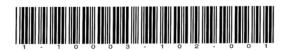




## Dental PBRN Study 10: Development of a Patient-Based Provider Intervention for Early Caries

Use this Data Collection Form when a patient with non-cavitated early caries is enrolled. Please remember that the term "early" is defined as an E1 or E2 caries diagnosis pre-operatively. This study concerns patients treated both non-invasively as well as operatively (surgical or minimally invasive). You may record information on up to 4 early carious lesions on the same patient at one visit. Patients whom you will treat both invasively and non-invasively are not eligible. 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 **UAB School of Dentistry** 1530 3rd Ave South SDB 111 Birmingham, AL 35294-0007 Visit Date 20 dd mm уу Patient Gender J Male b Female Patient age in years 3. Patient ethnicity a land not reported or unknown (I do not wish to provide this information) Hispanic or Latino c \( \subseteq \text{Not Hispanic or Latino} \) 4. Patient race Inot reported or unknown (I do not wish to provide this information) b White Black or African-American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander f Other (please specify) 5. Does the patient have any dental insurance or third party coverage? a 🗌 No b Yes



## Please answer the following questions for each restoration listed:

		Study restoration(s)			
	Tooth #:	«T1»	«T2»	«T3»	«T4»
	On which tooth is early caries located?				
6. Tooth surface(s) that has early caries (Mark all that apply):					
a.	Occlusal				
b.	Mesial				
C.	Distal				
d.	Buccal or Facial				
e.	Lingual or Palatal				
f.	Incisal				
7. How deep did you estimate that the deepest part of the primary caries lesion was <b>pre</b> operatively? (Mark one category only.)					
	E1 (Outer ½ of Enamel)				
b.	E2 (Inner ½ of Enamel)				
8. I chose to treat the tooth by (Mark all that apply):					
a.					
b.					
	Applying/prescribing fluoride				
d.	Applying varnish				
е.	Sealant placement (etch tooth with <b>no</b> preparation, with sealant material/composite resin placed over it)				
f.	Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material)				
g.	Preventive Resin Restoration (i.e., minimal tooth				
	preparation, composite resin placed, with sealant				
h	material placed over it) Full Restoration				
h. i.	Other				
1.	Other				
If you checked a, b, c, d, e or f as a form of treatment, please STOP HERE.					
9. Did you recommend a, b, c, d, e, or f but the patient chose to have the caries restored anyway?					
a.	Yes				
b.	No				
10. Reason that the patient stated for restorative decision (Mark all that apply):					
a.	Does not have time for home care				
b.	Does not believe that non-invasive treatment works	Ц			
C.	Prefers a quick-fix to the problem				
d.	Other:				