Practice Impact Questionnaire

Your practitioner identifier is:

It is very important that ONLY YOU complete this questionnaire because your responses will be compared to responses that you provided at an earlier time! Please make sure that it is YOUR name that appears on the envelope!

Date that you completed this questionnaire:

Month  Date  Year (20xx)

[Blank fields]
1. When you examine patients to determine if they have a primary caries lesion, on what percent of these patients do you use air-drying to help diagnose the lesion?

- Never or 0% (skip to question 3)
- 1 – 24%
- 25 – 49%
- 50 – 74%
- 75 – 99%
- Every time or 100%

2. Do you assess caries risk for individual patients in any way?

- Yes
  - I record the assessment on a special form that is kept in the patient chart.
  - I do not use a special form to make the assessment.
- No
Caries Diagnosis and Treatment

For the following questions (3 and 4): We are interested in your opinion on the following case:

The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

Indicate how you would treat the tooth shown if the patient has no other teeth with dental restorations or dental caries and is not missing any teeth.

If treatment code “other” is used, please specify. You may check more than one treatment code per case.

3. How would you treat the tooth shown at the left?

☐ No treatment today, follow the patient regularly
☐ In-office fluoride
☐ Recommend non-prescription fluoride
☐ Prescription for fluoride
☐ Use sealant or unfilled resin over tooth
☐ Chlorhexidine treatment
☐ Minimal drilling and sealant
☐ Minimal drilling and preventive resin restoration
☐ Air abrasion and a sealant
☐ Air abrasion and preventive resin restoration
☐ Amalgam restoration
☐ Composite restoration
☐ Indirect restoration
☐ Other treatment [Please specify] ______________________

4. How would you treat the tooth shown at the left?

☐ No treatment today, follow the patient regularly
☐ In-office fluoride
☐ Recommend non-prescription fluoride
☐ Prescription for fluoride
☐ Use sealant or unfilled resin over tooth
☐ Chlorhexidine treatment
☐ Minimal drilling and sealant
☐ Minimal drilling and preventive resin restoration
☐ Air abrasion and a sealant
☐ Air abrasion and preventive resin restoration
☐ Amalgam restoration
☐ Composite restoration
☐ Indirect restoration
☐ Other treatment [Please specify] ______________________

5. When you examine patients to determine if they have a caries lesion, on what percent of these patients do you use some sort of magnification to help diagnose the lesion?

☐ Never or 0%
☐ 1 to 24%
☐ 25 to 49%
☐ 50 to 74%
☐ 75 to 99%
☐ Every time or 100%
Deep Caries Diagnosis and Treatment

6. In a patient with deep caries (occlusal) and a possible mild pulpitis on a posterior tooth where the caries radiographically appears to extend to the pulp, what percentage of the time do you:

   Stop before removing all caries and perform an indirect pulp cap: ______________________
   Remove all caries and proceed with a direct pulp cap: ______________________
   Remove all caries and proceed with endodontic related procedures: ______________________

(Percentages should add to 100%)

Deep Caries Patient Scenario

Patient Edwards is a 25 year-old male with a visible cavitation into the dentin in the central fossa of tooth #30 (right mandibular first molar according to the ADA coding system). Overall patient Edwards has just two enamel lesions on smooth surfaces, in addition to the lesion on #30, which the bitewing radiograph indicates is deep. The tooth responds to cold and the pain lasts < 3 seconds.

Bitewing radiograph of patient Edward’s tooth #30:

7. Upon opening the tooth and during excavation of the caries you realize that the lesion is deeper than anticipated and may involve the mesial buccal pulp horn. You would usually:

   □ Continue and remove all the decay
   □ Stop removing decay near the pulp horn and remove it elsewhere
   □ Temporize and treat or refer the tooth for endodontics
Third Molar Extraction

8. Which statement best describes your philosophy on third molar referrals?

☐ I recommend removal of most third molars for preventive reasons.
☐ I recommend removal of third molars if they are asymptomatic but have a poor eruption path (e.g., full/partial impaction), or do not appear to have sufficient space for eruption.
☐ I recommend removal of third molars only if a patient presents with symptoms or pathology associated with third molars.
# Restoration Diagnosis and Treatment

Please use the following guide for the treatment codes used in questions 9-11. For each question, circle the letters which correspond to the treatment codes you would recommend for scenarios described. If treatment code “j” (other) is used, please specify. You may circle more than one treatment code per question.

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### For Questions 9-11:

The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years. (Circle your answers above)

9. The patient has 5 existing restorations and is not missing any teeth. Indicate what treatment you would provide to the restoration shown by the arrow in the first picture on the left.

10. Now imagine the patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the second picture on the left.
11. The same patient has no other dental restorations than the one shown, no dental caries, and is not missing any teeth. Indicate what treatment you would provide to the restoration in the third picture on the left.

For question 12, please circle the one number that corresponds to the lesion depth at which you think it is best to do a permanent restoration (composite, amalgam, etc.) instead of only doing preventive therapy.

For question 12: The patient is a 30-year old female with no relevant medical history. She has no complaints and is in your office today for a routine visit. She has been attending your practice on a regular basis for the past 6 years.

12. The patient has no dental restorations, no dental caries, and is not missing any teeth.