Demographics	
Unit:	**Hospital:**
	NHS Number:
DOB: / / *(dd/mm/yyyy)*	**Gender:** Male ☐ Female ☐

Quality of Life Questionnaire For Patients Having Corrective Jaw Surgery - V3

Your response to this simple questionnaire, which asks how you feel both before and after your corrective jaw surgery, will help us to identify areas where we could make improvements.

We sincerely hope you'll help us to continue delivering best quality care by participating in the survey.

Many thanks.

If you have any queries about these forms which your surgeon or orthodontist can't answer please contact Saving Faces / The National Facial and Oral Research Centre at NOA@savingfaces.co.uk or 0203 465 5759.

THIS FORM STARTS NOW AND EACH SECTION BEGINS WITH BRIEF INSTRUCTIONS

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**

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

THIS IS A DIFFERENT SCALE WHICH IS COMPLETED IN A DIFFERENT WAY

To what extent do you agree with the following statements.

Please tick **one** box for each statement	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply to me
I am unhappy with my appearance	☐	☐	☐	☐	☐
I am confident when I am with others	☐	☐	☐	☐	☐
My family are happy with my appearance	☐	☐	☐	☐	☐
I find it easy to make new friends	☐	☐	☐	☐	☐
I am performing and achieving poorly at work/college	☐	☐	☐	☐	☐
My friends are happy with my appearance	☐	☐	☐	☐	☐
I have good self-esteem	☐	☐	☐	☐	☐
I look forward to attending social events	☐	☐	☐	☐	☐
The quality of my sleep is good	☐	☐	☐	☐	☐
I have energy for important activities e.g. work, school, childcare, housework	☐	☐	☐	☐	☐
My self-consciousness has an adverse effect on my work/college performance	☐	☐	☐	☐	☐
I feel cheerful and content	☐	☐	☐	☐	☐
I feel alert during the day	☐	☐	☐	☐	☐
People complain about my snoring	☐	☐	☐	☐	☐
I find it easy to fit in at school/college/work	☐	☐	☐	☐	☐
I feel anxious or depressed	☐	☐	☐	☐	☐

British Association of Oral and Maxillofacial Surgeons

Saving Faces - The Facial Surgery Research Foundation - funding

The National Facial and Oral Research Centre NFORC

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Below is a list of statements dealing with your general feelings about yourself

Please tick one box for each statement	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply to me
On the whole, I am satisfied with myself	☐	☐	☐	☐	☐
At times, I think I am no good at all.	☐	☐	☐	☐	☐
I feel that I have a number of good qualities.	☐	☐	☐	☐	☐
I am able to do things as well as most other people.	☐	☐	☐	☐	☐
I feel I do not have much to be proud of.	☐	☐	☐	☐	☐
I certainly feel useless at times.	☐	☐	☐	☐	☐
I feel that I'm a person of worth, at least on an equal plane with others.	☐	☐	☐	☐	☐
I wish I could have more respect for myself.	☐	☐	☐	☐	☐
All in all, I am inclined to feel that I am a failure.	☐	☐	☐	☐	☐
I take a positive attitude toward myself.	☐	☐	☐	☐	☐

THIS IS A DIFFERENT SCALE WHICH IS COMPLETED IN A DIFFERENT WAY

Read each of the following statements carefully and indicate how characteristic it is of you by circling the number that is most appropriate according to the following scale:

1 = Not at all characteristic of me
2 = Slightly characteristic of me
3 = Moderately characteristic of me
4 = Very characteristic of me
5 = Extremely characteristic of me

1. I worry about what other people will think of me even when I know it doesn't make any difference.	1	2	3	4	5
2. I am unconcerned even if I know people are forming an unfavorable impression of me.	1	2	3	4	5
3. I am frequently afraid of other people noticing my shortcomings.	1	2	3	4	5
4. I rarely worry about what kind of impression I am making on someone.	1	2	3	4	5
5. I am afraid others will not approve of me.	1	2	3	4	5
6. I am afraid that people will find fault with me.	1	2	3	4	5
7. Other people's opinions of me do not bother me.	1	2	3	4	5
8. When I am talking to someone, I worry about what they may be thinking about me.	1	2	3	4	5
9. I am usually worried about what kind of impression I make.	1	2	3	4	5
10. If I know someone is judging me, it has little effect on me.	1	2	3	4	5
11. Sometimes I think I am too concerned with what other people think of me.	1	2	3	4	5
12. I often worry that I will say or do the wrong things.	1	2	3	4	5

FINALLY, THIS SECTION IS ONLY TO BE COMPLETED AFTER TREATMENT

Q1. Would you recommend your surgery to another patient?	
Yes	No
Q2. Do you have any further comments or suggestions for improvements to our service?	

Thank you for taking the time to fill in this survey, your comments are very valuable