

Baseline Implant Characteristics

The following forms are for [fname] [lname].

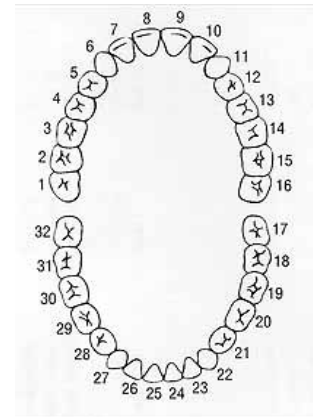
Tip for completing the questionnaire: (inserted here)

1. Is the patient completely edentulous?

Yes
No

If yes: skip 2

2. Which natural teeth are present? Check all that are present:

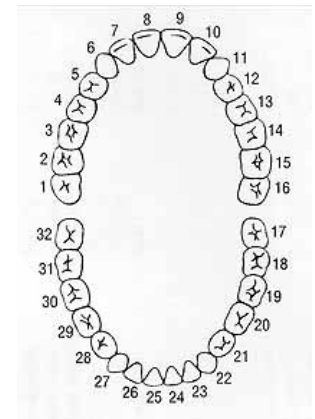


3. Are implants already present and restored prior to enrollment in the study?

Yes
No

If No: skip 4

4. Which implants are already present and restored prior to enrollment in the study? Check all that are present:



If same tooth is marked in #4 and #2, display below message:

The following tooth location # has been marked twice:

-as a natural tooth and a study implant **or**

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-as a present implant and a study implant.

Please revise one of the tooth maps above.

Tooth Location #: #

5. What is the overall oral health of the patient?

Excellent

Very good

Good

Fair

Poor

6. What is your recommended maintenance interval for this patient?

Every 3 months

Every 4 months

Every 6 months

Longer than 6 months

7. In the last 12 months, how often did the patient present for routine maintenance care?

None

Once

Twice

Three times

Four times

If the patient is edentulous, skip the periodontitis questions and go to No. 9.

8. What is the patient's current periodontal health status around natural teeth?

Healthy periodontium

Gingivitis

Generalized periodontitis

Localized periodontitis

If generalized or localized: What is the stage or severity of the patient's periodontitis?

Mild (Stage I)

Moderate (Stage II)

Severe, at risk for tooth loss (Stage III)

Severe, at risk for loose dentition (Stage IV)

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What is the grade or rate of progression of the patient's periodontitis?

Slow progression

Moderate progression

Rapid progression

9. Do any of the existing implants other than the implants being restored today have peri-implant disease?

Yes

No

If yes: Peri-implant mucositis. How many? _____

If yes: Peri-implantitis. How many? _____

10. Is the patient a bruxer?

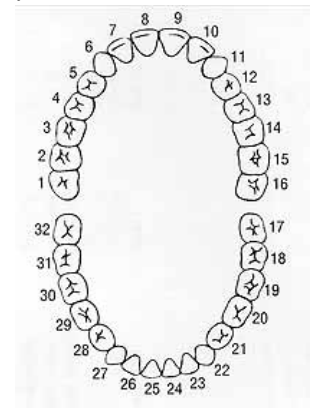
Yes

No

If yes: Does the patient wear an occlusal guard? Yes

No

11. What is/are the positions of the implant(s) enrolled in the study? Check all that apply:



If same tooth is marked in #11 and #4 or #2, display below message:

The following tooth location # has been marked twice:

-as a natural tooth and a study implant **or**

-as a present implant and a study implant.

Please revise one of the tooth maps above.

Tooth Location #: #

Generate the list of implants enrolled and duplicate the following questions for each implant.

Baseline Implant Characteristics

The following forms are for [fname] [lname].

All questions need to be answered for each implant enrolled in the study: Please answer the following questions for implant number X.

12. What was the main reason for the tooth loss at the site that received the implant?

- Periodontitis
- Unrestorable caries
- Endodontic failure
- Cracked tooth
- Trauma
- Congenitally missing
- Malpositioned tooth
- Other
- Unknown

If other: 12a. Other: _____

13. What was the date of surgical placement of the implant to be enrolled in the study?

___/___/_____
Month/day/year

14. Was bone grafting performed prior to the implant placement?

- Yes
- No

If yes: Check all that apply:

- Ridge augmentation
- Socket preservation
- Sinus graft

15. Was the implant placed the same day the tooth was extracted?

- Yes
- No

16. Was bone grafting performed during the implant placement surgery?

- Yes
- No

17. Was soft tissue grafting performed as part of the development of this implant site?

- Yes
- No

18. What is the brand name of the implant?

Choose an item.
Other:

19. What is the length of the implant (mm)?

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Choose an item.
Other:

20. What is the diameter of the implant (mm)?

Choose an item.
Other:

21. Were there complications in healing of the implant?

Yes

No

If yes: Was treatment for infection required? Yes

No

Mucosal Characteristics Per Implant

The following forms are for [fname] [lname].

All questions need to be answered for each implant enrolled in the study: Please answer the following questions for implant number X.

1. Is bleeding upon probing present around the implant? Yes
No

2. Is purulent exudate present around the implant? Yes
No

3. What is the deepest probing depth around the implant?(1-10mm) Choose an item.

4. What is the location of the deepest probing depth? (*Check all that apply*)
Mesio buccal/facial
Mid buccal/facial
Disto buccal/facial
Mesio lingual
Mid lingual
Disto lingual

5. Is mucosal recession present and exposing part of the abutment or the implant? Yes
No

If yes: What is the location of the recession? (Check all that apply): Facial/Buccal
Lingual/Palatal
Interproximal

If facial/buccal checked: What is the depth of the facial/buccal recession (mm)? Choose an item.

If lingual/palatal checked: What is the depth of the lingual/palatal recession (mm)? Choose an item.

If interproximal checked: What is the depth of the interproximal recession (mm)? Choose an item.

6. What is the width of keratinized mucosa present on the facial/buccal aspect of the implant (mm)? (+/- .5mm) Choose an item.

If tooth position is 17-32, ask question 7:

7. What is the width of keratinized mucosa present on the lingual aspect of the implant (mm)?(+/- .5mm) Choose an item.

8. Was a radiograph that depicts the whole implant length taken that you will be uploading as soon as possible? Yes

Mucosal Characteristics Per Implant

No

If No, Why not? _____

9. Does the patient report pain at the implant site?

Yes

No

If yes: Describe the pain: Sharp

Dull

Intermittent

Continuous

10. Was bone loss noted around the implant on the radiograph?

Yes

No

If yes: How much bone loss was noted? (mm): Choose an item.

Prosthetic Characteristics Per Implant

The following forms are for [fname] [lname].

All questions need to be answered for each implant enrolled in this study: Please answer the following questions for implant number X.

1. What is the prosthetic connection type of the implant?

Internal

External

2. Which type of temporary prosthesis was utilized prior to insertion of the definitive prosthesis?

Removable

Screw retained

Cement retained

None

Not Applicable

Show #3 only if #2 = removable, screw retained, or cement retained

3. When was the temporary prosthesis inserted?

Immediately, within a week of the implant placement

Delayed, after osteointegration of the implant

4. Is the manufacturer of the abutment the same as the manufacturer of the implant?

Yes

No

5. What type of FINAL prosthesis is inserted?

A fixed prosthesis

A removable prosthesis

If 5 is removable, display 5A – 5F:

5A. How would you describe the prosthesis?

Implant supported

Implant retained

5B. Which type of retention is used?

Bar

Stud attachments

5C. What is the retentive element?

Locator

External Retentive element (ERA)

Hader

Prosthetic Characteristics Per Implant

5D. What material is used for the prosthesis?

- Resin
- Metalloceramic
- All-ceramic
- Full zirconia
- Layered zirconia PFZ
- Resin metal
- Other:

5E. What is the occlusal scheme?

- Mutually protected occlusion (including canine guidance)
- Group function occlusion

5F. What is the opposing dentition occluding with the implant prosthesis? *Check all that apply:*

- Natural
- Removable partial denture
- Complete denture
- Restored with fixed prosthesis
- Implant supported fixed prosthesis
- Implant retained removable prosthesis

If 5F is Restored with fixed prosthesis: What material is present on the implant that is restored with fixed prosthesis?

- Resin
- Metalloceramic
- All-ceramic
- Full zirconia
- Layered zirconia PFZ
- Other:

If 5 is fixed, display : below questions

5a. How is the prosthesis retained?

- Screw retained
- Cement retained

If 5a is screw retained: What type of screw retained abutment was used?

- Multi-unit abutment
- Ti base straight or Ti Tube
- Ti Base angled or angled screw channel

Prosthetic Characteristics Per Implant

Other:

If 5a is cement retained: What type of abutment was used?

Stock/prefabricated abutment

Custom abutment

If 5a is cement retained: What type of material was the abutment?

Zirconia

Titanium

Other:

If 5a is cement retained: What type of cement was used?

Resin cement

Provisional cement

Resin ionomer

Zinc phosphate

Other:

5b. How many units is the fixed prosthesis?

Single

Multi units connected/splinted

If multi units connection/splinted: How many pontics are present? Choose an item.

5c. Does the prosthesis have a cantilever unit?

Yes

No

If yes: Where is the prosthesis cantilever? Mesial

Distal

Both

If both: How many units are cantilevered on the mesial and distal?

1 mesial 1 distal

1 mesial 2 distal

2 mesial 1 distal

2 mesial 2 distal

If yes: How many units is the cantilever? 1

2

Prosthetic Characteristics Per Implant

3

5d. What material is used for the prosthesis?

- Resin
- Metalloceramic
- All-ceramic
- Full zirconia
- Layered zirconia PFZ
- Resin metal
- Other:

5e. What is the occlusal scheme?

- Mutually protected occlusion (including canine guidance)
- Group function occlusion

5f. What is the opposing dentition occluding with the implant prosthesis? *Check all that apply*

- Natural
- Removable partial denture
- Complete denture
- Restored with fixed prosthesis
- Implant supported fixed prosthesis
- Implant retained removable prosthesis

5g. *If 5F is restored with fixed prosthesis:* What material is present on the implant that is restored with fixed prosthesis?

- Resin
- Metalloceramic
- All-ceramic
- Full zirconia
- Layered zirconia PFZ
- Other:

5h. Is the prosthesis completely seated?

- Yes
- No

5i. Are there open contacts around the implant?

- Yes
- No

If yes: Where is the open contact located? Mesial

Prosthetic Characteristics Per Implant

Distal

Both

Practitioner Annual Follow-up Year X

[fname] [lname] registered to participate in this study on [date_registered].

The year X annual follow-up window is [XXX] to [XXX].

1. What is the date of the visit?

If date is outside the window, this message pops-up:

Note: This visit date is outside the window.

Please try to make the next annual visit within the window period. Proceed with filling out the survey.

[TIPS FOR COMPLETING THE QUESTIONNAIRE INSERTED HERE]

2. Has the patient's periodontal disease status changed since the study visit?

- No
- Improved
- Worsened

3. Have you seen the patient for any dental emergencies since the last study visit?

- Yes
- No

If yes: Were any teeth lost in the last year? Yes
No

If yes: How many? _____

4. How often did the patient come in for maintenance care?

- Regularly
- Not at all

The following questions need to be answered for each enrolled implant. Please answer the following questions for the implant number X.

5. Was the study implant removed since the last study visit?

- Yes
- No

If yes: When was it removed? ___ / ___ / _____
Month/day/year

Practitioner Annual Follow-up Year X

What was the reason for removal? *Check all that apply:* Mobility
Implant fracture
Advanced bone loss
Pain

Answer the following questions in relation to the situation just prior to removal of the implant.
Upload a radiograph of the implant prior to removal.

6. Does the patient report pain at the implant site?

Yes

No

If yes: Describe the pain:

Sharp

Dull

Intermittent

Continuous

7. Is bleeding upon probing present around the implant?

Yes

No

8. Is purulent exudate present around the implant?

Yes

No

9. What is the deepest probing depth around the implant? 1-10mm

Choose an item.

10. What is the location of the deepest probing depth? *Check all that apply:*

Mesio buccal/facial

Mid buccal/facial

Disto buccal/facial

Mesio lingual

Mid lingual

Disto lingual

11. Is mucosal recession present and exposing part of the abutment or the implant?

Yes

No

If yes: What is the location of the recession? *Check all that apply:* Facial/Buccal

Lingual/Palatal

Interproximal

Practitioner Annual Follow-up Year X

If facial/buccal checked: What is the depth of the facial/buccal recession? Choose an item.
If lingual/palatal checked: What is the depth of the lingual/palatal recession? Choose an item.
If interproximal checked: What is the depth of the interproximal recession? Choose an item.

12. How many millimeters of keratinized mucosa are present on the facial/buccal aspect of the implant (mm)?
(+/- .5mm) Choose an item.

Show #13 only for tooth locations 17-32:

13. How many millimeters of keratinized mucosa are present on the lingual aspect of the implant (mm)? (+/-
.5mm) Choose an item.

14. Was a radiograph that depicts the whole implant length taken that you will be uploading as soon as possible?
- Yes
No

If no: Why not? _____

15. Was treatment provided for the peri-implant disease?
- Yes
No

If yes: What treatment was provided? Check all that apply:

- Oral hygiene instructions
- Scaling of the implant with hand instruments
- Scaling of the implant with ultrasonic instruments
- Surgical therapy of the implant
- Regenerative therapy
- Other:

16. Since the last study visit, did the patient have any prosthetic complications?
- Yes
No

What complications occurred? Check all that apply:

Screw fracture Yes No

If yes to screw fracture: Was the screw removed and replaced? Yes No

Practitioner Annual Follow-up Year X

If yes to above: How many times in the past 12 months was the screw removed and replaced? ____

Screw loosening Yes No

If yes to screw loosening: Was the screw re-tightened? Yes No

If yes to screw loosening: Was the screw replaced? Yes No

If yes to was the screen re-tightened or was the screw replaced: How many times in the past 12 months was the screw replaced or re-tightened? ____

Loss of screw Yes No

If yes to loss of screw: Was the screw replaced? Yes No

If yes to was the screw replaced: How many times in the past 12 months was the screw removed and replaced? ____

Structural fracture Yes No

If yes to structural fracture: Was the fracture repaired? Yes No

If yes to structural fracture: Was the prosthesis replaced? Yes No

If yes to repaired: How many times in the past 12 months was the fracture repaired? ____

If yes to replaced: How many times in the past 12 months was the prosthesis replaced? ____

Resin fracture Yes No

If yes: Was the fracture repaired? Yes No

If yes to was the fracture repaired: How many times in the past 12 months was the fracture repaired? ____

Porcelain fracture Yes No

If yes: Was the fracture repaired? Yes No

If yes to repaired: How many times in the past 12 months was the fracture repaired? ____

If yes: Was the fracture prosthesis replaced? Yes No

If yes to replaced: How many times in the past 12 months was the fracture replaced? ____

Loss of retention Yes No

If yes: Was the retentive element replaced? Yes No

If yes: How many times in the past 12 months was the retentive element replaced? ____

Loss of filling covering screw Yes No

If yes: Was the filing replaced? Yes No

If yes: How many times in the past 12 months was the filling replaced? ____

Abutment/implant misfit Yes No

Practitioner Annual Follow-up Year X

Abutment/prosthesis misfit Yes No

If yes: Was the misfit corrected? Yes No

Cement remnants present Yes No

If yes: Was the misfit corrected? Yes No

Wear of the occlusal surfaces Yes No

If yes: Were the remnants removed? Yes No

Other:

The follow up questions are only presented if the box is checked.