



Cracked Tooth Registry

Discontinuation

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