

Welcome

### Consent Form

We are inviting you to take part in a research study about parents' views on the effects of a new treatment that stops cavities from growing. This study will be conducted by Dr. Yasmi O Crystal, Department of Pediatric Dentistry, College of Dentistry, New York University.

If you agree to be in this study, we will ask you a few questions about your dental experience, tell you about this treatment and ask you what you think about it.

Participation in this study will take about 10 minutes of your time.

There are minimal risks associated with your participation. Although you will receive no direct benefits, this research may help the investigator understand parent's opinion about the effects of this new type of treatment. This is important for helping dentists develop treatments that meet the needs of children and their caregivers.

None of the questions will include any personal information that can identify you. Your responses will be anonymous, so there is no way to link your responses to your identity.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. You have the right to skip or not answer any questions you prefer not to answer.

If there is anything about the study or your participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact Dr. Yasmi O Crystal at (732) 543-4696, yoc1@nyu.edu.

For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, New York University, 665 Broadway, Suite 804, New York, New York, 10012, at ask.humansubjects@nyu.edu or (212) 998-4808.

You may request a written copy of this consent.

1. By marking the box below, you agree to participate in the study. No signatures or personal information will be kept.

I agree to participate

Your children's dental experience

2. Are you the mother, father, or caregiver in the family?

- mother
- father
- male caregiver
- female caregiver

3. How many children do you have?

You have indicated that at least one of your children has had cavities. If many of your children have had cavities, for the next question think of the one that left the strongest impression in your mind.

4. How was your child's response to getting the fillings? Mark all that apply.

- was fine to do the fillings
- was upset but the fillings got done
- cried
- kicked
- screamed
- was unable to get the fillings done
- did not get the cavities treated

5. Have any of your children required any of the following to complete the dental treatment? Mark all that apply.

- physical restraint (had to be held down)
- nitrous oxide (laughing gas)
- oral sedation (medicine to make them tired)
- general anesthesia (put to sleep in the hospital)

6. How important do you think it is to fix baby teeth?

not important

little important

important

very important

7. What kind of insurance do you have?

private insurance

government funded insurance (Medicaid)

no insurance

other (please specify)

Final version. Parental perceptions of SDF's dentinal color changes.

New treatment for cavities

Cavities are caused by germs that produce acid that breaks down the teeth. We have a new way to treat cavities. We can paint a liquid on the cavity that stops it from getting bigger. However, the liquid changes the color of the cavity making it darker. The darker color tells us that the treatment is effective.

We are going to show you some pictures of cavities before and after this new treatment. We would like to know if this treatment is OK with you.

BACK TEETH BEFORE TREATMENT

BACK TEETH AFTER TREATMENT

you can see more before and after pictures in the prints



8. If your child had cavities on the BACK TEETH (left photos), would the discoloration with the new treatment (right photos) be acceptable to you?

unacceptable

somewhat unacceptable

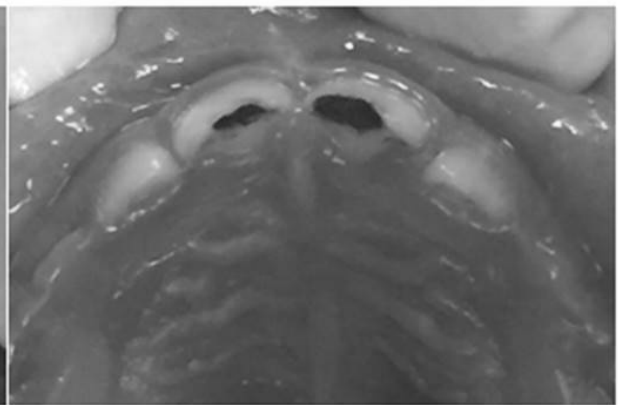
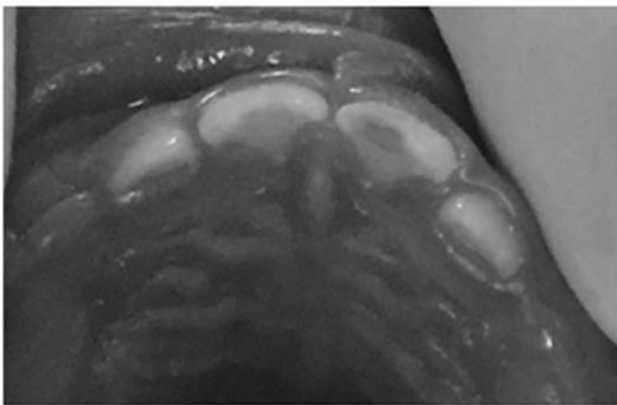
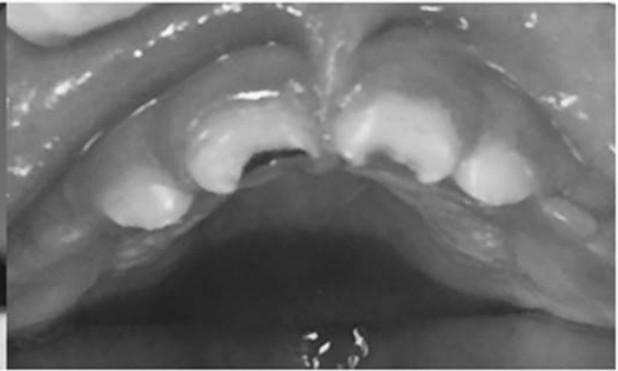
somewhat acceptable

acceptable

FRONT TEETH BEFORE TREATMENT

FRONT TEETH AFTER TREATMENT

you can see more before and after pictures in the prints



9. If your child had cavities in the FRONT TEETH (left photos), would the discoloration with the new treatment (right photos) be acceptable to you?

unacceptable

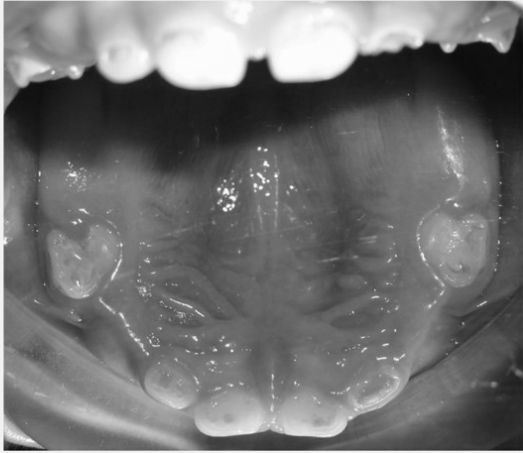
somewhat unacceptable

somewhat acceptable

acceptable

BEFORE TREATMENT

AFTER TREATMENT



After looking at cavities with no treatment (left picture) and cavities after the new treatment (right picture), please answer the following questions.

10. If your child was fine (cooperative) to do fillings, would you choose the new treatment instead of doing fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. If your child was upset but could cooperate enough to get fillings, would you choose the new treatment instead of doing fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If your child cried but could cooperate enough to have fillings, would you choose the new treatment instead of doing fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If your child kicked/screamed and could not have fillings done, would you choose the new treatment instead of trying to do fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. If your child required oral sedation (medicine to make him/her tired) to do fillings, would you choose the new treatment instead of doing fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If your child required general anesthesia (put to sleep in the hospital) to do fillings, would you choose the new treatment instead of doing fillings?

	extremely unlikely	somewhat unlikely	somewhat likely	very likely
on front teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on back teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Are there any other reasons why you would or would not want your child to get this treatment?

**Final version. Parental perceptions of SDF's dentinal color changes.**

**A few final questions...**

17. What is your age?

- 20 or younger
- 21-30
- 31-40
- 41-50
- 51 or older

18. What is your zip code?

19. In what type of community do you live?

- City or urban community
- Suburban community
- Rural community
- Other (please specify)



20. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Hispanic or Latino
- Japanese
- Korean
- Vietnamese
- other Asian
- Pacific Islander
- White / Caucasian
- Prefer not to answer
- Other (please specify)

21. What is the highest level of education you have completed?

- did not attend school
- finished elementary school
- finished middle school
- graduated from high school
- some college (no degree)
- graduated from college
- some graduate school
- completed graduate school

22. What is your approximate average household income?

- \$0-\$19,999
- \$20,000-\$39,999
- \$40,000-\$64,999
- \$65,000-\$103,999
- \$104,000-\$199,999
- \$200,000 or higher

23. Do you have any comments about this survey?