

Supplementary material has been published as submitted. It has not been copyedited or typeset by Acta Odontologica Scandinavica.

Questionnaire

Patients' expectations of orthodontic treatment process and results

Child's name:

Social security number :

Instructions: A parent/guardian fills in the questionnaire together with the child. Please read every question and answer by placing a cross (X) on the line at the most suitable place or by crossing the most suitable answer. **All the questions are concerning the child coming to the orthodontic screening appointment.** All the information is confidential and the answers don't have an effect on patient selection for orthodontic treatment. It takes about 5-10 minutes to answer the questionnaire.

NOTE. If you answer NO to the question number 1, so you feel that there is NO NEED for orthodontic treatment, you should not answer to other questions. Otherwise you should answer to all questions so that the information can be used for research purposes.

1) Do you feel that you (/ your child) have a need for orthodontic treatment?

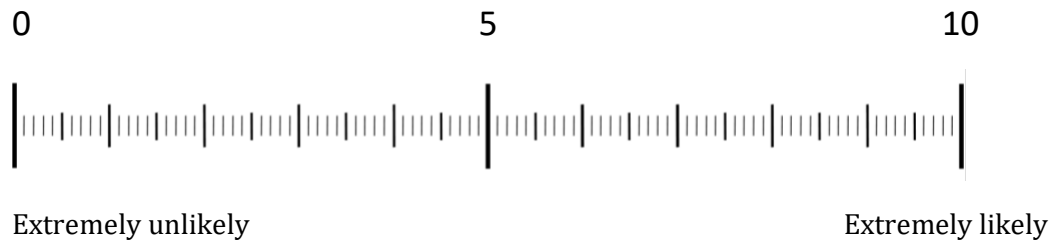
YES / NO / MAYBE

2) Has the child's parents/guardians or siblings had orthodontic treatment before?

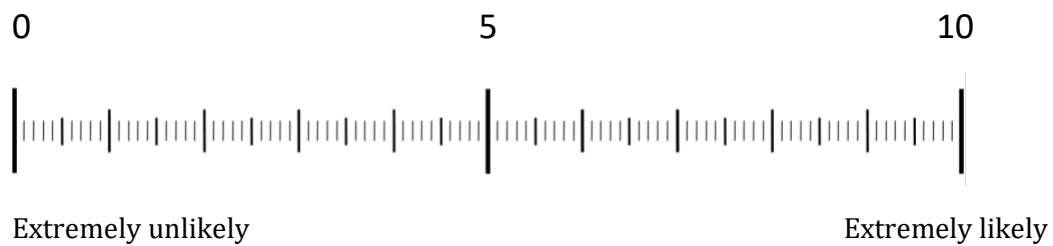
YES / NO / MAYBE

3) What type of orthodontic treatment do you (/your child) expect?

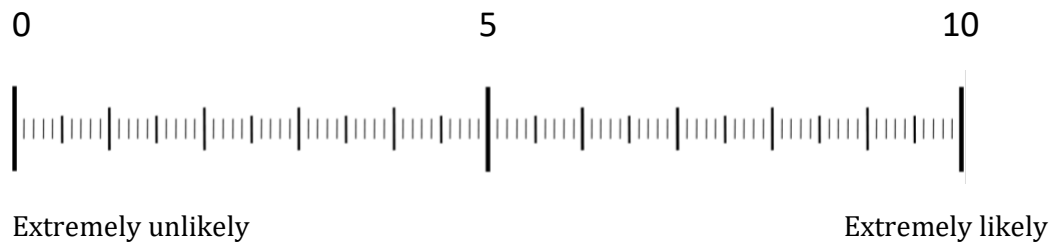
a) Braces, don't know what type?



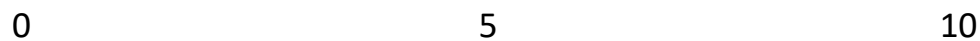
b) Train track braces?



c) Teeth removal?

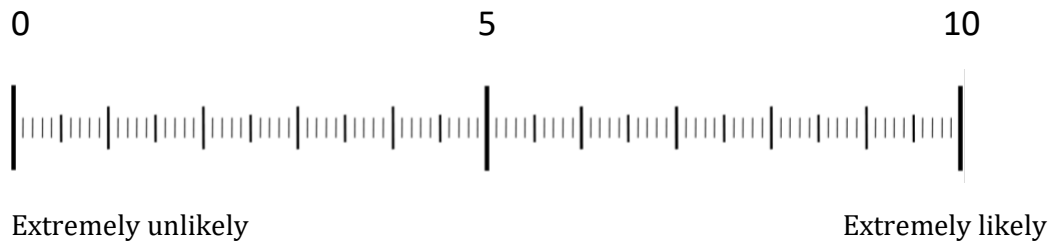


d) Head brace or some other removable appliance placed into the mouth by yourself?

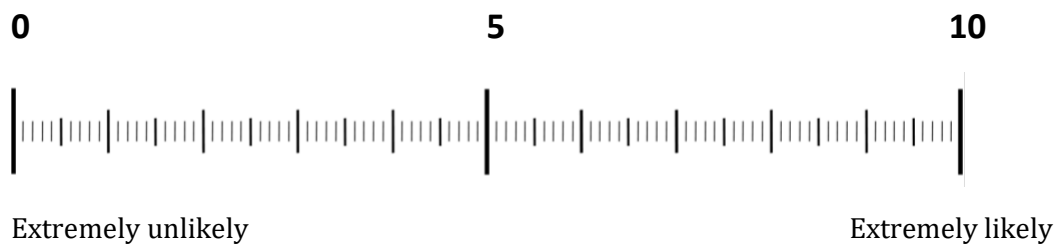




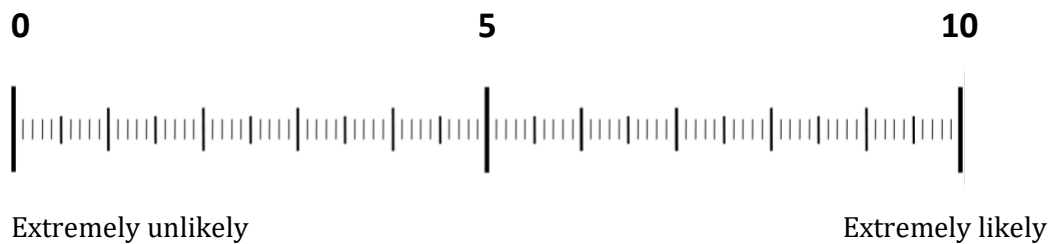
e) Jaw surgery?



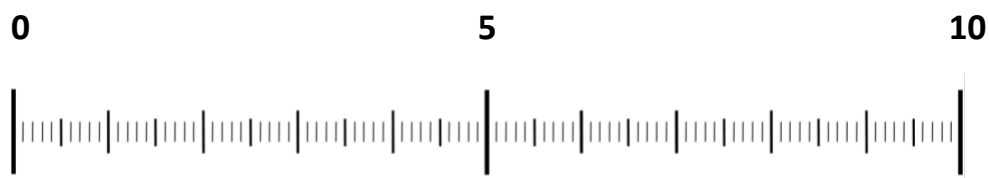
4) Do you think orthodontic treatment will give you any problems?



5) Do you think orthodontic treatment will be painful?



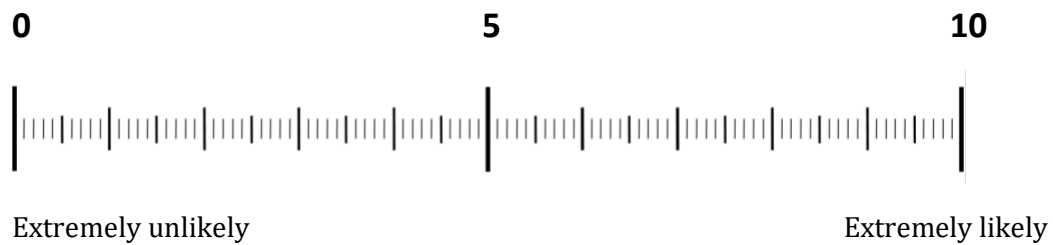
6) Do you think orthodontic treatment will produce problems with eating?



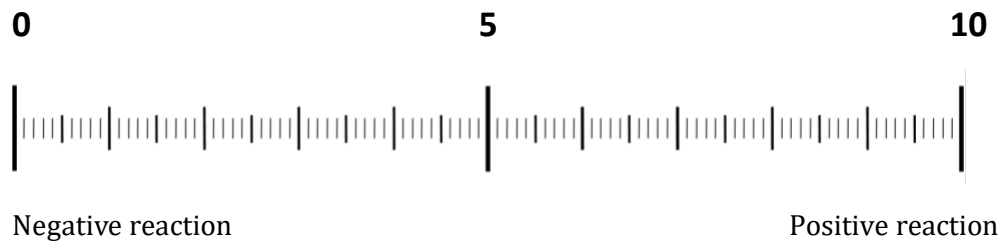
Extremely unlikely

Extremely likely

7) Do you expect orthodontic treatment to restrict what you (/ your child) can eat or drink?



8) How do you think people will react to you (/your child) wearing a brace?



9) How long do you expect orthodontic treatment to take?

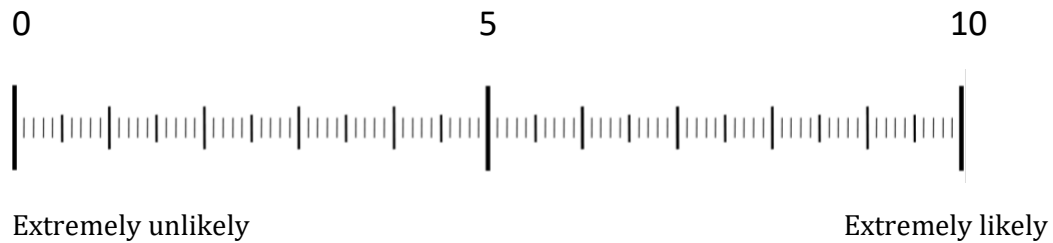
4 years	
3,5 years	
3 years	
2,5 years	
2 years	
1,5 years	
1 year	
6 months	
3 months	
1 month	
Don't know	

10) How often do you think you will need to attend for check-up?

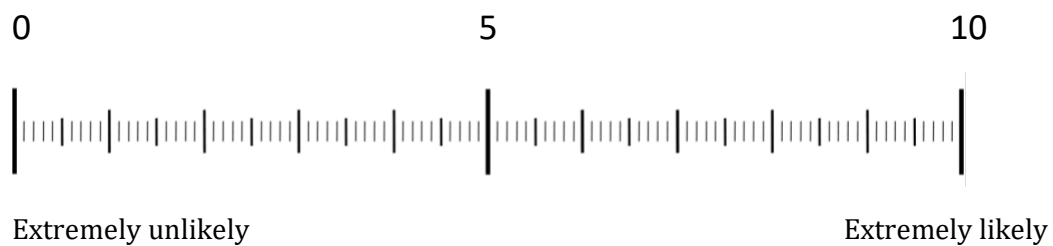
Every 8 months	
Every 6 months	
Every 3 months	
Every 2 months	
Every 6 weeks	
Every 4 weeks	
Every 2 weeks	
Once a week	
Twice a week	
Don't know	

11) Do you expect orthodontic treatment to:

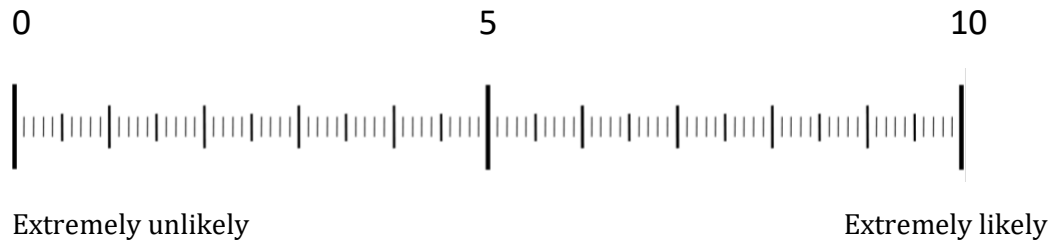
a) Straighten your teeth?



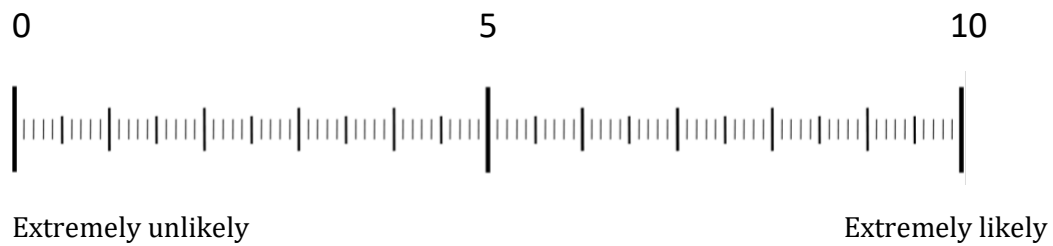
b) Produce a better smile?



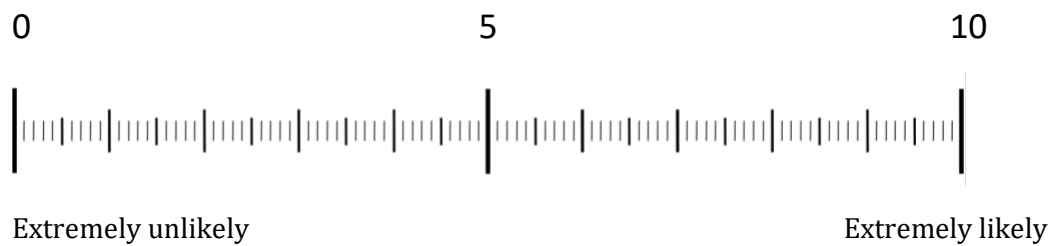
c) Make it easier to eat?



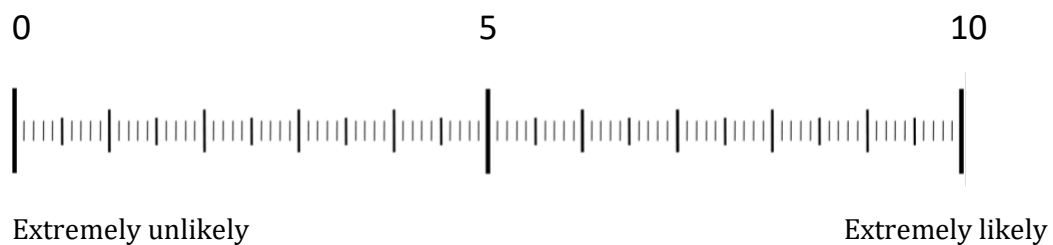
d) Make it easier to speak?



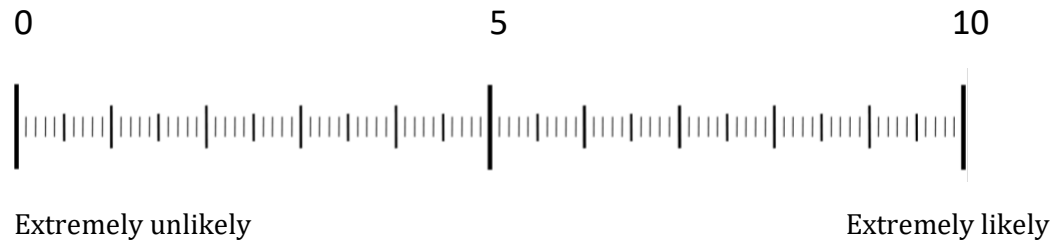
e) Make it easier to keep my teeth clean?



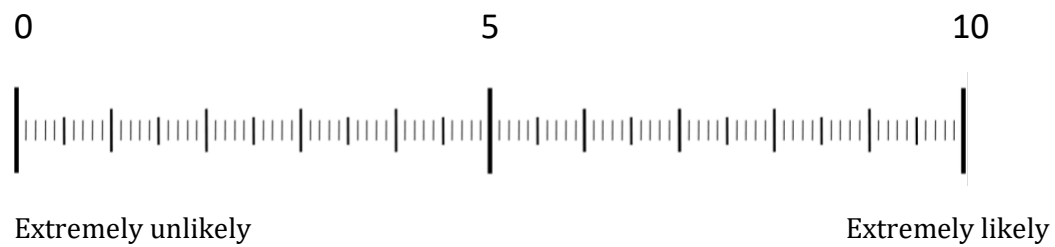
f) Improve my chances of a good career?



g) Give you confidence socially?



h) Problems will be avoided in the future?



Thank you for answering!