

SURVEY

Please read the information sheet before you do the survey: go to www.clapa.com/
or call 020 7833 4883 to request a copy.

Have you ever asked your doctor a question about clefting to which he/she did not know the answer? Do you have an unanswered question about the cause, management or outcome of clefting? Do you think that answering that question through research will help to improve the lives of people with a cleft?

This is your chance to make your views known.

To help you, here are some examples of unanswered questions about other health problems:

- Are breathing exercises helpful in controlling asthma?
- What is the evidence for gargling aspirin to relieve a sore throat?
- How safe is it for my baby if I am breastfeeding and taking antidepressant medication?
- Is monochloroacetic acid more effective for the treatment of warts than liquid nitrogen?

By participating in this survey you are agreeing to allow us to publish the questions you identify in the UK Database of Uncertainties about the Effects of Treatments (UK DUETs – www.library.nhs.uk/duets). Your name will not be published.

What question(s) about cleft lip and/or palate would you like to see answered by research? (You can submit as many or as few as you like.)

1.

2.

3.

4.

If you wish to submit more than four unanswered questions, please continue on a separate page.

Some questions about you

It would be really helpful for our research to know a little more about you, so we would be grateful if you could answer the questions in this section. However, if you would prefer not to, then just leave it blank.

Which of these best describes you? (Please tick all that apply)

- I am a person aged under 18 with a cleft of the lip/palate
- I am a person aged 18 or over with a cleft of the lip/palate
- I am a carer or relative of someone aged under 18 with a cleft of the lip/palate
- I am a carer or relative of someone aged 18 or over with a cleft of the lip/palate
- I am a health professional
- I am part of an organisation representing people with clefts of the lip/palate
- other – please describe

You only need to answer this question if you are answering as a clinician or healthcare professional. (Please tick ONE box)

In which area do you primarily work?

Audiologist	Orthodontist
Cleft Surgeon	Paediatric Dentist
ENT Surgeon	Paediatrician
Geneticist	Restorative Dentist
GP	Specialist Cleft Nurse
Member of cleft administrative team	Speech and Language therapist
Midwife	Psychologist
Not applicable	
Other (please specify)	

You only need to answer these questions if you are a person with a cleft, or if you are the parent, relative or carer of a person with a cleft.

These details will NOT be published in association with your response or linked in any way to the UK DUETs database.

Gender: are you	Ethnic group: are you
€ Female	€ White
€ Male	€ Black
€ Prefer not to say	€ Asian
	€ Mixed race
	€ Chinese or other ethnic group
	€ Prefer not to say

Next steps

Would you like more information about the next stage of the project, where the research questions will be prioritised?

Yes

No

If you answered 'yes', please supply your contact details.

Contact details

Your contact details will be kept confidential and securely, in accordance with the Data Protection Act.

Name _____

Address _____

Email address _____

What is your preferred method of contact?

Email €

Post €

Thank you for completing this survey.

Please return this form to:

info@clapa.com

or

Cleft Lip and Palate Association
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