



Anterior Openbite Study

PATIENT'S Enrollment Visit Form

You have been invited to participate in this study because you have an anterior openbite, a condition in which your upper front teeth do not touch your lower front teeth. We would like to ask you a few questions about yourself, your teeth, and your orthodontic treatment. Thank you for participating in this important study.

Today's Date: |__|_|_|/|__|_|_|/| 2 | 0 | 1 |__|_|
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DEMOGRAPHICS

1. Your gender:
 - Male
 - Female
2. Your date of birth: |__|_|_|/|__|_|_|/|__|_|_|_|_|_|_|
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3. Your ethnicity:
 - Hispanic or Latino
 - Not Hispanic or Latino
 - I don't know
 - Decline to answer
4. Your race (Check all that apply):
 - White
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - I don't know
 - Decline to answer



5. Your **dental** insurance type or third party coverage for any type of dental care (**Check all that apply**):

- No dental insurance coverage (Go to Q6)
- Private insurance (e.g., employer sponsored, commercial, HMO, etc.)
- Public/government insurance (Medicaid, military or veterans benefit, etc.)
- Other (please specify): _____
- I don't know

5a. Does your private or public/government **dental insurance** cover orthodontic treatment?
(**Check only one**)

- Yes
- No
- Don't know

5b. Does your private or public/government **dental insurance** cover jaw surgery? (**Check only one**)

- Yes
- No
- Don't know

6. Does your private or public/government **medical insurance** cover jaw surgery? (**Check only one**)

- Yes
- No
- Don't know
- Don't have medical insurance

7. Indicate your highest level of education:

- Less than a high school diploma
- High school graduate (including equivalency, GED, etc.)
- Some college or Associate Degree
- Bachelor's degree
- Graduate degree (including Master's, Doctoral, etc.)
- Decline to answer

8. ZIP code where you live: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

CHIEF COMPLAINT

9. What is the most important reason you are currently getting orthodontic treatment? (**Check only one**)

- Anterior openbite (upper front teeth do not touch lower front teeth)
- Crowded or crooked teeth
- Overbite (buck teeth)
- Underbite (lower front teeth in front of upper front teeth)
- Crossbite (upper jaw too narrow)
- Other, (please specify): _____



10. Are there other reasons why you are currently getting orthodontic treatment? (Check all that apply)

- Anterior openbite (upper front teeth do not touch lower front teeth)
- Crowded or crooked teeth
- Overbite (buck teeth)
- Underbite (lower front teeth in front of upper front teeth)
- Crossbite (upper jaw too narrow)
- Other, (please specify): _____
- No other reason

11. Has your anterior openbite caused any of the following problems for you? (Check all that apply)

- Unable to bite food with your front teeth (e.g., a piece of pizza or a piece of lettuce)
- Unable to speak clearly
- Problems with the fit or function of your bite
- Problems with your jaw joint (e.g., clicking, popping, or pain)
- Embarrassment about appearance of teeth
- Other, (please specify): _____
- None of above

12. Is fixing your openbite a specific treatment goal? Yes (Skip to Q13) No (Go to Q12a)

12a. If no, why not?

PATIENT HISTORY

13. Did you ever suck your thumb or finger? Yes No Don't remember

14. Do you still suck your thumb or finger? Yes No

15. What treatments were recommended as the most ideal by your practitioner? (Check all that apply)

Orthodontic treatment

- Braces attached to each tooth (metal or clear)
- Clear aligners (e.g., Invisalign)

Removing teeth (other than wisdom teeth)

- Upper teeth
- Lower teeth

Temporary anchorage devices (TAD)

- TAD mini-screws (these are small screws that are placed directly into your jaw)
- TAD mini-plates (these are metal plates placed under the gums, usually by an oral surgeon or periodontist [gum specialist])

Jaw surgery (An oral surgeon cuts your jaw and repositions it to correct your bite)

- Upper jaw surgery
- Lower jaw surgery
- Jaw surgery, not sure about upper or lower jaw



16. Did you accept the plan that your practitioner recommended as the most ideal?

- Yes (Skip to Q17) No (Go to Q16a)

16a. If no, select the reasons why you did not accept the ideal plan (**Check all that apply**)

- Treatment too invasive or too risky
 Treatment too costly
 Did not want extraction(s) of teeth
 Did not want jaw surgery
 Treatment time too long
 Other, (please specify): _____

17. Were any of these additional procedures recommended as part of your ideal treatment?

(**Check all that apply**)

- Tongue or thumb crib (a device that blocks your tongue from thrusting forward or prevents you from putting your thumb in your mouth)
 Speech therapy or myofunctional therapy (muscle exercises for the tongue and lips) provided by a qualified therapist
 Occlusal equilibration (reshaping of the chewing surfaces of your back teeth to improve your bite)
 Rubber bands (elastics)
 Interproximal Reduction (narrowing the width of your individual teeth)
 Expander for upper jaw (an appliance that widens your upper jaw)
 Headgear (a wire appliance that attaches to your upper back teeth and is connected to a strap that goes around your neck or the back part of your head)
 Gum surgery techniques (e.g., Wiltodontics® or other techniques to speed up tooth movement by making cuts or punctures into the bone around your teeth)
 Vibration therapy (e.g., Acceledent® - a device you bite on which generates a vibratory force)
 Other, (please specify): _____
 None of above

Please continue on to the next page



18. Did you ever undergo any previous orthodontic treatment prior to your current treatment?

- Yes (Go to Q18a)
- No (Thank you, this form is complete)

18a. If yes, please check all treatments that you previously underwent (Check all that apply)

Orthodontic treatment

- Braces attached to each tooth (metal or clear)
- Clear aligners (e.g., Invisalign)

Removing teeth (other than wisdom teeth)

- Upper teeth
- Lower teeth

Temporary anchorage devices (TAD)

- TAD mini-screws (these are small screws that are placed directly into your jaw)
- TAD mini-plates (these are metal plates placed under the gums, usually by an oral surgeon or periodontist [gum specialist])

Jaw surgery (An oral surgeon cuts your jaw and repositions it to correct your bite)

- Upper jaw surgery
- Lower jaw surgery
- Jaw surgery, not sure about upper or lower jaw

Other procedures

- Tongue or Thumb Crib (a device that blocks your tongue from thrusting forward or prevents you from putting your thumb in your mouth)
- Speech therapy or myofunctional therapy (muscle exercises for the tongue and lips) provided by a qualified therapist
- Occlusal equilibration (Reshaping of the chewing surfaces of your back teeth to improve your bite)
- Rubber bands (elastics)
- Interproximal reduction (narrowing the width of your individual teeth)
- Expander for upper jaw (an appliance that widens your upper jaw)
- Headgear (a wire appliance that attaches to your upper back teeth and is connected to a strap that goes around your neck or the back part of your head)
- Gum surgery techniques (e.g., Wilkodontics® or other techniques to speed up tooth movement by making cuts or punctures into the bone around your teeth)
- Vibration therapy (e.g., Acceledent® - a device you bite on which generates a vibratory force)
- Other, (please specify): _____

19. Was correcting an openbite a specific treatment goal during your previous round of orthodontic treatment? Yes (Thank you, this form is complete) No (Go to 19a) Don't know

19a. If no, why not?

Please complete the Contact Information Form now, and leave both forms with your dentist's staff. Thank you!