Supplementary material

Assessment of Perceptions, Attitudes, and Clinical Practices Regarding CBCT Among Pediatric Dentists in Türkiye: A Cross-Sectional Questionnaire-Based Study

1. I understand that my participation in this study is voluntary and that I may withdraw from the study at any time, with or without providing a reason.

Yes, I agree.

No, I do not agree.

2.Sex

Female

Male

3. Specialty level in the field

Specialty/PhD student

Specialist dentist

Faculty member

4. Clinical experience

<5 years

5–10 years

10–15 years

>15 years

5. When considering CBCT imaging in pediatric patients, is it a fundamental requirement that the diagnostic benefit obtained should be more important than the radiation dose to which the patient will be exposed?

Yes

No

6. Which guidelines/recommendations are you familiar with?

National Guidelines

AAE&AAOMR

SEDENTEXC

None

7. When performing CBCT imaging in pediatric patients, what is the primary protocol setting that should be preferred over that of adult patients to reduce radiation dose?

Smaller FOV

Larger FOV

I do not know

8. What is the main consequence of voxel size selection in CBCT images obtained from children?

As voxel size decreases, image resolution and radiation dose increase

As voxel size increases, image resolution and radiation dose increase

I do not know

9. In CBCT indications for children, is there an effective dose threshold that can be considered "absolutely safe" in terms of stochastic effects?

Yes

No

I do not know

10. Have you previously received training on CBCT imaging and/or interpretation for the dentomaxillofacial region?

Yes

No

11. Do you use CBCT imaging in pediatric patients?

Yes

No

12. As a pediatric dentist, what are the reasons that limit your indications for CBCT?

Conventional two-dimensional imaging methods are sufficient

Lack of knowledge about CBCT

I do not prefer it because of the high radiation dose

Limited indications / I do not consider it necessary in most cases

High cost / It is expensive

Lack of the necessary equipment in my institution

It is difficult to use and interpret

13. For what reason do you most commonly prefer CBCT as an imaging method?

CBCT is a better diagnostic tool than two-dimensional radiographs

It facilitates measurement and image evaluation

CBCT takes less time than conventional CT

I do not prefer it

14. Which factors do you consider when deciding to request CBCT in pediatric patients?

Other imaging methods being insufficient for diagnosis and treatment

Clinical diagnosis

Patient age

Previous radiation exposure

Level of cooperation

Growth potential and developmental stage

15. At what age range do you most frequently prescribe CBCT in pediatric patients?

5–10 years

10–15 years

I request it at any age if indicated

I have never requested it

16. As a pediatric dentist, what are the most common/critical indications for prescribing CBCT in pediatric patients?

Dental anomalies

Impacted and supernumerary teeth

Dental trauma

Pathological lesions

Syndromic patients

Orthodontic planning

Endodontic treatments

Suspicion of root fracture

Planning implant treatment in young individuals

Diagnosis of caries and/or periapical lesions

17. Do you think the ALADAIP principle should be applied in pediatric dentistry?

Yes

No