Appendix 1

Assigned Number__________________

Factor Being Evaluated:_______________________________________________________________

Circle the “Yes” or “No” answers. If “Yes” rate the importance from 1-9 by circling the appropriate number.

1- In your opinion, is this factor commonly observed in Pediatric Obstructive Sleep Apnea patients?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No

2- In your opinion, does this factor contribute to Pediatric Obstructive Sleep Apnea symptoms?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No

3- In your opinion, would correcting this factor help diminish the symptoms of Pediatric Obstructive Sleep Apnea?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No

4- In your opinion, does this factor contribute to orthodontic treatment need?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No

5- In your opinion, is the 5-point scale appropriate for this factor?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No; How would you correct it?

6- Are the points on the scale attributed correctly for this factor?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No; How would you correct it?

7- In your opinion, are the pictures appropriate for this factor?
   
   Yes 1 2 3 4 5 6 7 8 9
   
   No; How would you correct it?
Appendix 2

Assigned Number________________

Circle the “Yes” or “No” answers. If “Yes” rate the importance from 1-9 by circling the appropriate number.

1. Do you think that this index is useful in fulfilling the goals of having an easy to use index that helps non-dentally trained professionals assess the orthodontic treatment need to help the symptoms in pediatric patients with OSA?

   Yes 1 2 3 4 5 6 7 8 9

   No; How would you improve it?

2. Do you believe that the organizing committee is developing this index in the appropriate way? (i.e. Reviewing the recommendations in the literature, seeking expert opinions, gaining end-user approval and testing its reliability)

   Yes 1 2 3 4 5 6 7 8 9

   No; How would you improve it?

3. In your opinion were all the factors, identified in this meeting, important for this index?

   Yes 1 2 3 4 5 6 7 8 9

   No; Which factors were not important?

4. In your opinion, have all the important areas concerning orthodontic treatment need to help symptoms of OSA been identified?

   Yes 1 2 3 4 5 6 7 8 9

   No; Which ones were missed?

5. Is the layout of the index easy to navigate?

   Yes 1 2 3 4 5 6 7 8 9

   No; How would you improve it?
Please provide any other feedback below that may help improve the index: