

BAOMS BOS Orthognathic PROM

Patient pseudo-identifier

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Today's date (DD/MM/YYYY)

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This questionnaire relates to any concerns you may have about your face and teeth and should be completed 1 year AFTER your surgery.

About you

You are / identify as... Female Male Other I prefer not to say

You are years old

Section 1 - Orthognathic Quality of Life Questionnaire

Please read the following statements carefully and select 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.

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

Section 2. modified V8

Do you currently have fixed braces on your teeth? Y N

How long have they been in place? 0-1 month 1-6 months
6-12 months More than 12 months

How satisfied are you with how your face looks at the moment?

Very satisfied Satisfied Dissatisfied Very Dissatisfied

How satisfied are you with how your teeth look at the moment?

Very satisfied Satisfied Dissatisfied Very Dissatisfied

Do you have any numbness, tingling or altered sensations? Y N

If yes, where is it? (Tick all that apply)

	Top Lip	Bottom lip	Tongue	Chin	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palate / Roof of mouth	<input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other give details below)	<input type="checkbox"/>

If yes, how much does it concern you? A lot A little Not at all

To what extent do you agree with the following statements?

Strongly Agree Agree Disagree Strongly disagree

I am generally self confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating/chewing can be difficult for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to have enough energy for important activities e.g. work, school,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am doing well at school/college/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel uncomfortable at social events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Would you recommend your treatment to another patient?

 Y N

Do you have any further comments or suggestions for improvements to our service?