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

ID LABEL

You and Your Child at 15 years

Mother's questionnaire

This questionnaire is for the child's mother.

University of BRISTOL
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THE SCAR FREE FOUNDATION
VTCT

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 cleft teams 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 seven sections:

A. **Your Child's Health** - This section asks you questions related to the health of your child
B. **Your Child's Speech and Hearing** - This section asks about your child's speech and language development and their hearing
C. **Your Child's Teeth** - This section asks questions about your child's teeth and dental treatment
D. **Additional Questions About Your Child -** This section includes questions about your child that are not covered in any other section
E. **Your Child's Wellbeing** - This sections asks about how your child has been feeling recently
F. **Your Wellbeing** - This section asks about how you have been feeling recently
G. **Additional Questions About You** - This section includes questions not covered in any other section

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, and the impact of having a 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 child' please answer in relation to your child who was born with a cleft. Some of the questions are retrospective. Please fill out 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 or after completing this questionnaire and would like some extra support, please contact your cleft team or GP who can help.
You can also get support from the charities CLAPA (www.clapa.com) or Changing Faces (www.changingfaces.org.uk).

Thank you for completing this questionnaire!

SECTION A - YOUR CHILD'S HEALTH

A1. What is your child's height **now**?

Feet ☐ Inches ☐☐ OR M ☐ . Cm ☐☐ ☐ Don't know

A2. What type of cleft was your child born with?

☐ Cleft lip ☐ Cleft palate ☐ Cleft lip and palate

☐ Submucous cleft palate ☐ Don't know

A3. Is your child's cleft unilateral (on one side of their mouth) or bilateral (on both sides of their mouth)?

☐ Unilateral ☐ Bilateral ☐ Don't know ☐ Not applicable

A4. If your child's cleft is unilateral (on one side of their mouth), which side of your child's mouth is the cleft on **(when looking at your child)**?

☐ Right ☐ Left ☐ Don't know ☐ Not applicable

A5. After your child's primary cleft repair, have they had any other surgery relating to their cleft lip / cleft palate? **(Cross all that apply)**

☐ a) Grommets ☐ b) Bone graft ☐ c) Speech surgery

☐ d) Palate re-repair ☐ e) Lip revision ☐ f) Fistula repair

☐ g) Other (please specify below) ☐ h) None of the above

A6. How many cleft related surgeries has your child had since birth?

☐☐☐

A7. How old was your child when they received the following surgeries?

	My child has not had this surgery	Age in months (for earlier surgeries)	OR	Age in years (for later surgeries)
a) Lip adhesion	☐			
b) Primary lip repair	☐			
c) Primary palate repair	☐			
d) Palate re-repair	☐			
e) Fistula repair	☐			
f) Buccinator flaps (Lengthening of the palate)	☐			
g) Pharyngoplasty (Changing the shape of the back of the throat)	☐			
h) Alveolar bone graft	☐			

A8. Has your child had any of the following infections? **(Cross <u>all</u> that apply)**

- ☐ a) None
- ☐ b) German measles (Rubella)
- ☐ c) Measles
- ☐ d) Chickenpox
- ☐ e) Mumps
- ☐ f) Meningitis
- ☐ g) Urinary tract infection (E.g. cystitis)
- ☐ h) Chest infections / pneumonia
- ☐ i) Recurrent ear infections
- ☐ j) COVID-19

A9. Has your child had / does your child have any of the following conditions or problems?

a) Neurological / Sensory Conditions

- ☐ 0) None
- ☐ i) Epilepsy / Fits / Convulsions
- ☐ ii) Cerebral Palsy
- ☐ iii) Developmental delay
- ☐ iv) Hearing loss or impairment
- ☐ v) Glue Ear, OME (Otitis Media with Effusion)
- ☐ vi) Difficulties with vision
- ☐ vii) Blindness
- ☐ viii) Other neurological condition (please specify below)

b) Heart / Lungs / Immune system

- ☐ 0) None
- ☐ i) Heart condition
- ☐ ii) Lung condition
- ☐ iii) Asthma
- ☐ iv) Difficulties breathing
- ☐ v) Allergies
- ☐ vi) Immune deficiency
- ☐ vii) Other problems with heart / lungs/ immune system (please specify below)

c) Skin / Musculoskeletal conditions

- ☐ 0) None
- ☐ i) Skin condition
- ☐ ii) Skeletal condition
- ☐ iii) Talipes (Club foot)
- ☐ iv) Spine condition
- ☐ v) Other musculoskeletal condition (please specify below)

d) Metabolic conditions

- ☐ 0) None
- ☐ i) Thyroid condition
- ☐ ii) Abnormal calcium levels
- ☐ iii) Blood condition
- ☐ iv) Other metabolic condition (please specify below)

e) Abdominal conditions

- ☐ 0) None
- ☐ i) Severe / persistent vomiting
- ☐ ii) Severe / persistent diarrhoea
- ☐ iii) Severe / persistent gut abnormalities
- ☐ iv) Liver problems
- ☐ v) Jaundice
- ☐ vi) Failure to gain weight or grow
- ☐ vii) Other abdominal condition (please specify below)

f) Kidney and bladder problems

☐ 0) None ☐ i) Kidney / bladder problems (please specify below)

☐ ii) Hypospadias (males only)

A10. Does your child have problems with the structural development of any of the following? **(Cross all that apply)**

☐ a) Eyes (not including vision impairments) ☐ b) Ears (not including hearing impairments)

☐ c) Cheekbones ☐ d) Jaw

☐ e) Tongue ☐ f) Hands

☐ g) Feet ☐ h) Spine

☐ i) Other developmental condition (please specify below) ☐ j) None of the above

A11. Has **your child** been diagnosed with any of the following conditions? **(Cross all that apply)**

☐ a) Pierre Robin sequence (PRS)

☐ b) Van der Woude syndrome

☐ c) Treacher Collins syndrome

☐ d) Hemifacial Microsomy / Goldenhar syndrome

☐ e) Stickler syndrome

☐ f) 22q 11.2 deletion syndrome (also known as Velocardiofacial syndrome, Shprintzen syndrome, DiGeorge syndrome)

☐ g) Craniosynostosis (including Crouzon syndrome, Apert syndrome, Pfeiffer syndrome, Saethre-Chotzen syndrome)

☐ h) Cornelia de Lange syndrome

☐ i) Other syndrome / genetic condition (please specify below)

☐ j) We are currently undergoing genetic testing at the hospital

☐ k) None

A12. Has **your child** ever had difficulties with any of the following? **(Cross all that apply)**

☐ a) Attention/concentration	☐ b) Hyperactivity
☐ c) Behavioural problems	☐ d) Emotional difficulties
☐ e) Social interaction	☐ f) Learning to read and/or write
☐ g) Movement	☐ h) Co-ordination
☐ i) Other (please specify below)	☐ j) None

A13. a) Has **your child** been diagnosed with any of the following conditions? If yes, please tells us how old your child was when they were diagnosed.

	No	Yes	Age at diagnosis (in years)
i) Attention Deficit Hyperactivity Disorder (ADHD)	☐	☐	
ii) Autism Spectrum Disorder	☐	☐	
iii) A learning disability	☐	☐	
iv) Dyslexia	☐	☐	
v) Depression	☐	☐	
vi) Anxiety	☐	☐	
vii) Dyspraxia	☐	☐	
viii) Speech Sound Disorder	☐	☐	
ix) Developmental Language Disorder	☐	☐	
x) Chronic Fatigue Syndrome (CFS) /ME	☐	☐	
xi) Anorexia	☐	☐	
xii) Bulimia	☐	☐	
xiii) Other (please specify below)	☐	☐	

A13. b) **If you answered yes to any of question A13a,** please tell us more in the box below:

A13. c) Has your child been diagnosed with any other condition not mentioned in A13a?

A14. a) Is your child taking any medication?

☐ Yes ☐ No ☐ Don't know

If yes, b) what medication is your child currently taking?

If yes, c) what has the medication been prescribed for?

A15. a) While sleeping, does your child:

	Yes	No	Don't know
i) Snore more than half the time?	☐	☐	☐
ii) Always snore?	☐	☐	☐
iii) Snore loudly?	☐	☐	☐
iv) Have "heavy" or loud breathing?	☐	☐	☐
v) Have trouble breathing, or struggle to breathe?	☐	☐	☐

A15. b) Have you ever seen your child stop breathing during the night?

☐ Yes ☐ No ☐ Don't know

A15. c) Does your child:

	Yes	No	Don't know
i) Tend to breathe through the mouth during the day?	☐	☐	☐
ii) Have a dry mouth on waking up in the morning?	☐	☐	☐
iii) Occasionally wet the bed?	☐	☐	☐

A15. d) Does your child:

	Yes	No	Don't know
i) Wake up feeling unrefreshed in the morning?	☐	☐	☐
ii) Have a problem with sleepiness during the day?	☐	☐	☐

A15. e) Has a teacher or other supervisor commented that your child appears sleepy during the day?

☐ Yes ☐ No ☐ Don't know

A15. f) Is it hard to wake your child up in the morning?

☐ Yes ☐ No ☐ Don't know

A15. g) Does your child wake up with headaches in the morning?

☐ Yes ☐ No ☐ Don't know

A15. h) Did your child stop growing at a normal rate at any time since birth?

☐ Yes ☐ No ☐ Don't know

A15. i) Is your child overweight?

☐ Yes ☐ No ☐ Don't know

A15. j) Your child often:

	Yes	No	Don't know
i) Does not seem to listen when spoken to directly	☐	☐	☐
ii) Has difficulty organising tasks and activities	☐	☐	☐
iii) Is easily distracted by extraneous stimuli	☐	☐	☐
iv) Fidgets with hands or feet, or squirms in seat	☐	☐	☐
v) Is "on the go" or often acts as if "driven by a motor"	☐	☐	☐
vi) Interrupts or intrudes on others (e.g. butts into conversations or games)	☐	☐	☐

A16. a) Has your child previously had any nasal regurgitation (food coming down their nose)?

☐ Yes, often ☐ Yes, sometimes ☐ No

If yes, b) Does your child have any nasal regurgitation now?

☐ Yes, often ☐ Yes, sometimes ☐ No

We are asking the following questions to help inform cleft research into how children develop as they go through adolescence

A17. a) If your child was born female, have they started their menstrual periods yet?

☐ Child was born male ☐ Yes ☐ No ☐ Don't know

If yes, b) How old was your child when they had their first period?

☐☐ Age in years

A18. a) If your child was born male, has their voice changed at all?

☐ Child was born female ☐ Yes ☐ No ☐ Not sure

If yes, b) How old was your child when their voice changed?

☐☐ Age in years

SECTION B - YOUR CHILD'S SPEECH AND HEARING

B1. a) I am concerned about my child's talking…

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. b) Compared to other children, my child's speech is…

☐ Not different ☐ Slightly different ☐ Quite different ☐ Very different

B1. c) My child avoids talking on the phone because of how they sound…

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. d) My child finds it easy talking with family...

☐ All the time ☐ Most of the time ☐ Some of the time ☐ Never

B1. e) My child's friendships are affected because of how they sound...

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. f) My child avoids talking/answering questions in class...

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. g) My child finds it difficult to talk to new people...

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. h) I think my child finds talking tiring/effortful...

☐ Never ☐ Rarely ☐ Often ☐ Always

B1. i) My child gets upset because of their speech

☐ Never ☐ Some of the time ☐ Most of the time ☐ All of the time

B1. j) People make negative comments about my child's speech

☐ Never ☐ Some of the time ☐ Most of the time ☐ All of the time

B1. k) How does this make you feel?

B1. l) How has your child's speech impacted on their life?

B1. m) Is there anything you would like to change about your child's speech?

☐ Yes ☐ No

If yes, i) What would you like to change?

B1. n) Are there any situations your child finds difficult because of their talking? Which ones?

B2. a) Has your child ever received intervention from speech and language therapy?

(Cross <u>all</u> that apply)

☐ i) Yes, from the cleft team

☐ ii) Yes, at school

☐ iii) Yes, other (please specify below)

☐ iv) No ***IF NO, GO TO QUESTION B4***

If yes, b) What speech, language or communication needs did your child need help with? **(Cross all that apply)**

- ☐ i) Difficulty with making speech sounds
- ☐ ii) Difficulty understanding aspects of language
- ☐ iii) Difficulties with using language effectively (e.g. struggles to know which words to use or difficulties making sentences)
- ☐ iv) Stammering
- ☐ v) Social communication
- ☐ vi) Other (please specify below)
- ☐ vii) Don't know
- ☐ viii) None of the above

B3. a) Is your child still receiving speech and language therapy intervention? **(Cross all that apply)**

- ☐ i) Yes, from the cleft team
- ☐ ii) Yes, at school
- ☐ iii) Yes, other (please specify below)
- ☐ iv) No

If no, b). Do you currently have concerns about your child's speech?

☐ Yes ☐ No ☐ Don't know

If yes, c). What speech, language or communication needs does your child have now? **(Cross all that apply)**

- ☐ i) Difficulty with making speech sounds
- ☐ ii) Difficulty understanding aspects of language
- ☐ iii) Difficulties with using language effectively (e.g., struggles to know which words to use or difficulties making sentences)
- ☐ iv) Stammering
- ☐ v) Social communication
- ☐ vi) Other (please specify below)
- ☐ vii) Don't know
- ☐ viii) None of the above

B4. How long ago was your child's last hearing test?

- ☐ Under 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ Longer than 5 years
- ☐ Do not remember
- ☐ My child has never had a hearing test

B5. Is your child still under your local Audiology department?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ My child has never seen an audiologist

B6. Do you know how to request a hearing test / assessment for your child?

- ☐ Yes
- ☐ No

SECTION C - YOUR CHILD'S TEETH

C1. Regarding your child's upper front two permanent teeth, did they come through the same:

	Yes	No
a) Shape	☐	☐
b) Colour	☐	☐
c) Size	☐	☐

C2. a) Does your child have any extra adult teeth?

☐ Yes ☐ No ☐ Don't know

If yes, b) Have they been taken out?

☐ Yes ☐ No ☐ Don't know

C3. Does your child have any missing permanent/adult teeth?
(Not because they were removed by a dentist)

☐ Yes ☐ No ☐ Don't know

C4. What toothpaste does your child use?

☐ None ☐ Standard fluoride toothpaste
☐ Non fluoride toothpaste ☐ High strength fluoride toothpaste
☐ Other (please specify below)

C5. Has your child ever been told by a dentist or hygienist that they have gum disease?

☐ Yes ☐ No ☐ Don't know

C6. How often does your child see your local dentist?

☐ 3 monthly - 4 monthly ☐ 6 monthly
☐ Yearly ☐ When in pain
☐ Never

C7. Do you feel that your dentist is well informed about your child's cleft?

☐ Yes ☐ Somewhat ☐ No ☐ Don't know

C8. When your child visits the dentist, does the dentist:

	Every time	Occasionally	Never	Don't know
a) Place fluoride varnish on the teeth	☐	☐	☐	☐
b) Prescribe high strength fluoride varnish	☐	☐	☐	☐
c) Discuss how to brush your teeth	☐	☐	☐	☐
d) Discuss diet	☐	☐	☐	☐

C9. Has your child had any reshaping of their front teeth with white filling material to help appearance?

☐ Yes ☐ No ☐ Don't know

C10. Has your child had any of the following treatments? **(Cross all that apply)**

☐ 0) None ☐ i) Whitening

☐ ii) Micro abrasion ☐ iii) Use of white filling material to change tooth

☐ iv) Fake tooth stuck on ☐ v) Denture or plate to replace missing teeth

C11. Has your child seen a hospital dentist to discuss any of the following:

	Yes	No
a) Altering the shape or colour of the teeth	☐	☐
b) Replacing missing teeth	☐	☐

C12. Do you feel that your child's dental care has been held up by Covid?

☐ Yes ☐ No

C13. a) Does your child have or have they ever had:
(Cross all that apply)

	Yes	No	
i) Removable braces	☐	☐	
ii) Fixed braces (train tracks)	☐	☐	**IF NO TO BOTH GO TO SECTION D**

If yes, b) was the treatment for:

☐ Top teeth ☐ Bottom teeth ☐ Both top and bottom teeth

C14. a) Was / is the orthodontic treatment undertaken related to jaw surgery?

☐ Yes ☐ No ☐ Don't know

If yes, b) Which jaw was / is being operated on?

☐ Upper jaw ☐ Lower jaw ☐ Both jaws ☐ Don't know

C15. Where are / did the majority of your child's orthodontic visits take place? **(tick one box)**

- ☐ In the main cleft hospital
- ☐ In a clinic (hospital) closer to where I live
- ☐ At a local high street orthodontist

C16. a) Has your child stopped wearing braces?

☐ Yes ☐ No

If yes, b) Did they finish the treatment or was it stopped early?

☐ Finished the treatment ☐ Child stopped wearing / orthodontist stopped treatment

C17. a) How many appointments were required? ☐☐

C17. b) Over how many months? ☐☐

C18. How many unplanned visits (breakages, emergencies etc.) has your child experienced with their orthodontic treatment? ☐☐

C19. Was your child given retainers at the end of their treatment?

- ☐ No
- ☐ Yes, one fixed to their teeth
- ☐ Yes, one they take in and out

C20. a) Has it been suggested there might be a need for further brace treatment in the future?

☐ Yes ☐ No ☐ Don't know **IF NO, TO GO TO SECTION D**

If yes, b) Is the treatment related to potential jaw surgery?

☐ Yes ☐ No ☐ Don't know

If yes, c) Which jaw is being operated on?

☐ Upper jaw ☐ Lower jaw ☐ Both jaws ☐ Don't know

SECTION D - ADDITIONAL QUESTIONS ABOUT YOUR CHILD

D1. What type of school does your child attend?

☐ Secondary school ☐ Special school ☐ Private or independent secondary school

☐ Other (please specify below)

D2. a) Does your child have any additional needs which means the school should make (or has made) special arrangements (e.g. sit them at the front of the classroom/take them out of lessons/provide extra teaching or help)?

☐ Yes ☐ No

If yes, b) Please tell us which additional needs your child has which means special arrangements need to be made **(Cross all that apply)**

☐ i) A learning disability ☐ ii) Speech, language or communication needs

☐ iii) Hearing difficulties ☐ iv) Eyesight difficulties

☐ v) Physical problems ☐ vi) Reading difficulties

☐ vii) Emotional or behavioural problems ☐ viii) Other (please specify below)

D3. Has your child been given an Education, Health and Care (EHC) Plan, an Individual Development Plan (IDP) or a Statement of Special Educational Needs (SEN)?

☐ Yes, my child has an EHC plan, IDP or Statement ☐ No, but my child is being assessed

☐ No, my child was refused an EHC plan, IDP or Statement ☐ No, my child has never been considered for an EHC plan, IDP or Statement

D4. If applicable, how happy are you with the special arrangements that have been made for your child?

☐ Very happy ☐ Somewhat happy ☐ Somewhat unhappy
☐ Very unhappy ☐ Not applicable

D5. Do you feel that you have a good relationship with your child's school?

☐ Yes, always ☐ Yes, most of the time ☐ Sometimes
☐ Not very often ☐ No

D6. In general, how happy are you with the progress your child is making at school?

☐ Very happy ☐ Somewhat happy ☐ Somewhat unhappy
☐ Very unhappy ☐ Not applicable

D7. Do you have any other concerns about the time your child spends at school?

☐ No ☐ Yes (please tell us more below)

D8. Since age 10, what impact has attending cleft related health appointments had on you or your child? **(Cross <u>all</u> that apply)**

☐ i) No impact
☐ ii) Missed school
☐ iii) Missed work
☐ iv) Loss of income
☐ v) Missed activities for your child (e.g. sport, clubs)
☐ vi) Missed social opportunities for your child (e.g. parties)
☐ vii) Missed activities for you
☐ viii) Missed social opportunites for you
☐ ix) Other (please specify below)

D9. Have any of these led to you missing a cleft related appointment?

☐ Yes ☐ No

D10. Which hand does your child write with?

☐ Left ☐ Right ☐ Both

☐ Don't know ☐ Not applicable to my child

D11. Which foot does your child use to kick a ball?

☐ Left ☐ Right ☐ Both

☐ Don't know ☐ Not applicable to my child

SECTION E - YOUR CHILD'S WELLBEING

If you have any questions or if you feel concerned or distressed before/after completing this questionnaire and would like some extra support, please contact your cleft team or GP who can help.

E1. We are asking these questions to help us understand how children born with a cleft lip and/or palate develop.

These questions ask you about your **child's behaviour.** To what extent are each of these statements true of your child's behaviour over the last **six months?**

	Not true	Somewhat true	Certainly true
a) Considerate of other people's feelings	☐	☐	☐
b) Restless, overactive, cannot stay still for long	☐	☐	☐
c) Often complains of headaches, stomach-aches or sickness	☐	☐	☐
d) Shares readily with other children (treats, toys, pencils etc)	☐	☐	☐
e) Often has temper tantrums or hot tempers	☐	☐	☐
f) Rather solitary, tends to play alone	☐	☐	☐
g) Generally obedient, usually does what adults request	☐	☐	☐
h) Many worries, often seems worried	☐	☐	☐
i) Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j) Constantly fidgeting or squirming	☐	☐	☐
k) Has at least one good friend	☐	☐	☐
l) Often fights with other children or bullies them	☐	☐	☐
m) Often unhappy, down-hearted or tearful	☐	☐	☐
n) Generally liked by other children	☐	☐	☐
o) Easily distracted, concentration wanders	☐	☐	☐
p) Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
q) Kind to younger children	☐	☐	☐
r) Often lies or cheats	☐	☐	☐
s) Picked on or bullied by other children	☐	☐	☐
t) Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
u) Thinks things out before acting	☐	☐	☐

E1. Continued...	Not true	Somewhat true	Certainly true
v) Steals from home, school or elsewhere	☐	☐	☐
w) Gets on better with adults than with other children	☐	☐	☐
x) Many fears, easily scared	☐	☐	☐
y) Sees tasks through to the end, good attention span	☐	☐	☐

E2. Overall, do you think that your child has difficulties in **one or more** of the following areas: emotions, concentration, behaviour or being able to get on with other people?

☐ Yes - minor difficulties ☐ Yes - severe difficulties

☐ Yes - definite difficulties ☐ No ***IF NO, GO TO QUESTION E4***

<u>If you have answered "yes" to E2</u>, please answer the following questions about these difficulties:

E3. a) How long have these difficulties been present?

☐ Less than a month ☐ 1-5 months ☐ 6-12 months ☐ Over a year

E3. b) Do the difficulties upset or distress your child?

☐ Not at all ☐ Only a little ☐ Quite a lot ☐ A great deal

E3. c) Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
i) Home life	☐	☐	☐	☐
ii) Friendships	☐	☐	☐	☐
iii) Classroom learning	☐	☐	☐	☐
iv) Leisure activities	☐	☐	☐	☐

E3. d) Do the difficulties put a burden on you or the family as a whole?

☐ Not at all ☐ Only a little ☐ Quite a lot ☐ A great deal

E4. a) Has your child ever been teased or bullied at all by other young people?

☐ Yes ☐ No ☐ Don't know

If yes, b) Has your child been teased or bullied more than other children?

☐ Yes ☐ No ☐ Don't know

E5. These questions are about how **your child** may have been feeling or acting recently. For each question, please say how much he/she has felt or acted this way in the **past two weeks.**

In the past two weeks my child...	True	Sometimes true	Not true
a) Felt miserable or unhappy	☐	☐	☐
b) Didn't enjoy anything at all	☐	☐	☐
c) Felt so tired that he/she just sat around and did nothing	☐	☐	☐
d) Was very restless	☐	☐	☐
e) Felt like he/she was no good anymore	☐	☐	☐
f) Cried a lot	☐	☐	☐
g) Found it hard to think properly or concentrate	☐	☐	☐
h) Hated him/herself	☐	☐	☐
i) Felt he/she was a bad person	☐	☐	☐
j) Felt lonely	☐	☐	☐
k) Thought nobody really loved him/her	☐	☐	☐
l) Thought he/she could never be as good as other kids	☐	☐	☐
m) Felt he/she did everything wrong	☐	☐	☐

E6. Below is a list of sentences that describe how people feel. For each statement, please tick the response that seems to describe **your child** for **the last 3 months.** Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
a) When my child feels frightened it is hard for them to breathe	☐	☐	☐
b) My child gets headaches when they are at school	☐	☐	☐
c) My child doesn't like to be with people they don't know well	☐	☐	☐
d) My child gets scared if they sleep away from home	☐	☐	☐
e) My child worries about other people liking them	☐	☐	☐
f) When my child gets frightened, they feel like passing out	☐	☐	☐
g) My child is nervous	☐	☐	☐

E6. Continued...

	Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
h) My child follows me wherever I go	☐	☐	☐
i) People tell me that my child looks nervous	☐	☐	☐
j) My child feels nervous with people they don't know well	☐	☐	☐
k) My child gets stomach-aches at school	☐	☐	☐
l) When my child gets frightened, they feel like they are going crazy	☐	☐	☐
m) My child worries about sleeping alone	☐	☐	☐
n) My child worries about being as good as other kids	☐	☐	☐
o) When my child gets frightened, they feel like things are not real	☐	☐	☐
p) My child has nightmares about something bad happening to their parents	☐	☐	☐
q) My child worries about going to school	☐	☐	☐
r) When my child gets frightened, their heart beats fast	☐	☐	☐
s) They get shaky	☐	☐	☐
t) My child has nightmares about something bad happening to them	☐	☐	☐
u) My child worries about things working out for them	☐	☐	☐
v) When my child gets frightened, they sweat a lot	☐	☐	☐
w) My child is a worrier	☐	☐	☐
x) My child gets really frightened for no reason at all	☐	☐	☐
y) My child is afraid to be alone in the house	☐	☐	☐
z) It is hard for my child to talk with people they don't know well	☐	☐	☐
aa) When my child gets frightened, they feel like they are choking	☐	☐	☐
bb) People tell me that my child worries too much	☐	☐	☐
cc) My child doesn't like to be away from their family	☐	☐	☐
dd) My child is afraid of having anxiety (or panic) attacks	☐	☐	☐

E6. Continued...

	Not true or hardly ever true	Somewhat true or sometimes true	Very true or often true
ee) My child worries that something bad might happen to their parents	☐	☐	☐
ff) My child feels shy with people they don't know well	☐	☐	☐
gg) My child worries about what is going to happen in the future	☐	☐	☐
hh) When my child gets frightened, they feel like throwing up	☐	☐	☐
ii) My child worries about how well they do things	☐	☐	☐
jj) My child is scared to go to school	☐	☐	☐
kk) My child worries about things that have already happened	☐	☐	☐
ll) When my child gets frightened, they feel dizzy	☐	☐	☐
mm) My child feels nervous when they are with other children or adults and they have to do something while they watch them (for example: read aloud, speak, play a game, play a sport)	☐	☐	☐
nn) My child feels nervous when they are going to parties, dances, or any place where there will be people they don't know well	☐	☐	☐
oo) My child is shy	☐	☐	☐

E7. For each statement that follows, please tick the response that best describes your child's behaviour **over the last 6 months**

	Not true	Sometimes true	Often true	Almost always true
a) Seems much more fidgety in social situations than when alone	☐	☐	☐	☐
b) Expressions on his or her face don't match what he or she is saying	☐	☐	☐	☐
c) Seems self-confident when interacting with others	☐	☐	☐	☐
d) When under stress, he or she shows rigid or inflexible patterns of behaviour that seem odd	☐	☐	☐	☐
e) Doesn't recognise when others are trying to take advantage of him or her	☐	☐	☐	☐

E7. Continued...	Not true	Sometimes true	Often true	Almost always true
f) Would rather be alone than with others	☐	☐	☐	☐
g) Is aware of what others are thinking or feeling	☐	☐	☐	☐
h) Behaves in ways that seem strange or bizarre	☐	☐	☐	☐
i) Clings to adults, seems too dependant on them	☐	☐	☐	☐
j) Takes things too literally and doesn't get the real meaning of a conversation	☐	☐	☐	☐
k) Has good self-confidence	☐	☐	☐	☐
l) Is able to communicate his or her feelings to others	☐	☐	☐	☐
m) Is awkward in turn-taking interactions with peers (for example, doesn't seem to understand the give and take of conversations)	☐	☐	☐	☐
n) Is not well coordinated	☐	☐	☐	☐
o) Is able to understand the meaning of other people's tone of voice and facial expressions	☐	☐	☐	☐
p) Avoids eye contact or has unusual eye contact	☐	☐	☐	☐
q) Recognises when something is unfair	☐	☐	☐	☐
r) Has difficulty making friends, even when trying his or her best	☐	☐	☐	☐
s) Gets frustrated trying to get ideas across in conversations	☐	☐	☐	☐
t) Shows unusual sensory interests (for example, mouthing or spinning objects) or strange ways of playing with toys	☐	☐	☐	☐
u) Is able to imitate others' actions	☐	☐	☐	☐
v) Plays appropriately with children his or her age	☐	☐	☐	☐
w) Does not join group activities unless told to do so	☐	☐	☐	☐
x) Has more difficulty than other children with changes in his or her routine	☐	☐	☐	☐
y) Doesn't seem to mind being out of step with or 'not on the same wavelength' as others	☐	☐	☐	☐
z) Offers comfort to others when they are sad	☐	☐	☐	☐

E7. Continued...	Not true	Sometimes true	Often true	Almost always true
aa) Avoids starting social interactions with peers or adults	☐	☐	☐	☐
bb) Thinks or talks about the same thing over and over	☐	☐	☐	☐
cc) Is regarded by other children as odd or weird	☐	☐	☐	☐
dd) Becomes upset in a situation with lots of things going on	☐	☐	☐	☐
ee) Can't get his or her mind off something once he or she starts thinking about it	☐	☐	☐	☐
ff) Has good personal hygiene	☐	☐	☐	☐
gg) Is socially awkward, even when he or she is trying to be polite	☐	☐	☐	☐
hh) Avoids people who want to be emotionally close to him or her	☐	☐	☐	☐
ii) Has trouble keeping up with the flow of a normal conversation	☐	☐	☐	☐
jj) Has difficulty relating to adults	☐	☐	☐	☐
kk) Has difficulty relating to peers	☐	☐	☐	☐
ll) Responds appropriately to mood changes in others (for example, when a friend's or playmate's mood changes from happy to sad)	☐	☐	☐	☐
mm) Has an unusually narrow range of interests	☐	☐	☐	☐
nn) Is imaginative, good at pretending (without losing touch with reality)	☐	☐	☐	☐
oo) Wanders aimlessly from one activity to another	☐	☐	☐	☐
pp) Seems overly sensitive to sounds, textures or smells	☐	☐	☐	☐
qq) Separates easily from caregivers	☐	☐	☐	☐
rr) Doesn't understand how events relate to one another (cause and effect) the way other children his or her age do	☐	☐	☐	☐
ss) Focuses his or her attention to where others are looking or listening	☐	☐	☐	☐
tt) Has overly serious facial expressions	☐	☐	☐	☐
uu) Is too silly or laughs inappropriately	☐	☐	☐	☐

E7. Continued...	Not true	Sometimes true	Often true	Almost always true
vv) Has a sense of humour, understands jokes	☐	☐	☐	☐
ww) Does extremely well at a few tasks, but does not do as well at most other tasks	☐	☐	☐	☐
xx) Has repetitive, odd behaviours such as hand flapping or rocking	☐	☐	☐	☐
yy) Has difficulty answering questions directly and ends up talking around the subject	☐	☐	☐	☐
zz) Knows when he or she is talking too loud or making too much noise	☐	☐	☐	☐
aaa) Talks to people with an unusual tone of voice (for example, talks like a robot or like he or she is giving a lecture)	☐	☐	☐	☐
bbb) Seems to react to people as if they are objects	☐	☐	☐	☐
ccc) Knows when he or she is too close to someone or is invading someone's space	☐	☐	☐	☐
ddd) Walks in between two people who are talking	☐	☐	☐	☐
eee) Gets teased a lot	☐	☐	☐	☐
fff) Concentrates too much on parts of things rather than seeing the whole picture. For example, if asked to describe what happened in a story, he or she may talk only about the kind of clothes the characters were wearing	☐	☐	☐	☐
ggg) Is overly suspicious	☐	☐	☐	☐
hhh) Is emotionally distant, doesn't show his or her feelings	☐	☐	☐	☐
iii) Is inflexible, has a hard time changing his or her mind	☐	☐	☐	☐
jjj) Gives unusual or illogical reasons for doing things	☐	☐	☐	☐
kkk) Touches others in an unusual way (for example, he or she may touch someone just to make contact and then walk away without saying anything)	☐	☐	☐	☐
lll) Is too tense in social settings	☐	☐	☐	☐
mmm) Stares or gazes off into space	☐	☐	☐	☐

SECTION F - YOUR WELLBEING

F1. Families sometimes have special concerns or difficulties because of their child's health. Below is a list of things that might be a problem for you.

In the past **one month**, **as a result of your child's health**, how much of a problem have **you** had with the following...

	Never	Almost never	Some-times	Often	Almost always
a) I feel tired during the day	☐	☐	☐	☐	☐
b) I feel tired when I wake up in the morning	☐	☐	☐	☐	☐
c) I feel too tired to do the things I like to do	☐	☐	☐	☐	☐
d) I get headaches	☐	☐	☐	☐	☐
e) I feel physically weak	☐	☐	☐	☐	☐
f) I feel sick to my stomach	☐	☐	☐	☐	☐
g) I feel anxious	☐	☐	☐	☐	☐
h) I feel sad	☐	☐	☐	☐	☐
i) I feel angry	☐	☐	☐	☐	☐
j) I feel frustrated	☐	☐	☐	☐	☐
k) I feel helpless or hopeless	☐	☐	☐	☐	☐
l) I feel isolated from others	☐	☐	☐	☐	☐
m) I have trouble getting support from others	☐	☐	☐	☐	☐
n) It is hard to find time for social activities	☐	☐	☐	☐	☐
o) I do not have enough energy for social activities	☐	☐	☐	☐	☐
p) It is hard for me to keep my attention on things	☐	☐	☐	☐	☐
q) It is hard for me to remember what people tell me	☐	☐	☐	☐	☐
r) It is hard for me to remember what I just heard	☐	☐	☐	☐	☐
s) It is hard for me to think quickly	☐	☐	☐	☐	☐
t) I have trouble remembering what I was just thinking	☐	☐	☐	☐	☐

F1. Continued...	Never	Almost never	Some-times	Often	Almost always
u) I feel that others do not understand my family's situation	☐	☐	☐	☐	☐
v) It is hard for me to talk about my child's health with others	☐	☐	☐	☐	☐
w) It is hard for me to tell doctors and nurses how I feel	☐	☐	☐	☐	☐
x) I worry about whether or not my child's medical treatments are working	☐	☐	☐	☐	☐
y) I worry about the side effects of my child's medications/medical treatments	☐	☐	☐	☐	☐
z) I worry about how others will react to my child's condition	☐	☐	☐	☐	☐
aa) I worry about how my child's illness is affecting other family members	☐	☐	☐	☐	☐
bb) I worry about my child's future	☐	☐	☐	☐	☐

F2. Below is a list of things that might be a problem for your **family**.
In the past **<u>one month</u>**, **<u>as a result of your child's health</u>**, how much of a problem has **<u>your family</u>** had with...

	Never	Almost never	Some-times	Often	Almost always
a) Family activities taking more time and effort	☐	☐	☐	☐	☐
b) Difficulty finding time to finish household tasks	☐	☐	☐	☐	☐
c) Feeling too tired to finish household tasks	☐	☐	☐	☐	☐
d) Lack of communication between family members	☐	☐	☐	☐	☐
e) Conflicts between family members	☐	☐	☐	☐	☐
f) Difficulty making decisions together as a family	☐	☐	☐	☐	☐
g) Difficulty solving family problems together	☐	☐	☐	☐	☐
h) Stress or tension between family members	☐	☐	☐	☐	☐

F3. Please answer the following questions telling us how happy you are with the care **you, your child, and your family** have received at the hospital from the staff.

Please cross N/A (not applicable) if the item does not apply to you.

How happy are you with... (For example, 'Never happy', 'Often happy' etc)	Never	Some-times	Often	Almost always	Always	N/A
a) How much information was provided to you about your child's diagnosis?	☐	☐	☐	☐	☐	☐
b) How much information was provided to you about the treatment and course of your child's health condition?	☐	☐	☐	☐	☐	☐
c) How much information was provided to you about the side effects of your child's treatment?	☐	☐	☐	☐	☐	☐
d) How soon information was given to you about your child's test results?	☐	☐	☐	☐	☐	☐
e) How often you are updated about your child's health?	☐	☐	☐	☐	☐	☐
f) The sensitivity shown to you and your family during your child's treatment?	☐	☐	☐	☐	☐	☐
g) The willingness to answer questions that you and your family may have?	☐	☐	☐	☐	☐	☐
h) The effort to include your family in discussion of your child's care and other information about your child's health condition?	☐	☐	☐	☐	☐	☐
i) How much time the staff give you to ask any questions you may have had about your child's health condition and treatment?	☐	☐	☐	☐	☐	☐
j) How well the staff explain your child's health condition and treatment to **your child** in a way that she/he can understand?	☐	☐	☐	☐	☐	☐
k) The time taken to explain your child's health condition and treatment **to you** in a way that you could understand?	☐	☐	☐	☐	☐	☐
l) How well the staff listen to you and your concerns?	☐	☐	☐	☐	☐	☐
m) The preparation provided for **you** about what to expect during tests and procedures?	☐	☐	☐	☐	☐	☐

F3. Continued... **How happy are you with...**	Never	Some-times	Often	Almost always	Always	N/A
n) The preparation provided for **your child** about what to expect during tests and procedures?	☐	☐	☐	☐	☐	☐
o) How well the staff respond to your child's needs?	☐	☐	☐	☐	☐	☐
p) Efforts to keep your child comfortable and as pain-free as possible?	☐	☐	☐	☐	☐	☐
q) How much time the staff take to help you with your child coming back home after hospitalisation?	☐	☐	☐	☐	☐	☐
r) The amount of time given to your child to play, talk about her/his feelings, and any questions she/he may have?	☐	☐	☐	☐	☐	☐
s) The amount of time spent helping your child with going back to school after hospitalisation?	☐	☐	☐	☐	☐	☐
t) The amount of time spent attending to **your child's** emotional needs?	☐	☐	☐	☐	☐	☐
u) The amount of time spent attending to **your** emotional needs?	☐	☐	☐	☐	☐	☐
v) The overall care your child is receiving?	☐	☐	☐	☐	☐	☐
w) How friendly and helpful the staff are?	☐	☐	☐	☐	☐	☐
x) The way your child is treated at the hospital?	☐	☐	☐	☐	☐	☐

F4. These questions ask you about your view of the world. Please cross the box for each statement that applies to you.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) In uncertain times, I usually expect the best	☐	☐	☐	☐	☐
b) It's easy for me to relax	☐	☐	☐	☐	☐
c) If something can go wrong for me, it will	☐	☐	☐	☐	☐
d) I'm always optimistic about my future	☐	☐	☐	☐	☐
e) I enjoy my friends a lot	☐	☐	☐	☐	☐
f) It's important for me to keep busy	☐	☐	☐	☐	☐
g) I hardly ever expect things to go my way	☐	☐	☐	☐	☐
h) I don't get upset too easily	☐	☐	☐	☐	☐
i) I rarely count on good things happening to me	☐	☐	☐	☐	☐
j) Overall, I expect more good things to happen to me than bad	☐	☐	☐	☐	☐

SECTION G - ADDITIONAL QUESTIONS ABOUT YOU

G1. Have **you** had / do you have any of the following conditions or problems?

a) Neurological / Sensory Conditions

- ☐ 0) None
- ☐ i) Epilepsy / Fits / Convulsions
- ☐ ii) Cerebral Palsy
- ☐ iii) Developmental delay
- ☐ iv) Hearing loss or impairment
- ☐ v) Serous Otitis Media (OME, Glue Ear)
- ☐ vi) Difficulties with vision
- ☐ vii) Blindness
- ☐ viii) Other neurological condition (please specify below)

b) Heart / Lungs / Immune system

- ☐ 0) None
- ☐ i) Heart condition
- ☐ ii) Lung condition
- ☐ iii) Asthma
- ☐ iv) Difficulties breathing
- ☐ v) Allergies
- ☐ vi) Immune deficiency
- ☐ vii) Other problems with heart / lungs/ immune system (please specify below)

c) Skin / Musculoskeletal conditions

- ☐ 0) None
- ☐ i) Skin condition
- ☐ ii) Skeletal condition
- ☐ iii) Talipes (Club foot)
- ☐ iv) Spine condition
- ☐ v) Other musculoskeletal condition (please specify below)

d) Metabolic conditions

- ☐ 0) None
- ☐ i) Thyroid condition
- ☐ ii) Abnormal calcium levels
- ☐ iii) Blood condition
- ☐ iv) Other metabolic condition (please specify below)

e) Abdominal conditions

- ☐ 0) None
- ☐ i) Severe / persistent vomiting
- ☐ ii) Severe / persistent diarrhoea
- ☐ iii) Severe / persistent gut abnormalities
- ☐ iv) Liver problems
- ☐ v) Jaundice
- ☐ vi) Failure to gain weight or grow
- ☐ vii) Other abdominal condition (please specify below)

f) Kidney and bladder problems

- ☐ 0) None
- ☐ i) Kidney / bladder problems (please specify below)
- ☐ ii) Hypospadias (males only)

G2. Have **you, the child's biological father, or any of your other children** been diagnosed with any of the following syndromes / genetic conditions? (For other children, please also give their date of birth)

	You	Child's father	Other child	Other child's DOB DD / MM /
a) Cleft lip and / or palate	☐	☐	☐	/ /
b) Pierre Robin sequence (PRS)	☐	☐	☐	/ /
c) Van der Woude syndrome	☐	☐	☐	/ /
d) Treacher Collins syndrome	☐	☐	☐	/ /
e) Hemifacial Microsomy / Goldenhar syndrome	☐	☐	☐	/ /
f) Stickler syndrome	☐	☐	☐	/ /
g) 22q 11.2 deletion syndrome (also known as Velocardiofacial syndrome, Shprintzen syndrome, DiGeorge syndrome)	☐	☐	☐	/ /
h) Craniosynostosis (including Crouzon syndrome, Apert syndrome, Pfeiffer syndrome, Saethre-Chotzen syndrome)	☐	☐	☐	/ /
i) Cornelia de Lange syndrome	☐	☐	☐	/ /
j) Currently undergoing genetic testing at the hospital	☐	☐	☐	/ /
k) Other syndrome / genetic condition (please specify below)	☐	☐	☐	/ /
l) No	☐	☐	☐	

G3. **This table shows income in weekly, monthly and annual amounts.** Which of the amounts on this list represents **YOUR FAMILY'S** total income from all jobs, tax credits, benefits and other sources **after tax** when added together?
(**Cross <u>one</u> box only)**

Weekly Income after Tax	**Monthly Income after Tax**	**Annual Income after Tax**	
Less than £25	Less than £108	Less than £1,299	☐
£25 - £39	£109 - £175	£1,300 - £2,099	☐
£40 - £59	£176 - £259	£2,100 - £3,099	☐
£60 - £79	£260 - £350	£3,100 - £4,199	☐
£80 - £99	£351 - £433	£4,200 - £5,199	☐
£100 - £124	£434 - £542	£5,200 - £6,499	☐
£125 - £149	£543 - £650	£6,500 - £7,799	☐
£150 - £179	£651 - £775	£7,800 - £9,299	☐
£180 - £209	£776 - £917	£9,300 - £10,999	☐
£210 - £259	£918 - £1,125	£11,000 - £13,499	☐
£260 - £299	£1,126 - £1,333	£13,500 - £15,999	☐
£300 - £379	£1,334 - £1,667	£16,000 - £19,999	☐
£380 - £479	£1,668 - £2,083	£20,000 - £24,999	☐
£480 - £577	£2,084 - £2,500	£25,000 - £29,999	☐
£578 - £769	£2,501 - £3,333	£30,000 - £39,999	☐
£770 - £962	£3,334 - £4,167	£40,000 - £49,999	☐
£963 - £1,154	£4,168 - £5,000	£50,000 - £59,999	☐
£1,155 - £1,346	£5,001 - £5,833	£60,000 - £69,999	☐
£1,347 - £1,538	£5,834 - £6,667	£70,000 - £79,999	☐
£1,539 or more	£6,668 or more	£80,000 or more	☐

G4. Which of these credits/allowances/benefits do **YOU** receive as an individual? **(Cross all that apply)**

- ☐ a) Child benefit
- ☐ b) Child tax credit
- ☐ c) Working tax credit
- ☐ d) Income support
- ☐ e) Disability living allowance/personal independence payment (PIP)
- ☐ f) Income tested job seeker's allowance
- ☐ g) Housing benefit/rent rebate/council tax benefit/council tax reduction
- ☐ h) Incapacity benefits/employment and support allowance (ESA)
- ☐ i) Pension credit
- ☐ j) Carer's allowance
- ☐ k) Universal credit
- ☐ l) None
- ☐ m) Don't know
- ☐ n) Other (please specify below)

G5. Approximately how much of **YOUR** total individual income comes from benefits?

- ☐ None
- ☐ A small amount (less than 25%)
- ☐ A fair amount (between 25% and 50%)
- ☐ The majority of your income (50% or more)

G6. What is **YOUR** current employment status? **(Cross one box only)**

- ☐ Student
- ☐ Homemaker
- ☐ Intern/apprentice
- ☐ Military Service
- ☐ Unemployed/laid off
- ☐ Rehabilitation/disabled
- ☐ Employed in public sector
- ☐ Employed in private sector
- ☐ Self-employed
- ☐ Other (please specify below)

G7. What is **YOUR** current/most recent occupation? **(Cross <u>one</u> box only).**
See below for examples of occupation types.

- ☐ Professional/executive
- ☐ Small business, proprietor, sales
- ☐ Clerical/administrative
- ☐ Skilled worker
- ☐ Semi-skilled worker
- ☐ Unskilled worker
- ☐ Student/school pupil
- ☐ Homemaker
- ☐ Volunteer worker
- ☐ Other (please specify below)

EXAMPLES OF OCCUPATION TYPES

<u>Professional/Executive:</u> An expert in the field in which you work, with education beyond an undergraduate degree (e.g. masters degree or doctorate) OR an individual with a top level position in a business setting with over 100 employees, e.g. lawyer, doctor.

<u>Small business, proprietor, sales:</u> Working in a business with under 100 employees.

<u>Clerical/administrative:</u> Working in an office and performing day-to-day business-related tasks such as organising meetings, typing, writing proposals, and budgeting.

<u>Skilled worker:</u> Any worker who has some special knowledge in his/her work and who has usually attended a college, university, or technical school and may have a diploma, or undergraduate degree. Or a skilled worker who may have learned their skills on the job, e.g. teacher, nurse, plumber, electrician.

<u>Semi-skilled worker:</u> A semi-skilled worker who has received little specialised training to do their work.

<u>Unskilled worker:</u> An unskilled worker who has received no special training to do their work.

G8. What is your **PARTNER'S** current employment status? **(Cross <u>one</u> box only)**

- ☐ Student
- ☐ Homemaker
- ☐ Intern/apprentice
- ☐ Military Service
- ☐ Unemployed/laid off
- ☐ Rehabilitation/disabled
- ☐ Employed in public sector
- ☐ Employed in private sector
- ☐ Self-employed
- ☐ Other (please specify below)
- ☐ Not applicable

G9. What is your **PARTNER'S** current/most recent occupation? **(Cross <u>one</u> box only).** See previous page (40) for examples of occupation types.

- ☐ Professional/executive
- ☐ Small business, proprietor, sales
- ☐ Clerical/administrative
- ☐ Skilled worker
- ☐ Semi-skilled worker
- ☐ Unskilled worker
- ☐ Student/school pupil
- ☐ Homemaker
- ☐ Volunteer worker
- ☐ Other (please specify below)
- ☐ Not applicable

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SECTION Z

Z1. This questionnaire was completed by:

☐ Child's biological mother

☐ Someone else (please specify below)

Z2. Do you live in the same house as your child?

☐ Yes ☐ No

Z3. On what date did you complete this questionnaire?

DD MM YYYY

Z4. Please give **your** date of birth

DD MM YYYY

Z5. Please give **your child's** date of birth

DD MM YYYY

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please use this space for any additional comments you would like to make:

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

The Cleft Collective
Bristol Dental School
Trinity Quay
Bristol
BS2 0NB

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