

Online supplementary material 2: Therapy services questionnaire

TEDI-Prem would like to check in and see if your child received any of the following therapy services in the **last month**

1. Physiotherapy: yes/no,
If yes, on average how often:
☐ once per week
☐ once a fortnight
☐ once a month
☐ less than once a month
2. Occupational therapy: yes/no,
If yes, on average how often:
☐ once per week
☐ once a fortnight
☐ once a month
☐ less than once a month
3. Speech Pathology: yes/no,
If yes, on average how often:
☐ once per week
☐ once a fortnight
☐ once a month
☐ less than once a month
4. Other therapy: yes/no
If yes, please describe: **comment box**
On average how often:
☐ once per week
☐ once a fortnight
☐ once a month
☐ less than once a month