

Moving Up! Feedback Survey

As this is the first year we are using the 'Moving Up!' booklets, we would really value feedback on how helpful it is, and any suggestions you have, via this survey. **Please note that some questions are designed to be completed BEFORE reading the booklets.**

The parts of the survey to complete before reading the booklets are:

- **A1) For ADULT to complete BEFORE reading Moving Up! Parent/Carer booklet**
- **C1) For CHILD to complete BEFORE reading Moving Up! Children's booklet**

The parts of the survey to complete after reading the booklets are:

- **A2) For ADULT to complete AFTER reading Moving Up! Parent/Carer booklet**
- **C2) For CHILD to complete AFTER reading Moving Up! Children's booklet**

Please note the survey is arranged into separate adult and child sections, though both have before and after questions.

Anonymous survey feedback will be collected by the team in Scotland on behalf of Cleft Clinical Psychologists across the UK, and used to develop the pack for future years. Once you have completed the survey, please either:

- **Email scans/photos of pages to:** gg-uhb.CleftPsychologyScotland@nhs.net
- **OR post to:** Clinical Psychology, National Cleft Surgical Service for Scotland, Queen Elizabeth University Hospital, Govan Road, Glasgow G51 4TF

A1) For ADULT to complete BEFORE reading Moving Up! Parent/Carer booklet

1. How confident do you feel about your child moving to secondary school?

(Please circle one number)

0 1 2 3 4 5 6 7 8 9 10
Not at all Very
confident confident

2. How worried do you feel about your child moving to secondary school?

0 1 2 3 4 5 6 7 8 9 10
Not at all Very
worried worried

3. How confident do you feel about supporting your child with these things?

	Not at all confident										Very confident
	0	1	2	3	4	5	6	7	8	9	10
Making friends	0	1	2	3	4	5	6	7	8	9	10
Talking to others about cleft	0	1	2	3	4	5	6	7	8	9	10
Teasing and bullying	0	1	2	3	4	5	6	7	8	9	10
Confidence and self-esteem	0	1	2	3	4	5	6	7	8	9	10
Mood and wellbeing	0	1	2	3	4	5	6	7	8	9	10

Thank you! Now, please read the **Moving Up! Parent/Carer booklet**

A2) For ADULT to complete AFTER reading Moving Up! Parent/Carer booklet

1. Has the booklet made you feel any more or less confident about secondary school?

(Please tick one box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much less confident	A bit less confident	No difference	A bit more confident	Much more confident

2. Has the booklet made you feel any more or less worried about secondary school?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much less worried	A bit less worried	No difference	A bit more worried	Much more worried

3. How confident do you feel about supporting your child with these things?

	Not at all confident										Very confident
	0	1	2	3	4	5	6	7	8	9	10
Making friends	0	1	2	3	4	5	6	7	8	9	10
Talking to others about cleft	0	1	2	3	4	5	6	7	8	9	10
Teasing and bullying	0	1	2	3	4	5	6	7	8	9	10
Confidence and self-esteem	0	1	2	3	4	5	6	7	8	9	10
Mood and wellbeing	0	1	2	3	4	5	6	7	8	9	10

A2) For ADULT to complete AFTER reading Moving Up! Parent/Carer booklet

4. How helpful did you find these sections of the booklet?

	Not at all helpful										Very helpful
Moving to sec. school- what can be expected?	0	1	2	3	4	5	6	7	8	9	10

Do you have any feedback on this section (positive or negative)?

Making friends	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

Talking about cleft	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

Teasing and bullying	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

Mood and wellbeing	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

Additional needs	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

Talking to school about cleft	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

What's next in cleft care?	0	1	2	3	4	5	6	7	8	9	10
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Do you have any feedback on this section (positive or negative)?

5. Is there anything else you think the booklet should address?

6. Is there anything else you would like to say about the booklet?

A2) For ADULT to complete AFTER reading Moving Up! Parent/Carer booklet

7. Which cleft service does your child attend?

- | | |
|--|---|
| <input type="checkbox"/> Cleft Net East (Cambridge) | <input type="checkbox"/> South Thames (London) |
| <input type="checkbox"/> North Thames (Chelmsford, London) | <input type="checkbox"/> S.West & S. Wales (Bristol, Swansea) |
| <input type="checkbox"/> N. West & N. Wales (Manc., Liverpool) | <input type="checkbox"/> Spires (Oxford, Salisbury) |
| <input type="checkbox"/> Northern & Yorkshire (Newcastle, Leeds) | <input type="checkbox"/> Trent (Nottingham) |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> West Midlands (Birmingham) |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Unsure / Other |

8. What type of cleft does your child have?

- Isolated cleft palate:** cleft palate without cleft lip
- Submucous cleft palate:** surface of palate intact but muscles affected
- Non-cleft VPI** (Velopharyngeal Insufficiency; palate issues but no cleft)
- Unilateral cleft lip** (cleft of one side of the lip but not palate)
- Bilateral cleft lip** (cleft of both sides of lip but not palate)
- Unilateral cleft lip and palate** (one side of lip and some/all of palate)
- Bilateral cleft lip and palate** (both sides of lip and some/all of palate)
- Lateral Cleft / Macrostomia** (cleft from corners/s of mouth)
- Unsure**

9. Does your child have a syndrome or other health issue(s)? Yes No Unsure

If yes/unsure please specify:

10. Does your child have additional needs at school Yes No Unsure

If yes/unsure please specify:

11. At what age will your child start secondary school? _____ years _____ months

12. What gender is your child? Male Female Other

13. Would you like your child to meet others with a cleft? Yes No Unsure

What is your reason for this?

Thank you! Please see instructions for returning to us.

C1) For CHILD to complete BEFORE reading Moving Up! Children's booklet

1. How confident do you feel about moving to secondary school?

(Please circle one number)

0 1 2 3 4 5 6 7 8 9 10
☹ Not at all Very ☺
confident confident

2. How worried do you feel about moving to secondary school?

0 1 2 3 4 5 6 7 8 9 10
☺ Not at all Very ☹
worried worried

3. How confident do you feel about these things?

	☹ Not at all confident	0	1	2	3	4	5	6	7	8	9	10	Very ☺ confident
Making friends		0	1	2	3	4	5	6	7	8	9	10	
Talking about your cleft		0	1	2	3	4	5	6	7	8	9	10	
Dealing with teasing or bullying		0	1	2	3	4	5	6	7	8	9	10	
Dealing with other problems at school		0	1	2	3	4	5	6	7	8	9	10	
Knowing ways to feel good		0	1	2	3	4	5	6	7	8	9	10	

Thank you! Now, please read the **Moving Up! Children's booklet**

C2) For CHILD to complete AFTER reading Moving Up! Children's booklet

1. Has the booklet made you feel any more or less confident about secondary school?

(Please tick one box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
☹ Much less confident	A bit less confident	No difference	A bit more confident	Much more confident ☺

2. Has the booklet made you feel any more or less worried about secondary school?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
☺ Much less worried	A bit less worried	No difference	A bit more worried	Much more worried ☹

3. After reading the booklet, how confident do you feel about these things?

Please circle a number for each question

	☹ Not at all confident	0	1	2	3	4	5	6	7	8	9	10	Very ☺ confident
Making friends		0	1	2	3	4	5	6	7	8	9	10	
Talking about your cleft		0	1	2	3	4	5	6	7	8	9	10	
Dealing with teasing or bullying		0	1	2	3	4	5	6	7	8	9	10	
Dealing with other problems at school		0	1	2	3	4	5	6	7	8	9	10	
Knowing ways to feel good		0	1	2	3	4	5	6	7	8	9	10	

C2) For CHILD to complete AFTER reading Moving Up! Children's booklet

4. How helpful did you find these parts of the booklet?

	☹ Not at all helpful	0	1	2	3	4	5	6	7	8	9	10	Very ☺ helpful
Making friends		0	1	2	3	4	5	6	7	8	9	10	
Talking about your cleft		0	1	2	3	4	5	6	7	8	9	10	
Ways to manage school worries		0	1	2	3	4	5	6	7	8	9	10	
Ways to feel good		0	1	2	3	4	5	6	7	8	9	10	
More help (if you need it!)		0	1	2	3	4	5	6	7	8	9	10	

5. Are there any things you really liked about the booklet?

6. Are there any things you really didn't like about the booklet?

7. Is there anything else you think the booklet should have in it?

8. Is there anything else you would like to say about the booklet?

9. Would you like to meet other children with a cleft? Yes No Unsure
Why?

Thank you! Please give to your parent/carer to send back to us.