Appendix 2

Revision Questionnaire

1. Do you want to have something related to your cleft improved (For example: Do you want to have the appearance of your lip/nose/teeth/jaw improved?)

2. If you would like to have something improved, please answer the next questions. How soon would you like this to be improved?
   a. Today
   b. In a few years
   c. When I am an adult

3. What area bothers you the most that you would want to have corrected?
   a. Lip
   b. Nose
   c. Upper jaw/cheek bones
   d. Teeth/gums
   e. Palate

4. Why do you want this area to be improved?
   a. I don’t like how it looks
   b. Other people tease me or bully me because of this.
   c. I want to be able to talk so that people understand what I am saying
   d. Other (explain)