

Supplement 1. Summary of the questionnaire

 Have you ever thought of receiving orthodontic treatment?

Yes (), No ()

If YES, please answer the two questions below.

 Question 1: Reasons why you have thought of receiving orthodontic treatment

(Select all that apply, in order of importance)

1 () → 2 () → 3 ()

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|-----------------------------------|--------------------------------------|
| ① Lip protrusion | ② Tooth tipping after extraction |
| ③ Malaligned tooth | ④ Unesthetic |
| ⑤ Prognathism | ⑥ Dentist's recommendation |
| ⑦ Asymmetry | ⑧ Friends/family receiving treatment |
| ⑨ More crowding than when younger | ⑩ TMJ disorder |
| ⑪ Tooth longer than when younger | ⑫ Hard to chew |
| ⑬ Spacing between teeth | ⑭ Others |
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Question 2: Reasons why you have not received orthodontic treatment yet

(Select all that apply, in order of importance)

1 () → 2 () → 3 ()

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|-----------------------------|---|
| ① Treatment fee | ② Time |
| ③ Pain | ④ Draws attention |
| ⑤ Appliance too conspicuous | ⑥ Underlying medical history |
| ⑦ Age (too old) | ⑧ Periodontal complications |
| ⑨ More loss than gain | ⑩ Peer advice (Family, friends, dentists, etc.) |
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