Appendix 1. Final survey
Demographic information for participants
1. What is your Gender? (You can select one option)
Male
Female
2. In what country do you work?
3. What is your age group? (You can select one option)
Less than 30
30-39
40-49
50-59
More than 60
4. What is your clinical experience? (You can select one option)
Less than 5 years
5-10 years
11-15 years
16-20 years
More than 21 years
5. What is your clinical practice setting? (You can select one option)
Resident or post-graduate student
Orthodontist in private practice
Orthodontist in mixed practice (a combination of university, hospital and/or private setting)
Other
Questions related to the prescribed retention appliance in different age groups and their reasoning
6. What is/are your most common retention protocol in the upper arch in adolescents (growing patients) (You can choose more than one option)
Fixed retainer
Hawley retainer
Thermoplastic retainer
Combination of thermoplastic & bonded retainer
Combination Hawley and bonded retainer
Other (please specify)
7. What is/are your most common retention protocol in the upper arch in adults (You can choose more than one option)
Fixed retainer
Hawley retainer
Thermoplastic retainer
Combination of thermoplastic & bonded retainer
Combination Hawley and bonded retainer
Other (please specify)
8. What is/are your most common retention protocol in the lower arch in adolescents (growing patients) (You can choose more than one option)
Fixed retainer
Hawley retainer
Thermoplastic retainer
Combination of thermoplastic & bonded retainer
Combination Hawley and bonded retainer
Other (please specify)
9. What is/are your most common retention protocol in the lower arch in adults (You can choose more than one option)
Fixed retainer
Hawley retainer
Thermoplastic retainer
Combination of thermoplastic & bonded retainer
Combination Hawley and bonded retainer
Other (please specify)
10. What are the clinician and patient-related factors that mainly affect your choice of retainer? (You can choose more than one option)
Preference of the patient/parents
The financial cost to the patient
Motivation and compliance of the patients
Status of oral hygiene
Status of periodontal health
Based on the available evidence and guidelines
Clinician preferences
Other (please specify)
11. What are the malocclusion related factors that mainly affect your choice of retainer? (You can choose more than one option)
The degree of pre-treatment crowding
The degree of pre-treatment rotation of the teeth
Presence or absence of pre-treatment spacing
Presence or absence of pre-treatment tooth impaction
Presence or absence of pre-treatment anterior crossbite
Presence or absence of pre-treatment posterior crossbite
Presence or absence of impacted third molars
Other (please specify)
12. What are the treatment-related factors that mainly affect your choice of retainer? (You can choose more than one option)
Type of orthodontic appliance used
The amount of intrusion of anterior teeth that achieved during the treatment
The amount of extrusion of anterior teeth that achieved during the treatment
The amount of intrusion of posterior teeth that achieved during the treatment

The amount of extrusion of posterior teeth that achieved during the treatment
The amount of expansion achieved during the treatment
The degree of interdigitation at the completion of treatment
Myofunctional aspects such as the presence or absence of lip seal and competency
The degree of root resorption of the teeth at the end of the treatment
Other (please specify)
13. Do you use supra-crestal fibrotomy and/ or interproximal reduction as adjunctive to retainers? If your answer, then for which of the following situations do you use them? (You can choose more than one option)
Anterior crowding
Teeth rotation
I do not use them
Other (please specify)
14. What is the association between a thick labial frenum and a median diastema? (You can select one option)
There is no association
There is an association
15. Which method(s) do you routinely use for the differential diagnosis of a labial frenum induced median diastema? (You can choose more than one option)
Blanching test by stretching the upper lip
Maxillary anterior radiograph
Other (please specify)
16. Do you prescribe frenectomy of a thick labial frenum in median diastema cases to minimise relapse post-orthodontics? (You can select one option)
Yes
No
Other (please specify)
17. When do you prescribe frenectomy? (You can select one option)
I do not prescribe frenectomy
During treatment and before complete closure of the diastema
After active orthodontic treatment
Before commencing treatment
18. Subsequent to active orthodontic closure of diastema, which retention appliance do you prescribe? (You can select one option)
Thermoplastic retainer
Acyclic retainers like Hawley and Begg retainers
Fixed bonded retainer
Other (please specify)
19. What do you think about having a professional body guideline on retention procedures? (You can select one option)
Useful
Partially useful
Useless
Other (please specify)