

Study ID: |\_|\_|\_|\_|\_|\_|\_|

**SLUMBRS2 parental experiences questionnaire**

The purpose of this questionnaire is to make sure that the study is the best it can be to maximise participation and parental satisfaction. Please can you complete as best you can and return with other study documents.

Date of completion |\_|\_|\_| / |\_|\_|\_| / 20|\_|\_|\_|

1. Which health professional asked you whether you would like to take part in the study? **free text**
2. Consider your answer in Question1, do you think it was appropriate for them to ask you to take part in the study? **Yes/No/Not sure**
  - a. Can you tell us why? **Free text**
3. Were you given a Patient Information Sheet (PIS)? **Yes/No/Not sure**
  - a. Were you given enough time to read the PIS and decide whether you wanted to take part in the study? **Yes/No/Not sure/I did not read the PIS**
4. Did you find the information on the PIS:
  - a. Easy to understand: **strongly agree/agree/don't know/disagree/strongly disagree**
  - b. Easy to read: **strongly agree/agree/don't know/disagree/strongly disagree**
  - c. Easy to find answers if unclear: **strongly agree/agree/don't know/disagree/strongly disagree**
5. What would you change on the PIS to make it better: **free text**
6. What were the main reasons that made you decide to take part in the study? **free text**
7. Do you think that this study is important to families of children with cleft? **Yes/No/Not sure**
8. What is your experience of being part of the study: **excellent/good/ok/bad/terrible**
9. Can you explain your response in Q8? **free text**
10. What are the challenges of being part of the study? **free text**
11. If we were to do this study again, what would you change to make it easier for other parents to take part? **free text**