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
Baseline Implant Characteristics

-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)
Baseline Implant Characteristics

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.
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)?
   - CRF V3.0 2022-06-10
   - Page 4 of 5
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 ☐
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 ☐
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 ☐
5D. What material is used for the prosthesis?

- Resin ☐
- Metallo-ceramic ☐
- Full-zirconia ☐
- Layered-zirconia-PFZ ☐
- All-ceramic ☐
- 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 ☐
- Metallo-ceramic ☐
- Full-zirconia ☐
- Layered-zirconia-PFZ ☐
- All-ceramic ☐
- Resin-metal ☐
- 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

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 ☐
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