

Dear Colleague,

Thank you very much for your willingness to participate in this survey on the clear aligner orthodontic treatment. Please, complete the questionnaire below.

CLEAR ALIGNERS - QUESTIONNAIRE

1. Are you a...?

- Orthodontist (with a Specialty or a recognized Degree in Orthodontics)
- General dentist

2. Do you currently use the clear aligners orthodontic treatment in your practice?

- Yes
- No

*[if you answered **Yes**, please go to question number 3 to 17;
if you answered **No**, please go to question number 18]*

CLEAR ALIGNER TREATMENT MANAGEMENT

3. How many years have you used the clear aligners?

- 1-5 years
- 6-10 years
- 11-15 years

4. How many clear aligner orthodontic cases were started in your practice during the last 12 months?

- 1-10 cases
- 11-20 cases
- 21-30 cases
- 31-40 cases
- 41-50 cases
- > 50 cases

5. How did you learn to use clear aligners? (Check all that apply)

- In academic seminars
- In private course
- In congress lectures
- In books and/or papers

6. What type of practice do you have? (Check all that apply)

- University
- Hospital
- Private practice solo
- Private practice team/multidisciplinary
- Full time (4 days or more)
- Part time (3 days or less)

7. **In which of the following patients do you prefer to use clear aligners?**
- Teen patients
 - Adults patients
 - Periodontal patients (who received periodontal treatment and that are stable)
 - Pre-prosthetic patients
 - Pre/post-surgery patients
8. **How much dental crowding do you usually correct with clear aligners?**
- 1-3 mm
 - 4-6 mm
 - 7-9 mm
 - ≥ 10 mm
9. **What do you prefer to correct with the clear aligners? (Check all that apply)**
- Class I spacing
 - Class I crowding
 - Class I deep bite
 - Class I open bite
 - Class II deep bite
 - Class II open bite
 - Class III deep bite
 - Class III open bite

TYPE OF PATIENTS INTERESTED AND/OR TREATED WITH CLEAR ALIGNERS

10. **What is the higher patient gender percentage that you treat with clear aligners?**
- Male
 - Female
11. **What is the age of patients more interested in clear aligner treatment?**
- < 18 years
 - 18-30 years
 - 31-45 years
 - 46-60 years
 - ≥ 60 years
12. **What is the occupation status of the patients interested in clear aligner treatment?**
- Students
 - Full-time employed
 - Part-time employed
 - Un-employed
 - Retiree
 - I don't know
13. **How did the patient choose a clear aligner treatment? (Check all that apply)**
- The patient was already informed by advertising and directly ask for clear aligner treatment

- The patient learn this treatment option through the office marketing products
- The doctor suggests it

DEMOGRAPHIC CHARACTERISTICS, TYPE OF PRACTICE AND BACKGROUND OF THE SURVEY PARTICIPANTS

14. What is your gender?

- Male
- Female

15. What is your age?

- 24-30 years
- 31-40 years
- 41-50 years
- 51-60 years
- ≥ 61 years

16. How many years have you been in practice?

- 1-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- > 40 years

17. Please indicate the Country and the CAP/ZIP code where you practice clear aligner treatments:

Country:

CAP/ZIP code:

PERCEPTIONS OF CLINICIANS NOT USING CLEAR ALIGNERS

18. Please, choose one of the following statements better fitting with your perspective:

- I used clear aligners in the past but not now
- I do not use clear aligners and I have no intention to use them
- I do not use clear aligners but I have the intention to use them in the future
- I do not know anything about clear aligners

19. What is your main reason for not using clear aligners?

- Clear aligners limit orthodontic treatment outcomes
- The costs of clear aligners are too high for the provider
- I have no experience with clear aligners so I prefer not to use them
- There is no demand for clear aligners in my practice
- None of the above, please specify:

20. How do you manage your patients requesting clear aligner treatment?

- None of the above, please specify
- You refer them to an orthodontist who uses clear aligners

- You refer them to a general dentist who uses clear aligners
- You refer them to the university or the hospital
- None of the above, please specify:

DEMOGRAPHIC CHARACTERISTICS, TYPE OF PRACTICE AND BACKGROUND OF THE SURVEY PARTICIPANTS

21. What is your gender?

- Male
- Female

22. What is your age?

- 24-30 years
- 31-40 years
- 41-50 years
- 51-60 years
- ≥ 61 years

23. How many years have you been in practice?

- 1-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- > 40 years

24. Please indicate the Country and the CAP/ZIP code where you practice clear aligner treatments:

Country:

CAP/ZIP code: