

ID LABEL



About You and Your Cleft

This questionnaire is for 8 year old children

1) How is your day going today?

Not very good

OK

Great



2) Everyone is good at something. What things are you good at?

(You can tick more than one box)

Drawing

Playing sports

School work

Playing an instrument

Making friends

Reading

Being kind

Dancing

Computer games

Swimming

Singing

Being helpful

Something else (please write in the box)

Empty box for writing something else.



3) Can you tell us how often you think about your cleft?

A lot

Sometimes

Only when I see my cleft team
or when I go to the hospital

4) Do you ever feel that you are different from other children because you have a cleft?

No

Yes, I am different in a bad way

Yes, I am different in a good way

5) Do you think other people notice that you have a cleft?

Yes, a lot

Sometimes

No

6) If anyone asks you about your cleft, do you know what to say to them?

No

A bit

Yes



7) Most children get teased sometimes. Can you tick the things that people tease you about? (You can tick more than one box)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Your lip | <input type="checkbox"/> Your teeth |
| <input type="checkbox"/> What you wear | <input type="checkbox"/> Your weight | <input type="checkbox"/> Your family |
| <input type="checkbox"/> Your friends | <input type="checkbox"/> Your nose | <input type="checkbox"/> Your schoolwork |
| <input type="checkbox"/> Your speech | <input type="checkbox"/> Your hearing | <input type="checkbox"/> Something else
(please write in the box) |

8) Who teases you?

- Nobody
- Someone in my family
- Someone at school
- Someone else
(please write in the box)

9) Do you enjoy going to school?

- Yes
- Sometimes
- No



10) When is your birthday?

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11) What is the date today?

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12) Did anyone help you fill in this questionnaire?

No, I did it by myself

Yes, Mum or Dad

Yes, Someone else

Thank you for filling in your questionnaire!

You can draw us a picture if you like!

