Appendix 1: Data collection proforma (PAGE 1)

R4 No	Site	Special Care patient?	Sex	Age	POA?	POA Date	GA Date	Justification of GA A) pre cooperative due to age B) Failed Treatment under IHS/LA C) Multi quadrant XLA D) No reason given E) Lack coop special care Justification of GA F) Lack cooperation	Radiographs	Why no Radiographs? A) Lack coop B) Attempted, not tolerated C) All deciduous molars clinically carious D) No Justification	Initial/POA plan A) Restoration prior to GA B) All carious teeth to be extracted c) Restoration under GA	Canines to be balanced? IF YES: A) planned balancing XGA C's B) Bal discussed, declined by parents C) C's not balanced, no justification	A) FPM for XGA Yes/No B) Timed/ Not timed XGA (optimum 9y) or if L7's furcation developing C) Bal/ Comp? D) risk of 7's tipping discussed	Ortho considerations for planned extractions of FPMS A) Assessment skeletal classification Y/N B) Assessment crowding Y/N C) Assessment Angles classification Y/N D) Referred for orthodontic advice Y/N

Appendix 1: Data collection proforma (PAGE 2)

E) Spacing checked for deciduous teeth? F) D's balanced if not spaced?	Exam vs. POA plan A) Additional decayed teeth added B) Additional mobile teeth added C) Teeth removed from plan D) No difference E) no record of why plan changed F) additional balancing compensating XLA added G) missed decayed tooth	POA plan v GA plan A) Additional decayed teeth added (deciduous) B) Additional mobile teeth added (deciduous) C) Teeth removed from plan (early decay/exfoliated) D) No difference E) poor prognosis FPM added F) Balancing XLA added (deciduous) G) Comp added perm H) No record	Caries Status after GA F) Caries Free C) Caries Present	Review status A) discharged as per plan B) reviewed C) Not documented D) for review, not booked	Reason for review A) no GDP B) previous XGA C) poor attendance D) poor compliance with OH E) LAC F) Special Care G) high no of teeth XGA H) anxious I) Social issues	Dedicated OH Apt?	Restorations prior to GA for teeth to be retained?