

Anonymous Survey of Attendees of the Pan-African Congress on Cleft Lip and Palate Repair  
Feb. 4-7, 2007  
Faculty of the Division of Plastic Surgery  
Loma Linda University Medical Center  
Loma Linda, CA 92354

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



- 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
- i. Speech language pathologist 1 2 3 4 5
- ii. Orthodontist  
1 2 3 4 5
- iii. Audiology  
1 2 3 4 5
- iv. ENT  
1 2 3 4 5
- v. Social work  
1 2 3 4 5
- vi. Psychology  
1 2 3 4 5
- vii. Anesthesia  
1 2 3 4 5
- viii. Dentist  
1 2 3 4 5
- ix. None
- 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
- i. Patient awareness  
1 2 3 4 5
- ii. Patient access to healthcare  
1 2 3 4 5
- iii. Patient access to cleft care  
1 2 3 4 5
- iv. Patient follow-up  
1 2 3 4 5
- v. Patient ability to pay  
1 2 3 4 5
- vi. Patient transportation  
1 2 3 4 5
- vii. Physician reimbursement  
1 2 3 4 5
- viii. Hospital reimbursement  
1 2 3 4 5
- ix. Non-cleft workload  
1 2 3 4 5
- x. Speech services  
1 2 3 4 5
- xi. Orthodontic services  
1 2 3 4 5
- xii. Others: Please list
- i. \_\_\_\_\_  
1 2 3 4 5
- ii. \_\_\_\_\_  
1 2 3 4 5
- iii. \_\_\_\_\_  
1 2 3 4 5
- iv. \_\_\_\_\_  
1 2 3 4 5
- v. \_\_\_\_\_  
1 2 3 4 5