

QUESTIONNAIRE PERIODONTAL EHLERS-DANLOS SYNDROME

NAME:

GENDER:

DATE OF BIRTH:

DATE:

1. Oral features:

- Do you have periodontitis? YES NO Don't know
- Do /did your gums easily bleed when you brush/ed your teeth? YES NO Don't know
- Did you ever get periodontal treatment? YES NO Don't know
- Do/did you have dental implants? YES NO Don't know
- Do you smoke or have you smoked in the past? YES NO

If you have periodontitis, please answer the following questions:

- How many teeth have you lost because of periodontitis (= mobility of the teeth or possibly pain; NOT because of caries)? number of teeth _____
- At which age have you lost the first tooth because of periodontitis? at age _____
- At which age periodontitis was diagnosed by a dental professional? at age _____

If you have / had dental implants, please answer the following questions:

- At which age did you first receive a dental implant? years: _____
- Did you lose a dental implant because of peri-implantitis? YES NO Don't know
- Did you receive peri-implantitis treatment? YES NO Don't know

If you smoke or have smoked in the past, please answer the following questions:

- For how many years have you been smoking / did you smoke? years: _____
- What do / did you mostly smoke?
- Cigarettes Cigars Cigarillos Pipe Other _____
- You many cigarettes etc. do you smoke per day? Number per day: _____

Is there anything else that may be relevant with regard to oral features?

2. Joint features:

Do you have hypermobile joints? YES NO Don't know
If yes, which joints?

Do you have joint pain? YES NO Don't know
If yes, which joints?

Did you ever have a joint dislocation? YES NO Don't know
If yes, which joint(s) and how often?

Do you have osteoarthritis? YES NO Don't know

Do you have scoliosis? YES NO Don't know

If yes, at what age was this first noticed? Age _____

Do you have flat feet or splay feet? YES NO Don't know

Is there anything else that may be relevant with regard to joint features?

3. Skin features:

Which of the following features do you have?

Easy bruising YES NO Don't know

Skin fragility YES NO Don't know

Skin fragility on the hands or feet YES NO Don't know

Is there anything else that may be relevant with regard to skin features?

4. Other features:

Are you prone to infections? YES NO Don't know

If yes, which type of infections?

Do you have a chronically hoarse voice? YES NO Don't know

If yes, do you know why?

If you are a mother: did you have a premature child? YES NO Don't know

YES NO Don't know

Do / did you have hernia?

If yes, which type(s)? Inguinal umbilical Other:

Do / did you have an aneurisms? YES NO Don't know

If yes, which vessel(s)?

Do you have mitral valve prolapse? YES NO Don't know

Any other cardiovascular problems? Details:

Did you ever have a rupture of an organ? YES NO Don't know

If yes, which organ(s): lung intestine uterus aorta other vessel other

Please provide details:

Have you ever consulted a neurologist?

If yes, why / which neurologic problem?

Do/did you have any of the following conditions?

Bowel: Inflammatory bowel disease Crohn's disease Ulcerative colitis

Kidney: Glomerulonephritis Nephropathy

Liver, endocrine: Chronic hepatitis Diabetes mellitus

Blood: Multiple myeloma Hemolytic uremic syndrome

Immunology/Infections: Recurrent pyogenic infections Hypogammaglobulinemia

Skin: Dermal vasculitis Neurodermitis Scleroderma Henoch-Schönlein purpura

Angioedema Hypocomplementemic urticarial vasculitis syndrome

Lupus erythemathodes Sjögren`s syndrome Collagen-vascular disease

Is there any other medical problem?
