

Anterior Openbite Study PATIENT'S End of Active Treatment Form

PLEASE PRINT YOUR INFORMATION

Your responses will be kept confidential, and will be sent directly to the central data management center to be recorded anonymously.

Visit Date: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|
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1. Was your openbite closed?

- Yes (Skip to Q2)
- No (Go to Q1a)

1a. If no, why not: _____

2. How satisfied were you with the orthodontic treatment provided to you?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q2a)
- Very dissatisfied (Go to Q2a)

2a. If you were somewhat dissatisfied or very dissatisfied, please provide the reason why?

3. How satisfied are you with the appearance of your teeth as a result of your orthodontic treatment?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q3a)
- Very dissatisfied (Go to Q3a)

3a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why?

4. How satisfied are you with your biting and chewing after your orthodontic treatment?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q4a)
- Very dissatisfied (Go to Q4a)

4a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why?

5. How satisfied are you with your speech after your orthodontic treatment?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q5a)
- Very dissatisfied (Go to Q5a)

5a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why?

6. Would you recommend the treatment you received to a friend if they had a similar problem?

- Definitely recommend
- Probably recommend
- Undecided
- Probably would not recommend
- Definitely would not recommend

7. Do you have any additional comments or concerns regarding your orthodontic treatment or results?

**Please place this form in the pre-addressed envelope, seal it, and leave it with your dentist's staff.
Your responses will be sent directly to the central data management center to be recorded
anonymously. Thank you!**