

ID LABEL

# You and Your Cleft at 10 years

## Child's questionnaire

This questionnaire is for 10 year old children.



## About this research

You are being asked to complete this questionnaire because you are part of The Cleft Collective Study.

We work with all of the cleft teams in the UK to investigate the causes of cleft, the best treatments for cleft and how having a cleft may affect a person and their family.

Please try to answer all of the questions, even if some of them sound strange to you.

We need to ask a wide range of questions to help us understand how we can help those who have a cleft and their families.

There are no right or wrong answers. If you do not want to answer a question then just leave it blank.



## How to fill in this questionnaire

Please use a black pen.

To answer the questions please put a cross in the box like this:



If you make a mistake, shade the box in like this:



then cross the correct box.

If you are answering questions which ask you to give further details,  
please make sure you write inside the boxes.

## Who to talk to for support

If you have any questions or if you feel worried before/after completing this questionnaire and would like some extra help, please speak to your parents or another adult you trust.

**Thank you for completing this questionnaire!**



1. How is your day going today?

Great

OK

Not very good

2. Everyone is good at something. What things are you good at?  
**(You can tick more than one box)**

a) Drawing

b) School work

c) Making friends

d) Being kind

e) Computer games

f) Singing

g) Playing sports

h) Playing an instrument

i) Reading

j) Dancing

k) Swimming

l) Being helpful

m) Something else  
(please write in the box below)

3. How many close friends do you have?

0

1

2

3

4 or more





4. Overall, how would you rate your relationships with your close friends?

Excellent

Good

OK

Poor

5. We are interested to know how you describe yourself. The next few questions are statements which may describe you well or may describe you poorly.

Tick the box for each statement and how well you think it describes you.

	Describes me very poorly	Describes me quite poorly	Describes me quite well	Describes me very well
a) I find it hard to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know how to make my classmates like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have the social skills I need to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I understand how to get other people to accept me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I know how to make more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I know how to become popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I am very good at my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I am just as clever as other people my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am quite slow at finishing my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Question 5 continued ...

	Describes me very poorly	Describes me quite poorly	Describes me quite well	Describes me very well
j) I often forget what I have learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I do very well at my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I have trouble figuring out the answers in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I am often unhappy with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I don't like the way I am leading my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I am happy with myself as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) I like the kind of person I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I am happy being the way I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) I am not happy with the way I do a lot of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





6. These questions ask you how happy you are with the way you look, the way you talk, and the way you hear.

Please tick the box to show how happy you are with each of these.



0 = very unhappy; 10 = very happy

a) How happy are you with how your face looks?

0 1 2 3 4 5 6 7 8 9 10

b) How happy are you with the whole of your appearance?

0 1 2 3 4 5 6 7 8 9 10

c) How happy are you with your speech?

0 1 2 3 4 5 6 7 8 9 10

d) How happy are you with your hearing?

0 1 2 3 4 5 6 7 8 9 10



7. Can you tell us how often you think about your cleft?

A lot

Sometimes

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

8. Do you ever feel different from other children because you have a cleft?

No

Yes, in a bad way

Yes, in a good way

Yes, in good ways AND in bad ways

9. Do you think other people notice that you have a cleft?

A lot

Sometimes

No

10. If anyone asks you about your cleft, do you know what to say to them?

No

A bit

Yes





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

- |   |   |
|---|---|
| <input type="checkbox"/> a) Nothing         | <input type="checkbox"/> b) What you wear                                     |
| <input type="checkbox"/> c) Your friends    | <input type="checkbox"/> d) Your speech                                       |
| <input type="checkbox"/> e) Your lip        | <input type="checkbox"/> f) Your weight                                       |
| <input type="checkbox"/> g) Your nose       | <input type="checkbox"/> h) Your hearing                                      |
| <input type="checkbox"/> i) Your teeth      | <input type="checkbox"/> j) Your family                                       |
| <input type="checkbox"/> k) Your schoolwork | <input type="checkbox"/> l) Something else<br>(please write in the box below) |

12. Who teases you? **(You can tick more than one box)**

- a) Nobody
- b) Someone in my family
- c) Someone at school
- d) Someone else (please write in the box below)

13. Do you enjoy going to school?

- Yes
- Sometimes
- No

14. What is your date of birth?

DD MM YYYY  
□ □ / □ □ / □ □ □ □

15. What is the date today?

DD MM YYYY  
□ □ / □ □ / □ □ □ □

16. 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!**

Please use this space for anything else you want to tell us:

When completed please send this back  
in the freepost brown envelope to:

**The Cleft Collective  
University of Bristol  
Oakfield House  
Oakfield Grove  
Bristol, BS8 2BN**

Office use only

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<http://www.bristol.ac.uk/cleft-collective>





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