

# Cleft Lip and Palate Anomalies Questionnaire

## General Info

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip code

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip code

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

## Background Info:

At which Craniofacial Center were you treated for your cleft? \_\_\_\_\_

Name of Physician(s) who treated you: \_\_\_\_\_

Do any of your other relatives have a cleft? \_\_\_\_\_

If YES, please fill out the table below:

Name	Relation	Sex (M/F)	Date of Birth	Type of Cleft

Do any of your relatives have other birth defects? \_\_\_\_\_

If YES, please specify their relation to you, name, and date of birth:

\_\_\_\_\_  
\_\_\_\_\_

Are you planning to have child?

If YES, when? \_\_\_\_\_

If NO, why? \_\_\_\_\_

Are you aware of the importance of Folic Acid in your diet? \_\_\_\_\_

Are you currently taking any vitamins? \_\_\_\_\_

Are you taking prescription or over the counter medication? \_\_\_\_\_

If YES, what medication(s)? \_\_\_\_\_

Describe the area in which you live: \_\_\_\_\_  
(Rural, Urban/Residential, Urban/Industrial, etc.)

What sort of water do you drink? (tap, bottled, well, etc.) \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

How often do you use the computer? (# hrs/wk) \_\_\_\_\_

Are you exposed to any chemicals in your home/work environment? \_\_\_\_\_

If YES, what sort of chemicals? \_\_\_\_\_  
(Pesticides, gases, etc)

**Thank you for your time and generosity. We appreciate your help in our research, as we continue our efforts to understand the etiology of cleft and craniofacial anomalies.**

Please send this questionnaire by mail, email, or fax to the University of the Pacific School of Dentistry:

**Address:** **Marie M. Tolarova, MD, PhD, DSc**  
Professor and Executive Director

*or*

**Christine Phan**  
Program Coordinator

**Pacific Craniofacial Team and Cleft Prevention Program**  
**UOP School of Dentistry**  
**2155 Webster Street**  
**San Francisco, CA 94115**

**Fax # :** **(415) 929-6549**

**Email:** **Cphan@pacific.edu**  
**Tolarova@pacific.edu**