

**CRANIOFACIAL DISORDERS PSYCHOSOCIAL SCREENING FORM**

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Diagnosis \_\_\_\_\_ Today's date \_\_\_\_\_ Examiner \_\_\_\_\_

**Surgical variables**

Motivation for treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Understanding of risk-to-benefit ratio \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expectations of surgery \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of prior surgeries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Psychosocial variables**

Body image \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Self-concept \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRANIOFACIAL DISORDERS PSYCHOSOCIAL SCREENING FORM (continued)**

Emotional status \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavior problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family and social support**

Parents' motivation for treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parental relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family climate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family cohesion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRANIOFACIAL DISORDERS PSYCHOSOCIAL SCREENING FORM (continued)**

Available social support \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational variables**

Child's age \_\_\_\_\_ Grade \_\_\_\_\_ School placement \_\_\_\_\_ Special services? Yes \_\_\_\_\_ No \_\_\_\_\_