Prevalence of Cleft Lip and Palate
A-Parents Questionnaire

* The participants are required to complete section A, section B is completed by the principal investigator.
* The participants are required to select “father or mother” only. It is completely anonymous.

Demographic Data

Person completed the questionnaire: Father…… Mother ……

Patient DOB:…….....Age:…….

Patient Gender: Male……...Female……...……

Parents Consanguinity: Yes ……No ……Degree…….

Residence: City……..…Village ……..Badia ……...Refugee Camp.

Parents Educational Level: Father ……...Mother ……

House Hold Income (JD): (< 150) (150-299) (300-499) (500-699) (700-899) (>900)

Health Status Demographics

Did the pregnant mother of the child with OFC take pregnancy supplements: Yes……No

Did the pregnant mother of the child with OFC take prescribed medications: Yes…… No

Have the pregnant mother of the child with OFC underwent x-ray procedures: Yes…..No

Have the family receive health education regarding the OFC: Yes ……..……..No

Incidences of other OFC in the same family: Yes ….. No … Consanguinity …….

B-Medical Notes

Type of OFC

Type of OFC: Cleft lip ……. Cleft palate ……..Cleft lip & palate …

Laterality of OFC: Unilateral ……..……. Bilateral …….…...

Side of OFC: Right side …… Left side …….Both sides …….

Incidences of congenital anomalies besides OFC: Yes …….No……..

Type of Surgical Repair

No surgery: Yes ……. No ……

Repair of lip: Yes …….…...No ……...……

Secondary revision of lip: Yes ……No ……

Secondary revision of lip and nose: Yes ……No …….

Repair of palate: Yes ……. No …….

Secondary repair of palate: Yes ……..……No ……

Bone graft: Yes …….. No ……

Tooth extraction: Yes …… No ……

Communication Disorders

Incidence of hearing loss: Yes …….. No ……

Type of hearing loss: CHL…….SNHL…….Mixed HL…….

Incidence of hypernasality: Yes …… No ……

Incidence of articulation or phonological disorder: Yes ……... No ……

Incidence of dysphagia prior to repair: Yes …….……..No ……

Type of dysphagia: Oral……Pharyngeal……Nasal Regurgitation.

Incidence of dysphagia post repair: Yes …….……...No ……