

Study number:

A1 ID Number _____

A2 Today's date , ,

YOU AND YOUR FAMILY

B1 Child's date of birth: , ,

B2A Is this child: Male ₁ Female ₂

B3A Are you the child's: Mother ₁ Father ₂
Someone else ₃ Who, please specify _____ B3A3A

B4 How old were you when this child was born? years

B5 How old was your partner when this child was born years

B6A How would you describe your race or ethnic group? (Please tick only one)

White ₁ Pakistani ₅
Black / Caribbean ₂ Bangladeshi ₆
Black / African ₃ Chinese ₇
Indian ₄ Other (please describe) ₈ _____ B6A8A

B7 Who currently lives at home with you? Please list everyone in the box below and their relationship to you (eg son, daughter, husband (or wife), partner, step-son and so on

	Relationship to you?	Age
A	_____1	<input type="text"/> <input type="text"/> _2 years
B	_____1	<input type="text"/> <input type="text"/> _2 years
C	_____1	<input type="text"/> <input type="text"/> _2 years
D	_____1	<input type="text"/> <input type="text"/> _2 years
E	_____1	<input type="text"/> <input type="text"/> _2 years
F	_____1	<input type="text"/> <input type="text"/> _2 years
G	_____1	<input type="text"/> <input type="text"/> _2 years
H	_____1	<input type="text"/> <input type="text"/> _2 years
I	_____1	<input type="text"/> <input type="text"/> _2 years
J	_____1	<input type="text"/> <input type="text"/> _2 years

B8 How many children do you have living with you? _1

Study number:

B9 What is your highest educational qualification?

Vocational ₁ O level/GCSE ₂ A level ₃ Degree ₄

B10 What is your occupation? _____

B11A Are you currently (please tick only one)

Employed by somebody else (part-time) ₁

Employed by somebody else (full -time) ₂

Self-employed ₃

Not employed outside the home (looking for work) ₄

Not employed outside the home (not looking for work) ₅

B12 What is the first part of your postcode?

B13A Thinking of other people in your family (and your partner's), is there anyone else who has a cleft lip, cleft palate or both cleft lip and palate?

YES ₁ NO ₂

B14 If yes, please tell us how they are related to your child (for example: child's older sister, child's younger brother, child's grandmother (mother's mother), child's aunt (father's sister) and so on

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

Please continue with the next part of the questionnaire

YOUR CHILD

Here are some statements about the things children do.

For each statement please TICK A BOX to show how often your child behaves in that way

	Never	Rarely	Sometimes	Often	Always
C1A S/he tends to be shy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C2A S/he tends to cry easily	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C3A S/he likes to be with people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C4A S/he is always on the go	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C5A S/he prefers playing with others rather than alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C6A S/he is somewhat emotional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C7A When s/he moves about s/he moves slowly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C8A S/he makes friends easily	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C9A S/he is off and running as soon as s/he wakes up in the morning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C10A S/he finds people more stimulating than anything else	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C11A S/he fusses and cries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C12A S/he is very sociable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C13A S/he is very energetic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C14A S/he takes a long time to warm to strangers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C15A S/he gets easily upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C16A S/he is something of a loner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C17A S/he prefers quiet inactive games to more active ones	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C18A When alone s/he feels isolated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C19A S/he reacts intensely when upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C20A S/he is very friendly with strangers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C21A S/he bullies other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C22A S/he is very restless, hardly ever still	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C23A S/he is squirmy or fidgety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C24A S/he destroys her own things or those belonging to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C25A S/he fights with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Study number:

	Never	Rarely	Sometimes	Often	Always
C26A S/he is not much liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C27A S/he worries about many things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C28A S/he does things on her/his own. S/he is rather solitary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C29A S/he is irritable, is quick to fly off the handle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C30A S/he appears miserable, unhappy, tearful or distressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C31A S/he takes things belonging to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C32A S/he bites her nails or fingers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C33A S/he is disobedient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C34A S/he cannot settle to do anything for more than a few moments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C35A S/he is afraid of new things or situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C36A S/he is fussy or over-particular	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C37A S/he tells lies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C38A S/he likes to sit and watch TV rather than play active games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C39A S/he laughs a lot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C40A S/he smiles when s/he sees her parent(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C41A S/he likes a cuddle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C42A S/he really enjoys life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Please continue with the next part of the questionnaire

YOU AND YOUR CHILD

HERE ARE SOME COMMENTS THAT PARENTS HAVE MADE ABOUT LOOKING AFTER THEIR CHILDREN.
FOR EACH STATEMENT, PLEASE TICK A BOX TO SHOW HOW MUCH YOU AGREE WITH EACH
STATEMENT. IF SOME OF THE ITEMS ARE DIFFICULT TO ANSWER,
PLEASE CHOOSE THE ANSWER THAT COMES CLOSEST FOR YOU.

		Never	Occasionally	Quite often	Always
D1A	I blame myself when my child gets hurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D2A	I comfort my child immediately when s/he cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D3A	I encourage my child to depend on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D4A	I have difficulty separating from my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D5A	I trust my child on his / her own	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D6A	I let my child make his / her own decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D7A	I have difficulty leaving my child with a babysitter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D8A	I decide when my child eats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D9A	I use baby words when I talk with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D10A	I urge my child to try new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D11A	I determine who my child will play with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D12A	I keep a close watch on my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D13A	I feed my child even if s/he can do it alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D14A	I feel comfortable leaving my child with other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D15A	I protect my child from criticism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D16A	I let my child choose what s/he wants to wear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D17A	I make my child go to sleep at a set time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D18A	I go to my child if s/he cries during the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D19A	I encourage my child to play with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D20A	I give my child extra attention when s/he clings to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D21A	I decide what my child eats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D22A	I dress my child even if s/he can do it alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D23A	I decide when my child goes to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D24A	I know exactly what my child is doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D25A	I allow my child to do things on his / her own	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The following statements are concerned particularly with how you feel about your child's health. As before, for each statement, please TICK THE BOX to show how much you agree. If some of the items are difficult to answer, please tick the box which comes closest for you.

		Never	Occasionally	Quite often	Always
D26A	In general my child seems less healthy than other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D27A	I often think about calling the doctor about my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D28A	When there is something going around my child usually catches it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D29A	I sometimes get concerned that my child doesn't look as healthy as s/he should	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D30A	I often have to keep my child indoors because of health reasons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D31A	My child gets more colds than other children I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D32A	I get concerned about circles under my child's eyes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D33A	I often check my child at night to make sure that s/he is ok	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The questions below are concerned with how you feel when you are with your child. Please answer them honestly and tick the box which shows how you feel most of the time.

		Feel exactly	Often feel	Sometimes feel	Never feel
D34A	I really enjoy this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D35A	I feel confident with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D36A	It is a great pleasure to watch my child develop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D37A	Having this child makes me feel fulfilled	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D38A	I would have preferred that we had not had this child when we did	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D39A	I can't bear hearing the child cry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D40A	I dislike / hate the mess that surrounds the child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D41A	I feel I have no time to myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please continue with the next part of the questionnaire

YOUR THOUGHTS AND FEELINGS

Below are some statements about your thoughts and feelings.

Please tick the box that best describes your experience of each over THE LAST 2 WEEKS.

		None of the time	Rarely	Some of the time	Often	All of the time
E1A	I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E2A	I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E3A	I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E4A	I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E5A	I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E6A	I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E7A	I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E8A	I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E9A	I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E10A	I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E11A	I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E12A	I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E13A	I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E14A	I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please continue with the next part of the questionnaire

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH.

In each case please answer the question by putting a tick in the square which shows

HOW OFTEN you felt or thought a certain way.

Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly.

That is, don't try to count up the number of times you felt a particular way, but rather the alternative that seems like a reasonable estimate.

		Never	Almost never	Sometimes	Fairly Often	Very Often
E15A	In the last month, how often have you felt upset because of something that happened unexpectedly?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E16A	In the last month how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E17A	In the last month, how often have you felt nervous and "stressed"?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E18A	In the last month, how often have you dealt successfully with irritating life hassles?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E19A	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E20A	In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E21A	In the last month, how often have you felt that things were going your way?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E22A	In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E23A	In the last month, how often have you been able to control irritations in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E24A	In the last month, how often have you felt that you were on top of things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Please answer the following questions about your outlook on life.

Be as honest as you can throughout, and try not to let your responses to one question influence your response to other questions. There are no right or wrong answers.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
E25A In uncertain times, I usually expect the best.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E26A It's easy for me to relax.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E27A If something can go wrong for me, it will.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E28A I'm always optimistic about my future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E29A I enjoy my friends a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E30A It's important for me to keep busy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E31A I hardly ever expect things to go my way.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E32A I don't get upset too easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E33A I rarely count on good things happening to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E34A Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Personal costs for parents/immediate family

Finally, we'd like to ask you about any **expenses** you or your immediate family members may have incurred **because of your child's cleft lip and palate**.

Since the birth of your child, did he or she receive any of the following because of his or her cleft lip and palate?

If yes, and you paid for it, please indicate approximate amount...

	Yes*	No*	NA*	During the past 1 year	When your child was aged 0-4 years
F1A Educational assessment (e.g. hearing or speech assessment).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	£ _____ 1A	£ _____ 1B
F2A Special education (e.g. speech and language lessons).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	£ _____ 1A	£ _____ 1B
F3A Outside child care (e.g. babysitting by a friend or neighbour).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	£ _____ 1A	£ _____ 1B
F4A Equipment or aids (e.g. feeding equipment, computer software to help with speech and language development).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Type of equipment/aids _____ 1A £ _____ 1B	Type of equipment/aids _____ 1C £ _____ 1D

Study number:

Since the birth of your child, have you or any member of your immediate family incurred any of the following because of his or her cleft lip and palate?

Yes* No* NA*

If yes, and you paid for it, please indicate approximate amount...
During the past 1 year When your child was aged 0-4 years

F5A Travel and/or accommodation expenses for your child's hospital/clinic appointments? (e.g. cost of petrol, train fares, bus fares, taxi fares, parking costs, B&B costs)

₁ ₂ ₃

£ ______{1A} £ ______{1C}

Number of appointments attended ______{1B} Number of appointments attended ______{1D}

F6A Other expenses for health and educational services?

₁ ₂ ₃

type of expenditure type of expenditure

______{1A} ______{1C}

£ ______{1B} £ ______{1D}

F7A Taken time off work because of caring for your child?

₁ ₂ ₃

number of days number of days

______{1A} ______{1B}

F8A Suffered any loss of earnings as a result of taking time off work?

₁ ₂ ₃

£ ______{1A} £ ______{1B}

F9A Given up work completely because of caring for your child?

₁ ₂ ₃

Gross income loss Gross income loss
£ ______{1A} £ ______{1B}

* Please tick as appropriate

NA – not applicable

The end of the questionnaire

Thank you for taking the time to complete this questionnaire