BAOMS / BOS Orthognathic PROM package, 2022

CONTENT

- Pre-treatment questionnaire (before the start of orthognathic treatment, if applicable):
  - Quality of Life Questionnaire For Patients Having Corrective Jaw Surgery
  - Modified V8 morbidity questions
- Pre-surgery questionnaire (After the end of orthognathic treatment and before surgery):
  - Quality of Life Questionnaire For Patients Having Corrective Jaw Surgery
  - Modified V8 morbidity questions
- 1-6 weeks post-surgery questionnaire:
  - Quality of Life Questionnaire For Patients Having Corrective Jaw Surgery
  - Body-Q – process of care questionnaires
  - Modified V8 morbidity questions
- 1-year post surgery questionnmaire:
  - Quality of Life Questionnaire For Patients Having Corrective Jaw Surgery
  - Modified V8 morbidity questions

ABOUT THE PATIENT

You are or identify as: Female, Male, Other, Prefer not to say

You are <age> years old

PRE-TREATMENT QUESTIONNAIRE

(Part 1 – orthognathic QoL)

Please read the following statements carefully and circle **N/A** or **1**, **2**, **3**, **4** where:

- **N/A** means the issue covered by the statement either **does not apply to you** or **it does not bother you <u>at all</u>**
- **1** means the issue covered in the statement **bothers you a little**
- **4** means the issue covered in the statement **bothers you a lot**
- **2 + 3** lie in between **a little** and **a lot**

N/A	1 Bothers you a little	2	3	4 Bothers you a lot

1. I try to cover my mouth when I meet people for the first time	N/A	1	2	3	4
2. I worry about meeting people for the first time	N/A	1	2	3	4

3. I worry that people will make hurtful comments about my appearance	N/A	1	2	3	4
4. I lack confidence when I am out socially	N/A	1	2	3	4
5. I do not like smiling when I meet people	N/A	1	2	3	4
6. I sometimes get depressed about my appearance	N/A	1	2	3	4
7. I sometimes think that people are staring at me	N/A	1	2	3	4
8. Comments about my appearance really upset me, even when I know people are only joking	N/A	1	2	3	4
9. I am self-conscious about the appearance of my teeth	N/A	1	2	3	4
10. I don't like seeing a side view of my face (profile)	N/A	1	2	3	4
11. I dislike having my photograph taken	N/A	1	2	3	4
12. I dislike being seen on video	N/A	1	2	3	4
13. I am self-conscious about my facial appearance	N/A	1	2	3	4
14. I have problems biting	N/A	1	2	3	4
15. I have problems chewing	N/A	1	2	3	4
16. There are some foods I avoid eating because the way my teeth meet makes it difficult	N/A	1	2	3	4
17. I don't like eating in public places	N/A	1	2	3	4
18. I get pains in my face or jaw	N/A	1	2	3	4
19. I spend a lot of time studying my face in the mirror	N/A	1	2	3	4
20. I spend a lot of time studying my teeth in the mirror	N/A	1	2	3	4
21. I often stare at other people's teeth	N/A	1	2	3	4
22. I often stare at other people's faces	N/A	1	2	3	4

(Part 2 – V8)

Q1. How satisfied are you with how your face looks now?	Very satisfied Satisfied Dissatisfied Very Dissatisfied
Q2. How satisfied are you with how your teeth look now?	Very satisfied Satisfied Dissatisfied Very Dissatisfied
Q3. Do you have any numbness or tingling?	Yes / No
Q3a. If yes, where is it?	Top Lip Left side Right side Bottom Lip Left side Right side Tongue Left side Right side Chin Roof of Mouth Other (please specify):
Q4. If you have any numbness or tingling in your mouth or face, how much does it concern you?	A lot A little Not at all

Q5. To what extent do you agree with the following statements?				
	Strongly Agree	Agree	Disagree	Strongly disagree
I am generally self confident	☐	☐	☐	☐

Eating/chewing can be difficult for me	☐	☐	☐	☐
I struggle to have enough energy for important activities e.g. work, school, childcare, housework	☐	☐	☐	☐
I am doing well at school/college/work	☐	☐	☐	☐
I feel uncomfortable at social events	☐	☐	☐	☐
I am generally confident when eating in public	☐	☐	☐	☐
My friends/colleagues comment on my facial appearance	☐	☐	☐	☐
I suffer from low self-esteem	☐	☐	☐	☐
I generally have good personal relationships with family, friends and colleagues	☐	☐	☐	☐
I find it hard to make new friends	☐	☐	☐	☐
I feel anxious in social situations	☐	☐	☐	☐

PRE-SURGERY QUESTIONNAIRE

(Part 1 – orthognathic QoL)

Please read the following statements carefully and circle N/A or 1, 2, 3, 4 where:

- N/A means the issue covered by the statement either **does not apply to you** or **it does not bother you at all**
- 1 means the issue covered in the statement **bothers you a little**
- 4 means the issue covered in the statement **bothers you a lot**
- 2 + 3 lie in between **a little** and **a lot**

N/A	1 Bothers you a little	2	3	4 Bothers you a lot

1. I try to cover my mouth when I meet people for the first time	N/A	1	2	3	4
2. I worry about meeting people for the first time	N/A	1	2	3	4
3. I worry that people will make hurtful comments about my appearance	N/A	1	2	3	4
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6. I sometimes get depressed about my appearance	N/A	1	2	3	4
7. I sometimes think that people are staring at me	N/A	1	2	3	4
8. Comments about my appearance really upset me, even when I know people are only joking	N/A	1	2	3	4
9. I am self-conscious about the appearance of my teeth	N/A	1	2	3	4
10. I don't like seeing a side view of my face (profile)	N/A	1	2	3	4
11. I dislike having my photograph taken	N/A	1	2	3	4
12. I dislike being seen on video	N/A	1	2	3	4
13. I am self-conscious about my facial appearance	N/A	1	2	3	4

14. I have problems biting	N/A	1	2	3	4
15. I have problems chewing	N/A	1	2	3	4
16. There are some foods I avoid eating because the way my teeth meet makes it difficult	N/A	1	2	3	4
17. I don't like eating in public places	N/A	1	2	3	4
18. I get pains in my face or jaw	N/A	1	2	3	4
19. I spend a lot of time studying my face in the mirror	N/A	1	2	3	4
20. I spend a lot of time studying my teeth in the mirror	N/A	1	2	3	4
21. I often stare at other people's teeth	N/A	1	2	3	4
22. I often stare at other people's faces	N/A	1	2	3	4

(Part 2 – V8)

Q1. How satisfied are you with how your face looks now?	Very satisfied Satisfied Dissatisfied Very Dissatisfied
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Q4. If you have any numbness or tingling in your mouth or face, how much does it concern you?	A lot A little Not at all

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	Strongly Agree	Agree	Disagree	Strongly disagree
I am generally self confident	☐	☐	☐	☐

Eating/chewing can be difficult for me	☐	☐	☐	☐
I struggle to have enough energy for important activities e.g. work, school, childcare, housework	☐	☐	☐	☐
I am doing well at school/college/work	☐	☐	☐	☐
I feel uncomfortable at social events	☐	☐	☐	☐
I am generally confident when eating in public	☐	☐	☐	☐
My friends/colleagues comment on my facial appearance	☐	☐	☐	☐
I suffer from low self-esteem	☐	☐	☐	☐
I generally have good personal relationships with family, friends and colleagues	☐	☐	☐	☐
I find it hard to make new friends	☐	☐	☐	☐
I feel anxious in social situations	☐	☐	☐	☐

4-8 WEEKS POST-SURGERY QUESTIONNAIRE

("Clinical" Questions)

Did you have orthodontic treatment (i.e. treatment to realign your teeth) before you had surgery?

1. I had orthodontic treatment prior to surgery
2. I had surgery first and no orthodontic treatment

If yes, how long did your treatment last? (in months)

If yes, was your orthodontic treatment impacted by the COVID-19 pandemic and how? Yes / No + free-text option to give details

(Part 1 – orthognathic QoL)

Please read the following statements carefully and circle **N/A** or **1**, **2**, **3**, **4** where:

- **N/A** means the issue covered by the statement either **does not apply to you** or **it does not bother you at all**
- **1** means the issue covered in the statement **bothers you a little**
- **4** means the issue covered in the statement **bothers you a lot**
- **2 + 3** lie in between **a little** and **a lot**

N/A	1 Bothers you a little	2	3	4 Bothers you a lot

1. I try to cover my mouth when I meet people for the first time	N/A	1	2	3	4
2. I worry about meeting people for the first time	N/A	1	2	3	4
3. I worry that people will make hurtful comments about my appearance	N/A	1	2	3	4
4. I lack confidence when I am out socially	N/A	1	2	3	4
5. I do not like smiling when I meet people	N/A	1	2	3	4
6. I sometimes get depressed about my appearance	N/A	1	2	3	4
7. I sometimes think that people are staring at me	N/A	1	2	3	4

8. Comments about my appearance really upset me, even when I know people are only joking	N/A	1	2	3	4
9. I am self-conscious about the appearance of my teeth	N/A	1	2	3	4
10. I don't like seeing a side view of my face (profile)	N/A	1	2	3	4
11. I dislike having my photograph taken	N/A	1	2	3	4
12. I dislike being seen on video	N/A	1	2	3	4
13. I am self-conscious about my facial appearance	N/A	1	2	3	4
14. I have problems biting	N/A	1	2	3	4
15. I have problems chewing	N/A	1	2	3	4
16. There are some foods I avoid eating because the way my teeth meet makes it difficult	N/A	1	2	3	4
17. I don't like eating in public places	N/A	1	2	3	4
18. I get pains in my face or jaw	N/A	1	2	3	4
19. I spend a lot of time studying my face in the mirror	N/A	1	2	3	4
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21. I often stare at other people's teeth	N/A	1	2	3	4
22. I often stare at other people's faces	N/A	1	2	3	4

(Part 2 – Boby-Q HOW SATISFIED ARE YOU WITH THE INFORMATION YOU RECEIVED?

BODY-Q™ - SATISFACTION WITH INFORMATION

For each question, circle only one answer. These questions ask about information you received from your medical team (e.g., surgeon, nurse, other staff) about your jaw surgery procedure. How satisfied or dissatisfied were you with the information you received in relation to the following:

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
1. How well your questions were answered?	1	2	3	4
2. The amount of written information they gave you to read?	1	2	3	4
3. The activities you should avoid during your recovery?	1	2	3	4
4. How the surgery would be done?	1	2	3	4
5. The amount of time it would take to heal and recover?	1	2	3	4
6. Options for how the surgery could be done?	1	2	3	4
7. The kinds of complications that could happen?	1	2	3	4
8. What other patients like you experience after surgery?	1	2	3	4
9. How long it would take for you to feel like yourself again?	1	2	3	4
10. How much pain you might feel during your recovery?	1	2	3	4

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(Part 3 – V8)

Q1. How satisfied are you with how your face looks now?	Very satisfied Satisfied Dissatisfied Very Dissatisfied
Q2. How satisfied are you with how your teeth look now?	Very satisfied Satisfied Dissatisfied Very Dissatisfied
Q3. Do you have any numbness or tingling?	Yes / No
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Eating/chewing can be difficult for me	☐	☐	☐	☐

I struggle to have enough energy for important activities e.g. work, school, childcare, housework	☐	☐	☐	☐
I am doing well at school/college/work	☐	☐	☐	☐
I feel uncomfortable at social events	☐	☐	☐	☐
I am generally confident when eating in public	☐	☐	☐	☐
My friends/colleagues comment on my facial appearance	☐	☐	☐	☐
I suffer from low self-esteem	☐	☐	☐	☐
I generally have good personal relationships with family, friends and colleagues	☐	☐	☐	☐
I find it hard to make new friends	☐	☐	☐	☐
I feel anxious in social situations	☐	☐	☐	☐

Q6. Would you recommend your treatment to another patient?			
Yes		No	

Q7. Do you have any further comments or suggestions for improvements to our service?
(Free text)

1-YEAR POST-SURGERY QUESTIONNAIRE

(Part 1 – orthognathic QoL)

Please read the following statements carefully and circle **N/A** or **1**, **2**, **3**, **4** where:

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(Part 2 – V8)

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I generally have good personal relationships with family, friends and colleagues	☐	☐	☐	☐
I find it hard to make new friends	☐	☐	☐	☐
I feel anxious in social situations	☐	☐	☐	☐