Demographic Information

1. Primary Specialty
   i. What is your primary specialty? _______

2. Number of years to achieve certification for your specialty listed in question 1? ______

3. Gender
   i. Male  ii. Female

4. Which country are you currently practicing in? ______

5. Are there formal training programs for your primary specialty in your country? ______
   i. Yes  ii. No

6. Age
   i. 20-30
   ii. 31-40
   iii. 41-50
   iv. 51-60
   v. >60

7. Years in practice post training
   i. 0-5
   ii. 6-10
   iii. 11-15
   iv. 16-20
   v. 21-25
   vi. 26-30
   vii. >30 Please specify ______

8. Percentage of practice time devoted to cleft
   i. 0-25
   ii. 26-49
   iii. 50-74
   iv. 75-100
   v. Other Please list ______

9. In what hospital type are you currently practicing?
   i. University hospital
   ii. Private hospital
   iii. Community hospital
   iv. Government hospital
   v. Other facility Please specify ______

10. How will you describe the surrounding area in which you practice?
    i. Rural
    ii. Mid-size town (20,000-100,000 people)
    iii. Large city (greater than 100,000 population)

11. Number of primary cleft lip or palate cases seen during training
    i. <10
    ii. 10-20
    iii. 21-30
    iv. 31-40
    v. 41-50
    vi. 50-100
    vii. >100

12. Number of cases treated per year currently by you
    i. <10
    ii. 10-20
    iii. 21-30
    iv. 31-40
    v. 41-50
    vi. 50-100
    vii. >100

13. Do you provide cleft surgery services outside your facility? Yes or No
    i. If yes, how much? 0-25% 26-50% 51-75% 76-100%

14. Do outside surgeons come to your facility to offer cleft care? Yes or No
    i. If yes, how much? 0-25% 26-50% 51-75% 76-100%
    ii. If yes, where is the majority from? Please circle: African or Non-african countries

15. How did you acquire the majority of your skills?
    i. University training
16. What percentage of your skills do you attribute to the following?
   i. University training  None  0-25%  26-50%  51-75%  76-100%
   ii. In-country mentor  None  0-25%  26-50%  51-75%  76-100%
   iii. Out-of-country mentor  None  0-25%  26-50%  51-75%  76-100%
   iv. From practice  None  0-25%  26-50%  51-75%  76-100%
   v. Other, listed above  None  0-25%  26-50%  51-75%  76-100%

17. What percentage of patients with cleft lip AND palate present at the following ages (total 100%)?
   i. At birth
   ii. Less than 1 year
   iii. 1-6 years
   iv. 6-12 years
   v. 12-18 years
   vi. Over age 18

18. What percentage of patients with isolated cleft palates present at the following ages (total 100%)?
   i. At birth
   ii. Less than 1 year
   iii. 1-6 years
   iv. 6-12 years
   v. 12-18 years
   vi. Over age 18

19. What is your protocol for a complete unilateral cleft lip and palate patient seen in the neonatal period? Please list technique and the age you prefer to perform it for the following deformities.
   i. Lip:
      i. Technique
      ii. Age
   ii. Nose
      i. Technique
      ii. Age
   iii. Alveolus
      i. Technique
      ii. Age
   iv. Soft Palate
      i. Technique
      ii. Age
   v. Hard Palate
      i. Technique
      ii. Age

20. What would be your protocol for a unilateral cleft lip and palate who first presented at age 6? Please list technique and age, starting at the 6 year presentation, for those that apply
   i. Lip:
      i. Technique
      ii. Age
   ii. Nose
      i. Technique
      ii. Age
   iii. Alveolus
      i. Technique
      ii. Age
   iv. Soft Palate
      i. Technique
      ii. Age
   v. Hard Palate
      i. Technique
      ii. Age

21. Preferred technique and age of repair for isolated cleft palate presenting as a neonate
   i. Technique
   ii. Age of repair

22. Your clinical situation: Please rate the following based on your ease of access on a scale of 1-5. 1= Easy access and 5= Difficult access. If no access, please circle no access.
   i. Speech language pathologist  No access  1  2  3  4  5
   ii. Orthodontist  No access  1  2  3  4  5
   iii. Audiology  No access  1  2  3  4  5
iv. ENT  
   No access 1 2 3 4 5  
v. Social work  
   No access 1 2 3 4 5  
vi. Psychology  
   No access 1 2 3 4 5  
vii. Anesthesia  
   No access 1 2 3 4 5  
viii. Dentist  
   No access 1 2 3 4 5  
ix. Any other access not specified above. Please specify ___________

23. Your clinical situation: Which of the following do you feel would be beneficial to have access to? Please rank in order of priority with 1= lowest priority and 5= highest priority  

<table>
<thead>
<tr>
<th>Access</th>
<th>1</th>
<th>2</th>
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<tr>
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<tr>
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|x. Other. Please specify ___________

24. Treatment challenges: On a scale of 1-5 with 1= no challenge at all and 5= most challenging, please rate the following treatment challenges  

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<tr>
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<td>xii. Others: Please list</td>
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<td>i.</td>
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