Appendix 1: Periodontal Study Questionnaire

Clinical Presentation for Cases A, B, C, and D

A new patient enters your practice. She is 45 years old and would like a complete dental assessment. She has recently moved to town and has had routine dental care her entire life. Her medical history is unremarkable. Past dental care includes caries management (single tooth restorations), orthodontic care to correct minor crowding of the mandibular anterior, and a professional prophylaxis (i.e., scaling and polish) every 6 months.

A complete series of periapical radiographs show a full complement of adult teeth excluding 3rd molars and do not show evidence of periodontal attachment loss as evidenced by the loss of interproximal bone. Upon examination, you note adequate oral hygiene and minimal gingival inflammation.

Clinical Scenario for Case A

A periodontal probing (non-recorded) is performed for this patient that finds generalized clinical probing depths of 3 to 4 mm, but no attachment loss (i.e., a probe does not pass apical to the cemento-enamel junction [CEJ]) and no sites have bleeding upon probing.

Clinical Scenario for Case B

A periodontal probing (non-recorded) is performed for this patient that finds generalized clinical probing depths of 3 to 5 mm, but no attachment loss (i.e., a probe does not pass apical to the CEJ) but with one site that exhibits bleeding upon probing.

Clinical Scenario for Case C

A periodontal probing (non-recorded) is performed for this patient that finds generalized clinical probing depths of 3 to 5 mm, several areas of recession (i.e., the gingival margin is apical to the CEJ) and several sites with bleeding upon probing.

Clinical Scenario for Case D

A periodontal probing (non-recorded) is performed for this patient that finds generalized clinical probing depths of 3 to 5 mm, with attachment loss (i.e., a probe passes apical to the CEJ) and several sites with bleeding upon probing.

Clinical Presentation for Cases E, H, I, and J

A new patient enters your practice. She is 45 years old and would like a complete dental assessment. She has recently moved to town and has had routine dental care her entire life. Her medical history is unremarkable. Past dental care includes caries management (single tooth restorations), orthodontic care to correct minor crowding of the mandibular anterior, and a professional prophylaxis every 6 months. She has two fixed prostheses, each replacing mandibular first molars. When asked she replied that the first molar became loose and had to be removed.

Clinical Scenario for Case E

A full mouth radiographic series reveals generalized horizontal bone loss up to 20%. Your periodontal examination reveals probing depths of 3 to 5 mm and attachment loss (i.e., a probe passes apical to the CEJ) to 4 mm. You also observe generalized plaque, calculus, and bleeding upon probing but no tooth mobility or appreciable furcation involvement.

Clinical Scenario for Case H

A full mouth radiographic series reveals generalized horizontal bone loss of approximately 40% and several vertical infrabony defects. Your periodontal examination reveals probing depths of 4 to 8 mm and attachment loss (i.e., a probe passes apical to the CEJ) to 6 mm. You also observe generalized plaque, calculus, and bleeding upon probing. Tooth mobility to class I is observed (i.e., tooth visibly moves up to 1 mm) and several molars have class I furcation involvement (i.e., a probe can detect the entrance to the furcation). Suppuration is detected in several furcations upon examination.

Clinical Scenario for Case I

A full mouth radiographic series reveals generalized horizontal bone loss of approximately 50% and several vertical infrabony defects. Your periodontal examination reveals probing depths of 4 to 8 mm and attachment loss (i.e., a probe passes apical to the CEJ) to 6 mm. You also observe generalized plaque, calculus, and bleeding upon probing. Tooth mobility to class II is observed (i.e., tooth visibly moves more than 1 mm but is not depressible) and several molars have class II furcation involvement (i.e., a probe can horizontally enter the furcation but does not pass through). Suppuration is detected in several furcations upon examination.

Clinical Scenario for Case J

A full mouth radiographic series reveals generalized horizontal bone loss of approximately 50% and several vertical infrabony defects. Your periodontal examination reveals probing depths of 4 to 8 mm and attachment loss (i.e., a probe passes apical to the CEJ) to 6 mm. You also observe generalized plaque, calculus, and bleeding upon probing. Tooth mobility to class II is observed (i.e., tooth visibly moves more than 1 mm but is not depressible), two molars have class III mobility (i.e., teeth are depressible) and several molars have class II furcation involvements (i.e., a probe can horizontally enter the furcation but does not pass through), and two molars have class III furcation involvement (i.e., a probe passes horizontally through furcation). Suppuration is detected in several furcations upon examination.

Clinical Presentation for Cases F and G

A long time patient in your practice had been successfully treated for periodontitis 4 years previously by your referring periodontist. Two years ago, she had left the practice due to relocation and has recently returned. She states that she was not happy with her new dentist and did not receive any periodontal maintenance and recall visits during the period away from your office. Her medical history is unremarkable.

Clinical Scenario for Case F

A full mouth radiographic series reveals approximately 25% horizontal bone loss, comparable to bone levels at the completion of active periodontal therapy 4 years previously. Moderate plaque and supragingival calculus are noted. A full-mouth periodontal charting reveals a single site (mesial-lingual aspect of the maxillary right first molar) that probes 6 mm and has lost 3 mm of attachment.

Clinical Scenario for Case G

A full mouth radiographic series reveals approximately 25% horizontal bone loss, comparable to bone levels at the completion of active periodontal therapy 4 years previously. Moderate plaque and supragingival calculus are noted. A full-mouth periodontal charting reveals four sites within the same quadrant that probe 6 mm and have lost 3 mm of attachment.