



This form is **only** to be used if the patient comes in **before** 24 months and needs a change in treatment



Dental PBRN Study 12: **Change of Treatment Form**: Questionable Occlusal Carious Lesions

Use this Data Collection Form if you are providing treatment on the occlusal surface of this tooth today.
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.

Original Treatment Date: / / 20
mm dd yy

Examination of: Tooth Number:

Visit Date: Enter today's date / / 20
mm dd yy

1. Is the practitioner who is filling out this form today the same one who enrolled the questionable lesions on the original treatment date?
a Yes
b No
2. Is this visit due to a problem with this specific tooth?
a Yes
b No
3. What was the original treatment plan of the tooth? (please check all that apply)
a Monitor
b Oral hygiene instruction
c Applying/prescribing fluoride
d Applying varnish
e Sealant placement
f Enameloplasty
g Preventive Resin Restoration
h Full Restoration

If you checked a, b, c, or d **continue to question 4**. If you checked **only** e, f, g, or h **skip to question 8**

4. Which **one** best describes the luster of the questionable area today?
a Chalky appearance
b Shiny appearance



5. Which **one** best describes the color of the questionable area today?

- a Opaque
- b White spot
- c Yellow/light brown discoloration
- d Dark brown/black discoloration
- e Other _____

If you did not use an explorer to evaluate this tooth today, please skip to question 8

6. When you used a dental explorer, did you experience roughness of the enamel surface upon light exploration?

- a Yes
- b No

7. When you used a dental explorer, did you experience retention of the explorer in a groove or fissure?

- a Yes-Slight stick
- b Yes-Resistance to removal
- c No

8. What is the treatment plan for the tooth **today**? (please check all that apply)

- a Monitoring
- b Oral hygiene instruction
- c Applying/prescribing fluoride
- d Applying varnish
- e Sealant placement (etch tooth with **no** preparation, with sealant material/composite resin placed over it)
- f Repair/replacement of sealant
- g Repair/replacement of restoration
- h Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material)
- i Preventive Resin Restoration (i.e. minimal tooth preparation, composite resin placed, with sealant material placed over it)
- j Full Restoration
- k Other _____

If you chose a, b, c, d,e or f **STOP HERE.** If you chose g, h, i, j or k **PLEASE CONTINUE**

9. If you chose to restore this tooth today, what did you find?

- a No caries
- b Inactive/ re-mineralized caries
- c Active caries (Outer 1/2 of Enamel)
- d Active caries (Inner 1/2 of Enamel)
- e Active caries (Outer 1/3 of Dentin)
- f Active caries (Middle 1/3 of Dentin)
- g Active caries (Inner 1/3 of Dentin)

10. If you chose to restore this tooth, what type of material did you use?

- a Amalgam
- b Composite
- c Glass ionomer
- d Other _____