



The Cleft Collective
Closing the Gap in Cleft Research
A Scar Free Foundation Initiative

ID LABEL

You and Your Child at 12 years

Child's questionnaire

This questionnaire is for 12 year old
children.



University of
BRISTOL

The
**Underwood
Trust**





About this research

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

Cross 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"/>
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 cross the box to show how happy you are with each of these.



0 = very unhappy

10 = very happy

0 1 2 3 4 5 6 7 8 9 10

a) How happy are you with how your face looks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How happy are you with the whole of your appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How happy are you with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How happy are you with your hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. Do you like the way your teeth look?

Yes

No

If no, b). What do you not like about them?



8. To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
a) I often think about my cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel I am different from other people because of my cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) If anyone asks me about my cleft, I know what to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am being teased or bullied because of my cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I enjoy going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I have all the information I need about my cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I have all the emotional support I need for issues related to my cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I am happy with the treatment I have received so far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I have been involved in decisions about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I would like to have more treatment in the future to improve how I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I would like to have more treatment in the future to improve my facial function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I am worried that any children I have in the future might be born with a cleft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I feel that my cleft has made my life more difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) I feel that my cleft has had a good impact on my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9a. My talking concerns/worries me...

- Not at all A little bit A lot All the time

9b. Compared to my friend's talking, my speech is...

- Not at all different A little bit different Quite a lot different Very different

9c. The way my speech sounds stops me talking on the phone...

- Not at all A little bit A lot All the time

9d. I find it easy talking to my family...

- All the time Most of the time Some of the time Never

9e. I find it easy to talk to friends...

- All the time Most of the time Some of the time Never

9f. My speech stops me from talking up in class/answering questions in class...

- Not at all A little bit A lot All the time

9g. My speech stops me talking to people I don't know very well (e.g in a shop)...

- Not at all A little bit A lot All the time

9h. Talking makes me feel tired...

- Never Some of the time Most of the time All the time

9i. I get upset because of my talking...

- Never Some of the time Most of the time All the time

9j. People say unkind things about my talking...

- Never Some of the time Most of the time All the time

9jii. How does this make you feel?





9k. How does your speech affect you?

9li. Is there anything you would like to change about your speech?

Yes No

If yes, ii). What would you like to change?

9m. Are there any situations you find tricky because of your talking? Which ones?





10. For each question, please cross the box for Not true, Somewhat true or Certainly true.

It would help us if you answered all questions as best you can even if you are not absolutely certain or the question seems daft! Please give your answers on the basis of how things have been for you over **the last six months**.

	Not true	Somewhat true	Certainly true
a) I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.

11. What is your date of birth?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. What is the date today?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

13. 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**

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





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