

## **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)