

participant Screening FORM

General Information

case number:

Date :

Participant:

Name _____

Age ____

Address _____

Contact phone numbers _____

Gender :

Male Female

For Females :

pregnant lactating

Habits :

smoker Qat chewer other habits

Type of ligature material :

stainless steel SS Elastomeric ligature EM

Medical history

Do you now or have you ever had:

- | | | |
|----------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> halitosis | <input type="checkbox"/> Crohn's disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Pulmonary embolism | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Asthma | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Goiter | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Stroke | <input type="checkbox"/> Stomach or peptic ulcer |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Drug History |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Kidney stones | |

Other medical conditions (please list):

T0

Bleeding score %	X															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Date	_____															

T1

Bleeding score %	X															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Date	_____															

T2

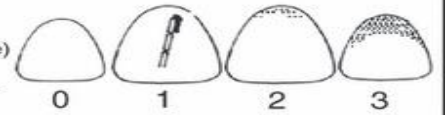
Bleeding score %	X															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Date	_____															

T3

Bleeding score %	X															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Date	_____															

Criteria for Plaque Index (Silness & Loe, 1964)

- 3 = **thick** plaque is visible along gingival margin (no need to probe)
- 2 = plaque is **visible** along gingival margin, with or without air drying (no need to probe)
- 1 = following air drying, plaque is **not visible** but **can be wiped off** with an explorer
- 0 = following air drying, plaque is **not visible** nor **cannot** be wiped off with an explorer



- Notes:**
- 1 If an index tooth is missing, score the nearest tooth in that sextant. If there are no teeth in the sextant, enter X.
 - 2 If plaque thickness varies along the gingival margin, score according to the worst situation.
 - 3 The overall score is the sum of the 12 surface scores (maximum of 36).

T0

Date _____

	16	11	26
<i>Buccal</i>			
	46	41	36

	16	11	26
<i>Lingual</i>			
	46	41	36

Score _____

T1

Date _____

	16	11	26
<i>Buccal</i>			
	46	41	36

	16	11	26
<i>Lingual</i>			
	46	41	36

Score _____

T2

Date _____

	16	11	26
<i>Buccal</i>			
	46	41	36

	16	11	26
<i>Lingual</i>			
	46	41	36

Score _____

T3

Date _____

	16	11	26
<i>Buccal</i>			
	46	41	36

	16	11	26
<i>Lingual</i>			
	46	41	36

Score _____

Hygiene Index (HI)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		

- No plaque at gingival margin
- Plaque at gingival margin

Calculation:

$$\frac{\text{Plaque-free locations}}{\text{Total examined locations}} \times 100$$

Hygiene Index (HI)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		

- No plaque at gingival margin
- Plaque at gingival margin

Calculation:

$$\frac{\text{Plaque-free locations}}{\text{Total examined locations}} \times 100$$

Hygiene Index (HI)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		

- No plaque at gingival margin
- Plaque at gingival margin

Calculation:

$$\frac{\text{Plaque-free locations}}{\text{Total examined locations}} \times 100$$

Name of Patient: _____

Date: _____

Collection Period (Minutes)	Saliva	Tube No.	Postweight (Grams)	Prewriteight (Grams)	Flow Rate/Minute
5	UWS	1			
5	SWS-Gum	2			
5	SWS-Candy	3			

Salivary Flow Rate* = $\frac{\text{postweight measure} - \text{preweight measure}}{\text{Collection period}}$ = _____ g/minute

* Salivary gland hypofunction is considered as whole unstimulated saliva < 0.1 g/minute (that is, mL/minute), whole chewing stimulated saliva ≤ 0.7 g/minute or both.

Assessment of variables

Variable	T 0	T 1	T 2	T 3	Notes
Date					
Plaque index					
pH of saliva					
Bleeding index					
Hygiene index					
Gingival index					
Saliva Flow rate					
Compliance					
Saliva Viscosity					

Investigator :

Dr . Hind Abdulkareem Nasher

Papillary Marginal Index (Pm)

- Developed by MUHLEMANN H.R and MAZOR Z.S in 1958.

score	criteria
0	normal
1	Bleeding from gingival sulcus on gentle probing, tissue otherwise become normal.
2	Bleeding on probing, change in color due to inflammation, no edema
3	BOP, color change, edematous swelling
4	Ulceration with additional symptoms



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