**Have you previously undergone orthodontic treatment? 1=Yes; 2=No** **Participant ID: A_____**

**Answer: _____**

# Q02 Orthodontic Service Recipient Questionnaire (Patient)

**Dear Participant,**

We are conducting a survey on orthodontic services to understand patients' preferences. This questionnaire aims to collect your basic information and treatment preferences. There are no right or wrong answers. Your responses will provide important evidence for policy-making. Thank you for your participation!

If you are willing to participate in this survey, please provide your signature below. **Participant Signature**: _____

| **Section 1: Basic Information** | | **Answer** |
|---|---|---|
| **1.1** | **Year and month of birth (e.g., 1989/05):** | ___/___ |
| **1.2** | **Gender:** 1=Male; 2=Female | |
| **1.3** | **Education level:**<br>1=Primary; 2=Junior high; 3=Senior high school/technical secondary school;<br>4=College or bachelor's degree; 5=Master's degree; 6=PhD or above | |
| **1.4** | **Marital status: (If you select "1" or "3", please proceed to Question 1.4.1; if you select "2", please skip to Question 1.4.2.)**<br>1=Single; 2=Married; 3=Divorced/Other | |
| **1.4.1** | **Who do you currently live with? (If you are single, divorced, or in other marital statuses, please answer this question)**<br>1=Living alone; 2=Living with father; 3=Living with mother; 4=Living with both parents;<br>5=Living with grandparents; 6=Living with parents and grandparents; 7=Other _____ | |
| **1.4.2** | **Who do you currently live with? (If you are married, please answer this question)**<br>1=Living with spouse; 2=Living with spouse and children;<br>3=Living with spouse, children, and parents; 4=Other _____ | |
| **1.5** | **Occupation:**<br>1=Student; 2=Public-sector employee/civil servant; 3=Company employee; 4=Self-employed;<br>5=Freelancer; 6=Farmer/migrant worker; 7=Unemployed; 8=Other | |
| **1.6** | **Approximately what was your total annual household income from all sources in 2018?**<br>1=Less than 20,000 CNY; 2=20,000–49,999 CNY; 3=50,000–99,999 CNY;<br>4=100,000–199,999 CNY; 5=200,000 CNY or more; 6=Don't know/unable to provide | |
| **1.7** | **Basic medical insurance (select all that apply):**<br>1=None; 2=Urban employee medical insurance;<br>3=Urban resident medical insurance; 4=Rural cooperative medical insurance | |
| **1.8** | **Commercial insurance:** 1=No; 2=Yes | |
| **1.9** | **Usual residence:** _____City_____County/District | |

<table>
<tr><th colspan="2">Section 2: Oral Health Status</th><th>Answer</th></tr>
<tr><td>2.1</td><td colspan="2">Do you drink alcohol? (If you select “1”, please skip to Question 2.3.)<br>1=Never; 2=Former; 3=Current</td></tr>
<tr><td>2.2</td><td colspan="2">Over the past year, how many days per week did you typically drink alcohol?<br>1=Daily; 2=4–6 days; 3=2–3 days; 4=Less than 1 day per week / occasionally</td></tr>
<tr><td>2.3</td><td colspan="2">Do you smoke? (If you select “1”, please skip to Question 2.6.)<br>1=Never; 2=Former; 3=Current</td></tr>
<tr><td>2.4</td><td colspan="2">Over the past year, on average, how many cigarettes did you smoke per day? _____ cigarettes</td></tr>
<tr><td>2.5</td><td colspan="2">How strong do you consider your dependence on smoking to be?<br>1=Very low; 2=Low; 3=Moderate; 4=High; 5=Very high</td></tr>
<tr><td>2.6</td><td colspan="2">How important do you think oral health is to your life and work?<br>1=Not important; 2=Slightly important; 3=Moderately important; 4=Important; 5=Very important</td></tr>
<tr><td>2.7</td><td colspan="2">Which of the following best describes your tooth brushing habits?<br>1=Never brush; 2=Do not brush daily; 3=Brush only in the morning or only in the evening; 4=Brush twice daily (morning and evening); 5=Brush three times daily (morning, noon, and evening); 6=Brush after eating</td></tr>
<tr><td>2.8</td><td colspan="2">How long do you usually spend brushing your teeth each time?<br>1=Less than 1 minute; 2=1–2 minutes; 3=2–3 minutes; 4=More than 3 minutes</td></tr>
<tr><td>2.9</td><td colspan="2">Which of the following best describes your usual tooth brushing technique?<br>1=Horizontal brushing; 2=Vertical brushing; 3=Circular brushing; 4=No specific technique (random brushing)</td></tr>
<tr><td>2.10</td><td colspan="2">How frequently do you consume the following foods or beverages? (Please tick the appropriate box)
<table>
<tr><th>Frequency / Food/Beverage</th><th>Less than once per day</th><th>Once per day</th><th>≥2 times per day</th></tr>
<tr><td>Carbonated beverages (e.g., Coca-Cola, Sprite)</td><td></td><td></td><td></td></tr>
<tr><td>Sweet snacks (e.g., biscuits, cakes, bread)</td><td></td><td></td><td></td></tr>
<tr><td>Candy/Chocolate</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>2.11</td><td colspan="2">Do you consume sweets or carbonated beverages after brushing your teeth and before going to bed?<br>1=Never; 2=Occasionally; 3=Often</td></tr>
<tr><td>2.12</td><td colspan="2">How often do you undergo oral health check-ups?<br>1=Never; 2=Occasionally; 3=Often</td></tr>
<tr><td>2.13</td><td colspan="2">How would you describe your oral health status?<br>1=Healthy/no problems; 2=Minor health problems; 3=Serious health problems</td></tr>
</table>

**2.14** **During the past year, have you experienced any of the following conditions? (Please tick the appropriate box)**

| | None | Occasionally (1–2 times per week) | Frequently (>2 times per week) |
|---|---|---|---|
| Gingival bleeding | | | |
| Tooth pain | | | |
| Dentin hypersensitivity | | | |
| Oral ulcers | | | |
| Bad breath (halitosis) | | | |
| Periodontal disease (gingivitis/periodontitis) | | | |

**2.15** **What was the primary reason for your decision to undergo orthodontic treatment?**

1=Self-motivated; 2=Parents' suggestion; 3=Friends' recommendation;

4=Doctor's recommendation; 5=Other (please specify)_____

**2.16** **If tooth extraction is required during orthodontic treatment, how would you respond?**

1=Not acceptable; I would discontinue orthodontic treatment;

2=Prefer to avoid extraction after discussion with the doctor, but would accept if unavoidable;

3=Acceptable; I would follow the doctor's recommendation

**2.17** **For this orthodontic treatment, which of the following problems would you most like to address?**

1=Aesthetics (e.g., improving lip protrusion, reducing mandibular prominence, and correcting excessive dental spacing);

2=Function (e.g., impaired chewing, missing teeth, air leakage during speech, and unclear articulation);

3=Health (e.g., bleeding during tooth brushing, halitosis, tooth mobility, and periodontal disease);

4=Other (please specify) _____

**2.18** **Which age group of doctors would you prefer when seeking care?**

1=No preference; 2=Under 30 years; 3=30–39 years;

4=40–49 years; 5=50–59 years; 6=60 years and above

**2.19** **Which professional title would you prefer the doctor to have when seeking care?**

1=No preference; 2=Attending physician; 3=Associate chief physician; 4=Chief physician

**2.20** **Based on your current oral health condition, to what extent do you expect the treatment goals to be achieved?**

1=50%; 2=70%; 3=90%

| **Section 3: Preferences for Orthodontic Services**<br>Suppose that you currently have two orthodontic treatment service options to choose from: Treatment 1 and Treatment 2. These two treatments differ in follow-up interval, appliance comfort, appliance aesthetics, and treatment cost. Apart from the four attributes listed above, all other conditions are assumed to be the same for Treatment 1 and Treatment 2. Please select the treatment option you prefer based on your personal preferences. Each of your choices will help inform policy development related to orthodontic services, so please consider your choices carefully. Please refer to the accompanying materials for detailed descriptions of the choice sets. | | **Answer** |
|---|---|---|
| **3.1** | **3.1.1 Choice set number (to be completed by the investigator)** | |
| | **3.1.2 Which of the following two options do you prefer?** | |
| | **3.1.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.1.4 Why would you choose neither option? _____** | |
| **3.2** | **3.2.1 Choice set number (to be completed by the investigator)** | |
| | **3.2.2 Which of the following two options do you prefer?** | |
| | **3.2.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.2.4 Why would you choose neither option? _____** | |
| **3.3** | **3.3.1 Choice set number (to be completed by the investigator)** | |
| | **3.3.2 Which of the following two options do you prefer?** | |
| | **3.3.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.3.4 Why would you choose neither option? _____** | |
| **3.4** | **3.4.1 Choice set number (to be completed by the investigator)** | |
| | **3.4.2 Which of the following two options do you prefer?** | |
| | **3.4.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.4.4 Why would you choose neither option? _____** | |

| | | |
|---|---|---|
| **3.5** | **3.5.1 Choice set number (to be completed by the investigator)** | |
| | **3.5.2 Which of the following two options do you prefer?** | |
| | **3.5.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.5.4 Why would you choose neither option?** _____ | |
| **3.6** | **3.6.1 Choice set number (to be completed by the investigator)** | |
| | **3.6.2 Which of the following two options do you prefer?** | |
| | **3.6.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.6.4 Why would you choose neither option?** _____ | |
| **3.7** | **3.7.1 Choice set number (to be completed by the investigator)** | |
| | **3.7.2 Which of the following two options do you prefer?** | |
| | **3.7.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.7.4 Why would you choose neither option?** _____ | |
| **3.8** | **3.8.1 Choice set number (to be completed by the investigator)** | |
| | **3.8.2 Which of the following two options do you prefer?** | |
| | **3.8.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.8.4 Why would you choose neither option?** _____ | |
| **3.9** | **3.9.1 Choice set number (to be completed by the investigator)** | |
| | **3.9.2 Which of the following two options do you prefer?** | |
| | **3.9.3 If you were allowed to choose neither option, what would you choose now? (If you select "2", please continue to answer the following question)**<br>1=I would still choose the option selected above; 2=I would choose neither option | |
| | **3.9.4 Why would you choose neither option?** _____ | |
| **3.10** | **3.10.1 You have completed all the choices. How clear was the choice process to you? (If you select "1" or "2", please skip to Question 3.10.3)**<br>1=Very unclear; 2=Unclear; 3=Neutral; 4=Clear; 5=Very clear | |

**3.10.2 Did you find the choice process difficult? (If you select "1" or "2", please skip to Question 3.10.3; if you select "3", "4", or "5", please skip to Question 3.10.4)**

1=Very difficult; 2=Difficult; 3=Somewhat difficult;

4=Not difficult; 5=Not difficult at all

**3.10.3 What made the choice process unclear or difficult for you?** _____

**3.10.4 Which of the following criteria did you use when making your choices?**

1=I carefully considered each attribute;

2=I only considered the attribute that was most important to me; please specify:_____

3=The attribute I focused on varied across choice sets;

4=Other; please specify:_____

**3.10.5 Please rate the importance of the four attributes in the treatment options. (Please tick the appropriate box)**

| Importance / Attribute | Not important at all | Not important | Neutral | Important | Very important |
|---|---|---|---|---|---|
| Follow-up interval | | | | | |
| Appliance comfort | | | | | |
| Appliance aesthetics | | | | | |
| Total treatment cost (CNY) | | | | | |

**3.11** **How certain was the respondent when making the choices above? (To be completed by the investigator)**

1=Very hesitant; 2=Hesitant; 3=Neutral; 4=Certain; 5=Very certain

| Section 4: Social Desirability Scale<br>Below are a number of statements about personal attitudes and characteristics. Please read each statement carefully and indicate whether it applies to you by selecting "Yes" or "No". | | | | Answer |
|---|---|---|---|---|
| **4.1** | **When I cannot do things my own way, I sometimes feel resentful.** | 1=Yes; | 2=No | |
| **4.2** | **Sometimes, I give up doing things because I feel I am not capable enough.** | 1=Yes; | 2=No | |
| **4.3** | **I sometimes enjoy gossiping.** | 1=Yes; | 2=No | |
| **4.4** | **Sometimes I feel like opposing authority figures, even when I know they are right.** | 1=Yes; | 2=No | |
| **4.5** | **I am always a good listener, no matter who I am talking to.** | 1=Yes; | 2=No | |
| **4.6** | **I remember times when I pretended to be ill to avoid doing something.** | 1=Yes; | 2=No | |
| **4.7** | **I have taken advantage of others to get things done.** | 1=Yes; | 2=No | |
| **4.8** | **When I make a mistake, I always admit it.** | 1=Yes; | 2=No | |
| **4.9** | **Sometimes I try to get even rather than forgive or forget.** | 1=Yes; | 2=No | |
| **4.10** | **I am always polite when interacting with others, even with people who are difficult.** | 1=Yes; | 2=No | |
| **4.11** | **I never feel annoyed when others have different opinions from mine.** | 1=Yes; | 2=No | |
| **4.12** | **Sometimes I feel very jealous of others' good fortune.** | 1=Yes; | 2=No | |
| **4.13** | **Sometimes I feel annoyed when people ask me for help.** | 1=Yes; | 2=No | |
| **4.14** | **I have never intentionally said something to hurt someone else's feelings.** | 1=Yes; | 2=No | |

**Thank you once again for your participation in this survey!**

**Investigator Name (Signature): _____** **Date of Survey:_____**

**Reviewer Name (Signature): _____** **Date of Review:_____**