**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 ( )

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

**Question 2:** Reasons why you have not received orthodontic treatment yet
(Select all that apply, in order of importance)
1 ( ) → 2 ( ) → 3 ( )

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.)