



Anterior Openbite Study PATIENT'S Final Visit 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. Do your upper front teeth touch or overlap your lower front teeth at this time?
 - Yes
 - No

2. How much do you wear your upper retainer each day at this point in your treatment?
 - Full-time
 - Nights (half-time)
 - Other, (please specify): _____
 - I have a fixed (non-removable) upper retainer

3. How much do you wear your lower retainer each day at this point in your treatment?
 - Full-time
 - Nights (half-time)
 - Other, (please specify): _____
 - I have a fixed (non-removable) lower retainer

4. On average, are you using your retainer(s) as requested by your doctor each day?
 - Yes, exactly as requested
 - No, I use my retainer(s) less than the requested amount of time
 - No, I use my retainer(s) more than the requested amount of time

5. How satisfied are you with your retainer experience?
 - 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. How satisfied are you with the type of retainer(s) you received after treatment?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q6a)
- Very dissatisfied (Go to Q6a)

6a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why:

7. How satisfied are you with the amount of time your doctor told you to wear your retainer(s)?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q7a)
- Very dissatisfied (Go to Q7a)

7a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why:

8. How satisfied are you with the appearance of your teeth one year after orthodontic treatment?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied (Go to Q8a)
- Very dissatisfied (Go to Q8a)

8a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why:

Please continue on to the next page



9. How satisfied are you with your biting and chewing one year after orthodontic treatment?
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied (Go to Q9a)
 - Very dissatisfied (Go to Q9a)

9a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why:

10. How satisfied are you with your speech one year after orthodontic treatment?
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied (Go to Q10a)
 - Very dissatisfied (Go to Q10a)

10a. If you are somewhat dissatisfied or very dissatisfied, please provide the reason why:

11. 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

12. Any additional comments or concerns regarding your orthodontic treatment or retention?

**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!**