Outer 1/3 of Dentin)
- 4 D2 (Middle 1/3 of Dentin)
- 5 D3 (Inner 1/3 of Dentin)

GO TO QUESTION 8

ANSWER QUESTION 7d ONLY IF “RESTORATION OF NON-CARIOUS DEFECT” WAS MARKED IN QUESTION 7

7d. Why did you restore the non-carious defect? (Please mark all that apply.)

- 1 Abrasion/abfraction/erosion lesion
- 2 Developmental defect or hypoplasia
- 3 For cosmetic reasons
- 4 To restore an endodontically-treated tooth
- 5 The tooth was fractured
- 6 Other _____

8. Did you use a base, lining or bonding material? (Please mark all that apply.)

- 1 None
- 2 Resin-based bonding material
- 3 Glass ionomer, resin-modified glass ionomer
- 4 Calcium hydroxide-based cement or liner
- 5 Varnish (e.g., Copalite)
- 6 Other (specify) _____

9. What material did you use for this restoration? (Please mark all that apply.)

- 1 Amalgam
- 2 Composite resin, including compomer, directly placed (Brand: _____)
- 3 Indirect composite resin
- 4 Glass ionomer, resin-modified glass ionomer (Brand: _____)
- 5 Ceramic or porcelain
- 6 Cast gold or other base metallic restoration
- 7 Combined metal/ceramic restoration
- 8 Temporary restorative material

10. Did you use a rubber dam during the restorative procedure?

- 1 Yes
- 2 No



RESTORATION DATA SHEET

11. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

TOOTH NUMBER

TOOTH SURFACE (MARK ALL THAT APPLY)

- 1 Occlusal
- 2 Mesial
- 3 Distal
- 4 Buccal or Facial
- 5 Lingual or Palatal
- 6 Incisal

12. What is the **main** reason that you placed a restoration in this tooth? (Please mark one response only.)

- 1 Restoration of a non-carious defect (*For example: abrasion /abfraction / erosion, fractured tooth, unsightly area*)

GO TO QUESTION 12d

- 2 Primary caries (*The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.*)

GO TO QUESTION 12a

ANSWER QUESTIONS 12a – 12c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 12

12a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

- 1 Clinical assessments including probing
- 2 Radiographs
- 3 Transillumination or optical technique (e.g., Diagnodent[®])

12b. How deep did you estimate that the deepest part of the primary caries lesion was **preoperatively**? (Please mark one category only.)

- 1 E1 (Outer 1/2 of Enamel)
- 2 E2 (Inner 1/2 of Enamel)
- 3 D1 (Outer 1/3 of Dentin)
- 4 D2 (Middle 1/3 of Dentin)
- 5 D3 (Inner 1/3 of Dentin)
- 6 Uncertain

12c. How deep did you estimate that the deepest part of the primary caries lesion was **postoperatively**? (Please mark one category only.)

- 1 E1 (Outer 1/2 of Enamel)
- 2 E2 (Inner 1/2 of Enamel)
- 3 D1 (Outer 1/3 of Dentin)
- 4 D2 (Middle 1/3 of Dentin)
- 5 D3 (Inner 1/3 of Dentin)

GO TO QUESTION 13

ANSWER QUESTION 12d ONLY IF “RESTORATION OF NON-CARIOUS DEFECT” WAS MARKED IN QUESTION 12

12d. Why did you restore the non-carious defect? (Please mark all that apply.)

- 1 Abrasion/abfraction/erosion lesion
- 2 Developmental defect or hypoplasia
- 3 For cosmetic reasons
- 4 To restore an endodontically-treated tooth
- 5 The tooth was fractured
- 6 Other _____

13. Did you use a base, lining or bonding material? (Please mark all that apply.)

- 1 None
- 2 Resin-based bonding material
- 3 Glass ionomer, resin-modified glass ionomer
- 4 Calcium hydroxide-based cement or liner
- 5 Varnish (e.g., Copalite)
- 6 Other (specify) _____

14. What material did you use for this restoration? (Please mark all that apply.)

- 1 Amalgam
- 2 Composite resin, including compomer, directly placed (Brand: _____)
- 3 Indirect composite resin
- 4 Glass ionomer, resin-modified glass ionomer (Brand: _____)
- 5 Ceramic or porcelain
- 6 Cast gold or other base metallic restoration
- 7 Combined metal/ceramic restoration
- 8 Temporary restorative material

15. Did you use a rubber dam during the restorative procedure?

- 1 Yes
- 2 No



RESTORATION DATA SHEET

16. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

TOOTH NUMBER

TOOTH SURFACE (MARK ALL THAT APPLY)

- 1 Occlusal
- 2 Mesial
- 3 Distal
- 4 Buccal or Facial
- 5 Lingual or Palatal
- 6 Incisal

17. What is the **main** reason that you placed a restoration in this tooth? (Please mark one response only.)

- 1 Restoration of a non-carious defect (*For example: abrasion /abfraction / erosion, fractured tooth, unsightly area*)

GO TO QUESTION 17d

- 2 Primary caries (*The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.*)

→ GO TO QUESTION 17a

ANSWER QUESTIONS 17a – 17c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 17

17a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

- 1 Clinical assessments including probing
- 2 Radiographs
- 3 Transillumination or optical technique (e.g., Diagnodent[®])

17b. How deep did you estimate that the deepest part of the primary caries lesion was **preoperatively**? (Please mark one category only.)

- 1 E1 (Outer ½ of Enamel)
- 2 E2 (Inner ½ of Enamel)
- 3 D1 (Outer ⅓ of Dentin)
- 4 D2 (Middle ⅓ of Dentin)
- 5 D3 (Inner ⅓ of Dentin)
- 6 Uncertain

17c. How deep did you estimate that the deepest part of the primary caries lesion was **postoperatively**? (Please mark one category only.)

- 1 E1 (Outer ½ of Enamel)
- 2 E2 (Inner ½ of Enamel)
- 3 D1 (Outer ⅓ of Dentin)
- 4 D2 (Middle ⅓ of Dentin)
- 5 D3 (Inner ⅓ of Dentin)

→ GO TO QUESTION 18

ANSWER QUESTION 17d ONLY IF “RESTORATION OF NON-CARIOUS DEFECT” WAS MARKED IN QUESTION 17

17d. Why did you restore the non-carious defect? (Please mark all that apply.)

- 1 Abrasion/abfraction/erosion lesion
- 2 Developmental defect or hypoplasia
- 3 For cosmetic reasons
- 4 To restore an endodontically-treated tooth
- 5 The tooth was fractured
- 6 Other _____

18. Did you use a base, lining or bonding material? (Please mark all that apply.)

- 1 None
- 2 Resin-based bonding material
- 3 Glass ionomer, resin-modified glass ionomer
- 4 Calcium hydroxide-based cement or liner
- 5 Varnish (e.g., Copalite)
- 6 Other (specify) _____

19. What material did you use for this restoration? (Please mark all that apply.)

- 1 Amalgam
- 2 Composite resin, including compomer, directly placed (Brand: _____)
- 3 Indirect composite resin
- 4 Glass ionomer, resin-modified glass ionomer (Brand: _____)
- 5 Ceramic or porcelain
- 6 Cast gold or other base metallic restoration
- 7 Combined metal/ceramic restoration
- 8 Temporary restorative material

20. Did you use a rubber dam during the restorative procedure?

- 1 Yes
- 2 No



RESTORATION DATA SHEET

21. On which tooth and surface(s) did you diagnose primary caries or a non-carious defect?

TOOTH NUMBER

TOOTH SURFACE (MARK ALL THAT APPLY)

- 1 Occlusal
- 2 Mesial
- 3 Distal
- 4 Buccal or Facial
- 5 Lingual or Palatal
- 6 Incisal

22. What is the **main** reason that you placed a restoration in this tooth? (Please mark one response only.)

- 1 Restoration of a non-carious defect (For example: abrasion /abfraction / erosion, fractured tooth, unsightly area)

GO TO QUESTION 22d

- 2 Primary caries (The first caries lesion, which is not related to a current restoration, diagnosed on any tooth surface.)

→ GO TO QUESTION 22a

ANSWER QUESTIONS 22a – 22c ONLY IF “PRIMARY CARIES” WAS MARKED IN QUESTION 22

22a. What technique did you use to diagnose the primary caries lesion? (Please mark all that apply.)

- 1 Clinical assessments including probing
- 2 Radiographs
- 3 Transillumination or optical technique (e.g., Diagnodent®)

22b. How deep did you estimate that the deepest part of the primary caries lesion was **preoperatively**? (Please mark one category only.)

- 1 E1 (Outer ½ of Enamel)
- 2 E2 (Inner ½ of Enamel)
- 3 D1 (Outer ⅓ of Dentin)
- 4 D2 (Middle ⅓ of Dentin)
- 5 D3 (Inner ⅓ of Dentin)
- 6 Uncertain

22c. How deep did you estimate that the deepest part of the primary caries lesion was **postoperatively**? (Please mark one category only.)

- 1 E1 (Outer ½ of Enamel)
- 2 E2 (Inner ½ of Enamel)
- 3 D1 (Outer ⅓ of Dentin)
- 4 D2 (Middle ⅓ of Dentin)
- 5 D3 (Inner ⅓ of Dentin)

→ GO TO QUESTION 23

ANSWER QUESTION 22d ONLY IF “RESTORATION OF NON-CARIOUS DEFECT” WAS MARKED IN QUESTION 22

22d. Why did you restore the non-carious defect? (Please mark all that apply.)

- 1 Abrasion/abfraction/erosion lesion
- 2 Developmental defect or hypoplasia
- 3 For cosmetic reasons
- 4 To restore an endodontically-treated tooth
- 5 The tooth was fractured
- 6 Other _____

23. Did you use a base, lining or bonding material? (Please mark all that apply.)

- 1 None
- 2 Resin-based bonding material
- 3 Glass ionomer, resin-modified glass ionomer
- 4 Calcium hydroxide-based cement or liner
- 5 Varnish (e.g., Copalite)
- 6 Other (specify) _____

24. What material did you use for this restoration? (Please mark all that apply.)

- 1 Amalgam
- 2 Composite resin, including compomer, directly placed (Brand: _____)
- 3 Indirect composite resin
- 4 Glass ionomer, resin-modified glass ionomer (Brand: _____)
- 5 Ceramic or porcelain
- 6 Cast gold or other base metallic restoration
- 7 Combined metal/ceramic restoration
- 8 Temporary restorative material

25. Did you use a rubber dam during the restorative procedure?

- 1 Yes
- 2 No