

ID LABEL



# You and Your Child

## Mother's questionnaire Antenatal recruitment

This questionnaire is for the child's mother.



June 2014 - Version 1

## About this research

You are being asked to complete this questionnaire because you have chosen to participate in The Cleft Collective Cohort Studies. This research is taking place in collaboration with every cleft team in the UK to investigate the causes of cleft, the best treatments for cleft and the long-term impact of cleft on the family and the individual.

### About this questionnaire

This questionnaire has six sections:

1. **About You** - this section asks for information such as your ethnicity.
2. **Work and Education** - this section asks for information including your educational achievements and your current employment status.
3. **Family Life** - this section asks you questions about where you live, your marital status and your other children (if applicable).
4. **Health and Illness** - this section asks about your family's health history.
5. **Your Lifestyle** - this section asks questions about your diet, alcohol use, cigarette smoking and exercise.
6. **Your Wellbeing** - the last section asks about how you have been feeling recently.

Please try to answer all of the questions, even if some of them sound strange to you. As so little is known about the causes of cleft, we need to ask a broad range of questions about your environment and family history to help us understand what causes cleft and how we can help to support families.

When we ask questions about 'your pregnancy' and 'your child' please answer in relation to your child who has been diagnosed with a cleft. Please fill in the information you can remember!





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

Some of the questions ask about your health and your lifestyle. We need to know this information to find out if any of these factors could be related to cleft lip and palate, but this does not necessarily mean that any of these factors were involved in the development of your child's cleft.

All of the answers you give us in this questionnaire will be kept anonymous.

### **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 contact for support.**

If you have any questions or if you feel concerned or distressed before/after completing this questionnaire and would like some extra support, please refer to the contact details in your starter pack of people who can help.

**Thank you for completing this questionnaire!**





## SECTION A - ABOUT YOU

A1. Please tell us your ethnicity, your mother's ethnicity and your father's ethnicity

<b>a) White</b>	<b>i) You</b>	<b>ii) Your mother</b>	<b>iii) Your father</b>
British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (please cross box and specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>b) Mixed</b>	<b>i) You</b>	<b>ii) Your mother</b>	<b>iii) Your father</b>
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background (please cross box and specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>c) Asian or Asian British</b>	<b>i) You</b>	<b>ii) Your mother</b>	<b>iii) Your father</b>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (please cross box and specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>



A1 continued...

<b>d) Black or Black British</b>	<b>i) You</b>	<b>ii) Your mother</b>	<b>iii) Your father</b>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please cross box and specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>e) Chinese or other ethnic group</b>	<b>i) You</b>	<b>ii) Your mother</b>	<b>iii) Your father</b>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please cross box and specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

A2. Your country of birth:

A3. How long have you lived in the UK? a) Since Birth  b) If not since birth, number of years:

A4. What is your religion?

- None
- Christian (Including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Sikh
- Any other religion (please specify)



A5. How old were you at the time your child was conceived?  years

A6. If known, how old were **YOUR parents** at the time **YOU** were conceived?

Your mother

Your father

A7. What is the name of the hospital in which your child received a diagnosis of cleft?

A8. What is the name of the hospital (or place) in which your child will be born (if different to the above)?

A9. What is the name of the hospital in which your cleft team is based?

A10. How many weeks pregnant are you / is your partner now?

A11. If known, please tell us your due date?  <sup>D</sup> <sup>D</sup> /  <sup>M</sup> <sup>M</sup> /  <sup>Y</sup> <sup>Y</sup>

