**Supplemental material**

Table : Components of the Orthodontic Treatment Patient Satisfaction Questionnaire (note – patient-friendly terms were used in the questionnaire but technical terms have been used to describe the questionnaire for clarity).

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| Section 1: Pre-treatment experience |
| Q1 | **Problems:** Spacing, alignment, overjet, overbite, supernumerary teeth, hypodontia, ectopic teeth | 3-point scale (none, a bit, a lot) |
| Q2 | **Symptoms:** pain, sleeping, eating, cleaning, speaking, health, embarrassment smiling, embarrassment eating, teasing/bullying, sad / unhappy with teeth | 3-point scale (none, a bit, a lot) |
| Q3 | **Expectations from treatment:** reduction in pain, embarrassment smiling, embarrassment eating, teasing/bullying, improvement in sleeping, eating, cleaning, speaking, health, psychological | 3-point scale (none, a bit, a lot) |
| Q4 | **Provision of information:** length of time, type of treatment, self-care required, type of retainer, length of retention | Dichotomous(Yes / No) |
| Q5 | Type of information: verbal, written | Dichotomous(Yes / No) |
| Section 2: Experience of treatment |
| Q6 | **Comfort of specific treatments:** extractions, impressions, fitting/wearing removable/fixed appliance, adjustments, headgear, debond, retainer fitting | 5-point scale (Not – Very comfortable) |
| Q7 | **Problems:** repeat impressions, fixed/removable appliance breakage, retainer breakage, sore mouth, gingival issues | Dichotomous(Yes / No) |
| Q8 | **Experience of treatment:** pain, impact on eating, sleeping or speaking, time off work, health problems, embarrassment smiling or eating, teasing/bullying, psychological | 5-point scale (Very much – Not at all) |
| Section 3: Outcome from treatment |  |
| Q9 | **Change in pre-treatment problem:** Spacing, alignment, overjet, overbite, position of teeth, ectopic teeth | 3-point scale (worse – no different – better) |
| Q10 | **Change in symptoms:** Pain, sleeping, eating, cleaning, speaking, health, embarrassment smiling, embarrassment eating, teasing/bullying, psychological | 3-point scale (worse / no different – better) |
| Q11 | **Satisfaction:** own, family, friends, would have orthodontic treatment again, would recommend orthodontic treatment | 3-point scale(Not at all – Very much) |
| Q12 | Patient views of* Dental problems
* Orthodontic treatment
* Experience of orthodontic services
* Comments to others
 | Free text |

**Table 2: Comments provided by respondents in the free text boxes at the end of the questionnaire**

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| **Experience of dental problems** |
| *“Very sensitive teeth, overlapped and crooked”**“Adult teeth didn’t come through”**“I had treatment because of how my teeth looked, crooked and large overbite”**“Crowding, receding jaw made me self-conscious”**“My teeth were healthy but not straight, problems with confidence mainly”**“Bad at first and smiling was embarrassing, resolved after this treatment”* |
| **Orthodontic treatment** |
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| *“Worth time and discomfort”* |
| *“The best thing to do, great value for money”* |
| *“It works but is painful, I am happy with my teeth now but it was a lot of pain and I didn’t know exactly what was being done to my teeth which was a bit scary”* |
| *“Fantastic, I've had a good outcome and my teeth are perfect”* |
| *“Excellent”* |
| *“Worked really well, had fixed brace and was worried it wouldn’t work but it did, ortho experience”*  |
| *“Very easy to deal with”*  |
| *“Very effective and dentists were reassuring and friendly”*  |
| *“Very good”*  |
| *“Fantastic”* |
| *“Worth all the visits to have straight teeth”*  |
| *“Amazing”*  |
| *“Fantastic however long process but worth it”*  |
| *“Good”*  |
| *“Very worthwhile”*  |
| *“I am happy with how they explained everything to me and it was quite friendly”* |
| *“Very positive and helpful”*  |
| *“Okay, a bit confusing”*  |
| *“Well managed, regular check ups really helped”* |
| *“Very good”*  |
| *“I am happy I had this treatment”*  |
| *“Professional and extremely skilled”*  |
| *“Excellent, changed my life forever”*  |
| *“Really good at helping your teeth be straighter”*  |
| *“Very good, knew exactly what they were doing”*  |

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| **Experience of orthodontic services** |
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| *“Friendly, helpful and reassuring”* |
| *“Well organised, easy to get appointments and excellent”* |
| *“I couldn’t have had a better experience”*  |
| *“Very good and pleased with end result”*  |
| *“Very lovely staff”* |
| *“I was left with a gap on my birthday and a pointed front tooth for prom”**“It was difficult to say if I felt uncomfortable or in pain sometimes, but the staff did want to help”*  |
| *“Everyone very sociable and polite”*  |
| *“Really good”* |
| *“Staff were really helpful and gave great instructions”*  |
| *“Worked really well, had fixed brace and was worried it wouldn’t work but it did. Great services , everyone listened and told me it was important”*  |
| *“Very effective and dentists were reassuring and friendly. Fast and effective”*  |
| *“Overall good”**“Extraordinary”*  |
| *“Worth all the visits to have straight teeth. Very good experience”*  |
| *“[Orthodontist] was incredible and she is partly the reason I felt confident enough to say no to jaw surgery (which was purely for cosmetic reasons)”* |
| *“Slow, not very comfortable could be more friendly when asking if it hurts”*  |
| *“I quickly realised it wasn’t the treatment being done that hurt, it was how the treatment was being individually done that hurt.”* |
| *“The staff are very helpful and kind”* |
| *“Fantastic experience, service was wonderful”* |
| *“I’ve learned a lot from these treatments”* |
| *“Always positive, amazing results”*  |
| *“Getting new retainers hurt, but it’s worth it”*  |
| *“Sharp wires after tightening”* |
| *“Loved the experience, great explanations from [Orthodontist]”* |
| *“I had an open bite which I didn’t think could be sorted without jaw surgery, did not need surgery thankfully. Staff were amazing, really caring and professional”*  |
| *“The service has been brilliant”* |
| *“Very friendly”*  |
| *“Major part of my experience was not feeling good about how I looked. Brilliant, very supportive throughout”*  |
| *“Importance of interdental cleaning emphasised”* |
| *“Well looked after, excellent service”* |
| *“It was a good experience”* |
| *“I have had a great experience with minimal problems, couldn’t have asked for a better team”*  |
| *“Better than expected”* |

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| **What I would tell others about my orthodontic treatment** |
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| *“Staff put you at ease”* |
| *“Well worth the years of braces on”*  |
| *“Best thing I have done”* |
| *“I would recommend it”* |
| *“It was horrible and I didn’t enjoy it but I do have nice teeth now so I guess it was worth it”* |
| *“Recommend as they transformed my teeth”* |
| *“Not to be scared”* |
| *“Definitely do it”* |
| *“It was painful at first, but worth it in the end and not as scary as I thought”*  |
| *“Go for a brace if needed, long process but worth it”* |
| *“I would recommend it”* |
| *“Very good and helped my confidence”* |
| *“Would definitely tell others to get ortho treatment”*  |
| *“It was worth it”* |
| *“Have it done, I actually enjoyed it”* |
| *“Fantastic”* |
| *“Efficient, amazing and clean very thorough at making sure my teeth were getting better”* |
| *“I am so happy that my teeth are finally straight”* |
| *“Worth doing”* |
| *“Worth the process”* |
| *“Not really worth it, still have gaps”* |
| *“Tightening hurts but everything else is fine”* |
| *“Good and would recommend”* |
| *“Very good, excellent, go for it”* |
| *“Very friendly, reassuring and kept us well informed”* |
| *“I would recommend 100%”* |
| *“If needed, absolutely have it done”* |
| *“A long very tough journey but very worthwhile, important to be patient even though progress is slow”* |
| *“I had treatment and it worked well”* |
| *“I would encourage others to get treatment makes you feel better about yourself”* |
| *“Don’t worry it’s worth it in the end”* |
| *“Would recommend”* |

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**Figure 1: Patient-reported pre-treatment concerns**

1. **by age group**
2. **by care setting**

**Figure 2: Patient-reported expectations from treatment**

1. **by age group**
2. **by care setting**

**Figure 3: Recall of pre-treatment information**

1. **by age group**
2. **by care setting**

**Figure 4: Procedures reported as ‘Not comfortable’**

1. **by age group**
2. **by care setting**

**Figure 5: Patient-reported complications during orthodontic treatment**

1. **by age group**
2. **by care setting**

**Figure 6: Patient-reported negative impact during treatment**

1. **by age group**
2. **by care setting**

**Figure 7: Patient-reported improvement from orthodontic treatment**

1. **by age group**
2. **by care setting**