

**SUSPICIOUS OCCLUSAL CARIES LESIONS STUDY**  
**Dentist Assessments**

**Intervention Phase**

Visit Date: |\_\_|\_\_|/|\_\_|\_\_|/| **2** | **0** |\_\_|\_\_|  
                  m    m    d    d    y    y    y    y

1. On which tooth is the suspicious area located?

Tooth #: |\_\_|\_\_|

2. Which **one** best describes the **luster** of the suspicious area? *(Check a single answer)*

- Chalky appearance
- Shiny appearance

3. Which **one** best describes the **color** of the suspicious area? *(Check a single answer)*

- Opaque
- White spot
- Yellow/light brown discoloration
- Dark brown/black discoloration
- Other (please specify): \_\_\_\_\_

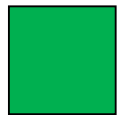
4. Which aids were used in making (not confirming) the diagnosis? *(Check all that apply)*

- Magnification
- Air drying
- Dental explorer
- Radiographs
- Transillumination
- Caries detecting dye
- Intraoral camera
- Other (please specify): \_\_\_\_\_

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

- NA-Did not use an explorer
- Yes
- No

6. Caries detection device reading \_\_\_\_\_



7. Do any other teeth in the mouth have any of the following characteristics? *(Check all that apply)*

- Visible lesions or radiographic penetration of the dentin
- White spots on smooth surfaces
- Restorations in the last 3 years that were done to treat active caries
- None of the above

8. Does the patient have any of the following risk factors? *(Check all that apply)*

- Visible heavy plaque on teeth
- High cariogenic diet
- Inadequate saliva flow by either observation or measurement
- Infrequent recall intervals
- None of the above

9. Has the patient been prescribed/recommended any of the following? *(Check all that apply)*

- 5000ppm fluoride toothpaste
- Home fluoride rinse
- Fluoride varnish or in-office fluoride topical in the last 6 months
- None of the above

10. How would you classify the patient's caries risk level? *(Check a single answer)*

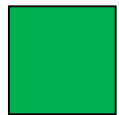
- Low
- Elevated

11. Before you provide any treatment, how deep do you estimate that the deepest part of the suspicious caries lesion is? *(Check a single answer)*

- Outer ½ of Enamel
- Inner ½ of Enamel
- Outer Dentin
- Middle Dentin
- Inner Dentin
- Uncertain

12. I chose to treat the tooth today by *(Check all that apply):*

- Monitoring
- Oral hygiene instruction
- Applying fluoride via in-office tray or varnish
- Prescribing fluoride
- Sealant placement (etch tooth with **no** preparation)
- Enameloplasty (removing superficial grooves/other defects with or without fluoride)
- Preventive resin restoration (i.e. minimal tooth preparation)
- Full restoration
- Other (please specify): \_\_\_\_\_



**IF YOU COMPLETED TREATMENT ON THE TOOTH TODAY, PLEASE COMPLETE THE QUESTION BELOW. IF YOU WILL BE COMPLETING TREATMENT ON THE TOOTH AT AN UPCOMING VISIT, NOTE THE VISIT DATE HERE: \_\_\_/\_\_\_/\_\_\_ [mm/dd/yyyy]. COMPLETE THIS FORM WHEN TREATMENT IS COMPLETED. ALSO, PLEASE REMEMBER TO FLAG YOUR PAPER CHARTS AND ELECTRONIC CHARTS AS A REMINDER TO COMPLETE THIS FORM ON THE RETURN TREATMENT VISIT AS SCHEDULED.**

13. When you treated the lesion, what did you find? *(Check a single answer)*

- Did not open the lesion
- Opened the lesion, but found No caries
- Opened the lesion and found Inactive or arrested caries (minimal risk of progression)
- Opened the lesion and found Active caries (Outer ½ of Enamel)
- Opened the lesion and found Active caries (Inner ½ of Enamel)
- Opened the lesion and found Active caries (Outer ⅓ of Dentin)
- Opened the lesion and found Active caries (Middle ⅓ of Dentin)
- Opened the lesion and found Active caries (Inner ⅓ of Dentin)
- Patient did not return for treatment

\_\_\_\_\_  
Practitioner Signature

Date: |\_\_| |\_\_| / |\_\_| |\_\_| / | 2 | 0 | 1 | \_\_|  
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