

Supplementary Material: Active Start Active Future Study Protocol paper**Supplement 1:** Bibliography of terms**Supplement 2:** Consent form for participation in Active Start Active Future intervention**Supplement 3:** Consent form of Active Start Active Future Interviews**Supplement 4:** Interview Guide at T2**Supplement 5:** Interview Guide at T3**Supplement 6:** Active Start Active Future Acceptability Questionnaire**Supplement 7:** Barriers to Participation in Physical Activity Questionnaire (BPPA-Q)

Supplement 1: Bibliography of Terms

Canadian Occupational Performance Measure (COPM)	The Canadian Occupational Performance Measure COPM ¹ will be used to measure performance of and satisfaction of the child's physical activity, attendance and/or involvement goals and parents attendance and involvement goal. Setting physical activity participation goals for children with CP has been used previously in participation focused interventions ²⁻⁴ .
Daily moderate-to-vigorous PA (MVPA) and sedentary time.	Activity monitors such as the ActiGraph GT3X+ are valid for use in typically developing children ⁵ and children with CP ⁶⁻⁹ . The ActiGraph GT1M was found feasible for both non ambulatory and ambulatory youth with CP to measure total and moderate-vigorous physical activity levels ¹⁰ .
<u>Gross Motor Function Measure-66-IS</u>	The GMFM-66-IS is validated for children with CP aged 1-17 years ^{11,12} and is a shorter version than the 66 or 88 measure.
Cerebral Palsy Quality of Life Questionnaire for Children, Parent-proxy Version (CP QOL-Child) ¹³	The CP QOL has good concurrent validity, internal consistency (α 0.80-0.90) and test-retest reliability for parent report for children with CP 4-12 years of age ¹³ .
Barriers to Participation in Physical Activities Questionnaire (BPPA-Q)	The BPPA-Q has been developed by the authors and was used initially for Participate CP ^{14,15} and now for Participate CP 2. The BPPAQ was based on a validated and reliable instrument called the Determinants of Implementation Behaviour Questionnaire used in implementation behaviour interventions ¹⁶ and was constructed based on the Theoretical Domains Framework ¹⁷ . When using the BPPA-Q, results from Participate CP demonstrated a reduction in modifiable barriers to participation in physical activity for children 8-12 years with CP (MD=26.39; 95%CI, 6.13-46.67; P=.011) compared with usual care at 8 weeks ¹⁴ .
Belief in Goal Self-Competence Scale, ¹⁸	The BiGSS asks the child and/or parent to

BiGSS	rate their level of confidence that a goal can be achieved using the COPM 1-10 scale. The Participate CP intervention group rated higher levels of confidence post intervention (MD=1.31; 95% CI, 0.12-2.50; P<.001) and at 16 weeks follow up (MD=1.47; 95% CI, 0.30-2.64; P<.001) than the usual care group ¹⁴ .
The Active Australia Survey ¹⁹	The Active Australia Survey is a self-report measure of physical activity for adults. It asks participants to report time spent walking, and in moderate and vigorous intensity physical activity. Overall volume of moderate-vigorous physical activity can be estimated, as well as whether participants meet physical activity guidelines ²⁰ .
Health Promoting Activities Scale (HPAS) ²¹	The HPAS will measure frequency of self-selected leisure activities for the key parent and has been validated in mothers of children with disabilities and mothers with their own personal health concerns ^{21,22} .
Past-day Adults' Sedentary Time (PAST) Questionnaire ²³	The Past-day Adults' Sedentary Time Questionnaire is a self-report, 7-item survey where participants are asked to report time spent in domains of sedentary behaviour during the past 24 hours ²⁴ .
Acceptability Questionnaire	Acceptability questions are modelled on the Theoretical Framework of Acceptability of Sekhon ²⁵ which has been used in healthcare interventions.
Qualitative Interviews	A qualitative descriptive approach will be implemented to explore the experiences of the children and parents/caregivers that may not be captured in the quantitative data collection ²⁶ . Informed by interviews following the intervention and sustained behaviour change 6 months post intervention.
Family of Participation Related Constructs ²⁷	Theoretical framework for defining and understanding participation, identifying participation constructs and applying to research and practice. Goals are set for attendance and involvement – the two key participation constructs ²⁷ .

Supplement 2: Consent form for participation in Active Start Active Future intervention

ACTIVE START ACTIVE FUTURE (2) Parent/ Guardian Consent Form

Project Title	Active Start Active Future: a randomised control trial of an early behaviour-change intervention targeting physical activity participation and sedentary behaviour in young children with cerebral palsy
Protocol Number	V1.2 11.09.2024
Coordinating Principal Investigator/ Principal Investigator	Dr Gaela Kilgour, Dr Sarah Reedman, Dr Sjaan Gomersall, A/Prof Leanne Sakzewski, Prof Stewart Trost, Prof Roslyn Boyd

I/We,

voluntarily consent to participate in the above titled Research Project explained to me by:

Mrs/Ms/Dr/Professor _____

- I/We have read the information statement for this study and I/we believe I/we understand the purpose, extent and possible effects of my involvement.
- I/We have had an opportunity to ask questions and I/we am satisfied with the answers I/we have received.
- I/We understand information collected will be stored confidentially and my/our identity will not be revealed.
- I/We understand that I/we can refuse to participate and can withdraw from this study at any time without any negative consequence. In particular, I/we understand that my/our participation will not affect my child's access to usual medical care.
- I/We understand if I/We do withdraw, any de-identified (including re-identifiable) data may be retained and included in analyses unless I/We say No
- I/We consent to my de-identified data being used in possible future approved research projects, in publications, conferences, and for teaching/education purposes.
- I/We understand that the purpose of this study is to assist children with cerebral palsy to participate in physical activity and move more; and that my/our active involvement, including critical feedback, is valued.
- I/We understand that in order to evaluate the intervention I/we will be asked to complete questionnaires, assist my/our child wear activity monitors and be interviewed during the study.
- I/We consent to having videos of my/our child recorded and photos taken of them being active for the study for research purpose.
- I/We consent to study staff accessing my child's medical record for the purposes of confirming diagnosis, functional classification or motor type and distribution of cerebral palsy
- I/We understand that I/we will receive an end of intervention report
- **I/We consent to participate in this research project.**

Parent/caregiver Signature _____ **Date** _____

Name: _____

Email Address: _____ **Phone number:** _____

I have explained this study and I believe that the participant/s understands the purpose, extent and possible effects of involvement.

Researcher's Signature _____ **Date** _____

Note: All parties signing the Consent Form must date their own signature.

Supplement 3: Consent form for participation in Active Start Active Future interview

Parent and Community Workers Consent Form for Active Start Active Future Interview

Project Title: Active Start Active Future: a randomised control trial of an early behaviour-change intervention targeting physical activity participation and sedentary behaviour in young children with cerebral palsy

HREC Number: HREC/2023/QCHQ/100850

Investigators: Dr Gaela Kilgour, Dr Sarah Reedman, Dr Sjaan Gomersall, A/Prof Leanne Sakzewski, Prof Stewart Trost, Prof Roslyn Boyd

Version Number: 1.2**Version Date:** 6/12/2023

Declaration

- I have read the Interview Information Sheet or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research described in the project.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participating in this research project as described and understand that I am free to withdraw them at any time during the research project without affecting their future health care.
- I understand if I do withdraw, any de-identified (including re-identifiable) data may be retained and included in analyses unless I say No
- I understand that I will be given a signed copy of this document to keep.
- I consent to being interviewed
- I consent to my de-identified data being used in possible future approved research projects, in publications, conferences, and for teaching/education purposes.

Name of Participant (please print)		
Signature of Participant		Date

Declaration by Senior Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Senior Researcher [†] (please print)	
Signature	Date

Supplement 4: Interview Guide at T2

Interview 1 Parents/caregivers Guide Active Start Active Future

Research Questions

What changes, if any, in physical activity participation and sedentary behaviour of young children with cerebral palsy have occurred following **Active Start Active Future?**

What changes, if any, in the physical activity of caregivers of young children with cerebral palsy have occurred following **Active Start Active Future?**

Introduction

Thank you very much for allowing [child] to take part in **Active Start Active Future** over the past 8 weeks. The focus of the intervention has been to increase physical activity participation and reduce sedentary time. This interview is to look at whether there have been any changes. During the intervention we have been interested in the goals you have set, changes on the activity monitors, and any new or different activities [child] has participated in and any changes in their involvement. We have also been interested in your role.

We will firstly ask about how you feel about **Active Start Active Future** for **your child**.

So can you tell me...

1. What you thought of the **Active Start Active Future** intervention? (probes re things that helped/didn't help)
 - a. What were you hoping would change for your child? (if needed, can remind re goals (e.g., you wanted him/her to join a football team) (remind of sedentary time, changes in physical activity, attendance, involvement, physical performance)
 - b. During the programme, what was the **most important goal** for your child? Why?
 - c. Were there barriers to implementing your child's [child] goals? (Prompts – equipment, environment, finances, time, interpersonal, child related)
 - d. Can you tell me how physical activity participation/moving more is going for [child]?
 - e. What did your [child] and you have to do make that happen?
 - f. How do you think the intervention has worked for your child's goals?

During **Active Start Active Future** we have been interested in **how often, how many and how involved** [child] has been in **their** activities. We have been keeping a record of this using the goals. We are interested in any changes. Can you tell me...

2. Apart from **Active Start Active Future**, what other physical activities, active recreation, and/or sport [child] has been doing? And as a family [as appropriate]? What is new or different?
 - a. What works well for [child], what makes it harder to do?
 - b. Has there been a change in social connections e.g., being active with others?
 - c. What might 'being involved' look like for [child]?
 - d. How does being 'not involved' feel for your child?
 - e. What else would you like to tell me about how participation in physical activity is going for [child]? And your family [as appropriate]?

During **Active Start Active Future** we have been interested in **how much your child has moved**. We have been keeping a record of this using the activity monitors. We are interested in any changes on the graphs. Can you tell me...

3. What did you think of the activity graphs of [child]?
 - a. Do you think there has been a change in how much [child] moves? Has there been changes to sedentary time? (Changes to routines, habits)
 - b. Has there been any change in [child] sleep, fatigue or pain over the course of the intervention?
 - c. How easy or difficult was it to change your [child's] routine? Can you tell me how that is going for [child]?

Now we would like to ask about how you feel about **Active Start Active Future** for yourself providing support for (child's name). So can you tell me...

4.
 - a. During the programme, what was the **most important goal** for you as a parent/family/carer/coach [as appropriate]? Why?
 - b. Has being involved in **Active Start Active Future** influenced your thoughts about participation in physical activity for your [child]?
 - c. Has there been any changes in your own activity?
 - d. Can you tell me about the influence of the intervention on your own confidence to help your child be more active?
 - e. Can you tell me about how acceptable you found the program? (Prompt – ask this question if responses from the questionnaire need following up)
5. When thinking about how you support your child to be active,
 - a. What might be needed to help [child] be more involved?
 - b. What happens when [child] is not involved – how does that make you feel? What do you do to try to change it if it isn't going well? What might help?
 - c. Do you feel like your ability to support your child to be more involved has changed over the course of the intervention?
 - d. What is needed to keep [child] being active? And your family?
 - e. Did the graphs influence your feelings about how [child] spends their time?
 - f. Did the graph feedback have an effect on the support you provided?
 - g. Were there barriers to implementing your goals?
 - h. How easy or difficult was it to change your routine?

Is there anything else you would like to feedback at this time?

Please feel free to contact me on email or phone if you have any further thoughts.

Thank you so much for your time.

Supplement 5: Interview Guide T3

Interview 2: Parents/caregivers guide at 26 weeks

Research Question

What factors support or hinder children to be physically active, reduce sedentary behaviour and to develop a habit for physical activity beyond **Active Start Active Future**?

Introduction

Thank you for your continued support of **Active Start Active Future**. The focus of the intervention has been to increase physical activity participation and reduce sedentary time. This interview is to look at whether there have been any changes following the intervention for your child followed by you. So can you tell me...

Interview Questions

1. Can you tell me what your child's physical activity looks like now?
Prompts – over the last week, since the intervention, have there been any changes? (e.g., changes to sedentary behaviour, new/different activities, involvement changes)
2. What was **most useful/valuable for your child** following **Active Start Active Future**? Prompts – consider physical functioning, involvement, social connection
3. Can you tell me **how important** being active, staying active and moving more (reducing sedentary time) is to your child? You? And your family (as appropriate)?(use 0-10 score)
4. What was **most useful/valuable for you** following **Active Start Active Future**? (as per role)
Prompts – did it influence your motivation for physical activity, did it change views about how your child is active or can be active, did it change thoughts on the amount of activity is needed and is possible, did it influence your confidence to help your child be active?
5. Are there other activities that your child/family are planning to do in the future?
6. How do you feel family (as appropriate) preferences influence the physical activities [child] does?
7. What do you think **your role** is in supporting [child] being active, staying active and moving more? Prompt - how habits formed, your level of motivation, support, importance of being active.
8. Do you have **plans for how to support** your child to stay physically active? Can you tell me about them – what will you need to help you do this? What might you need to keep sustaining physical activity moving forwards and help [child] move more?
9. If we were to offer **Active Start Active Future** to other kids, is there anything we should do differently? Would you recommend it to other kids? What would you tell them?

Is there anything else you would like to feedback at this time (could include sleep, pain, and/or fatigue if this was indicated in the first interview)? Please feel free to contact me on email or phone if you have any further thoughts. Thank you so much for your time.

Supplement 6: Active Start Active Future Acceptability Questionnaire

Active Start Active Future Parent Questionnaire

Thank you for participating in Active Start Active Future. In order for us to improve our intervention, could you please spend 5 minutes answering the following questions using a 5 point scale (strongly disagree to strongly agree). Please leave any additional comments in the space provided. Please let us know if you need any help.

The following questions are about your experiences with the Active Start Active Future

1. The Active Start intervention met my needs

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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2. I felt supported during the Active Start visits

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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3. Attending the Active Start intervention sessions was easy

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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4. The Active Start intervention helped me understand my child’s level of physical activity participation

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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5. The Active Start intervention helped me understand, identify and overcome barriers for my child’s physical activity participation

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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6. The Active Start intervention helped me understand and identify my own values of physical activity participation

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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7. Attending the Active Start intervention sessions was worthwhile

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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8. I found the setting, location and timing of the intervention suitable

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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9. The Active Start therapist was welcoming

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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10. The therapist explained things clearly and involved me in discussions

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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11. The therapist treated me with respect

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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12. I felt my cultural needs were meet

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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13. I found the practical advice given was useful

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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14. My follow up plans were helpful

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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15. I was happy with the format of the intervention

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
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Do you have comments about your experiences as part of the intervention?

Do you have any suggestions for improving the intervention?

Thank you for your time and participation.

Supplement 7: Barriers to Participation in Physical Activity Questionnaire (BPPA-Q)

Participant ID: _____ DATE: _____ ☐ Baseline ☐ 8 Weeks ☐ 26 Weeks

Barriers to Participation in Physical Activities Questionnaire.

Your responses to this questionnaire will help us to understand the things that help your child participate in physical activities as well as the things that make participation harder. Please answer as truthfully as possible, giving a rating of strongly disagree to strongly agree for each item. This questionnaire might take up to 30 minutes to complete. Remember to read each statement carefully because there are both 'positive' and 'negative' statements.

Q2

EXAMPLE SCENARIO

You think you might know *some* things that are healthy for your child to eat, but on a whole you are not sure you know what makes up a healthy diet. **You 'Somewhat disagree' to the statement "I know what constitutes a healthy diet for my child"**

Strongly disagree

Disagree

Somewhat disagree

Neutral

Somewhat agree

I know what constitutes a healthy diet for my child

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I know how much physical activity my child needs to do each day to be healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it is safe for my child with cerebral palsy to participate in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know enough about the facilities available in my neighborhood to be able to access physical activities and/or sports there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has enough physical/movement skills to participate in physical activities and/or sports with the supports currently available to us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has the right cognitive/thinking or communication (talking/social) skills to participate in the physical activities and/or sports with the supports currently available to us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has had enough practice or opportunity to develop skills for physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly	Disagree	Somewhat	Neutral	Somewhat	Agree	Strongly
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	disagree (1)	(2)	disagree (3)	(4)	agree (5)	(6)	agree (7)
Participating in physical activities and/or sports is part of what we do as a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my child can do enough physical activity to be healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my child can participate in physical activities and/or sports even when there seems to be a lot of barriers in the way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can support my child to participate in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have control over the amount of physical activity that my child does	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (including my child) have control over the amount of physical activity that my child does	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My child shows that they are happy or having fun when they are trying to participate in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my child is participating in physical activities and/or sports, I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my child participates in physical activities and/or sports, nothing good ever seems to come of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For my child, participating in physical activities and/or sports is beneficial to their health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my child participates in physical activities and/or sports, I reward my child with praise, pocket money, time with technology, or food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my child participates in physical activities and/or sports, the reward is how good it makes them feel physically or the good feelings from being with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If something bad happened after physical activities and/or sports (e.g., injury, hurt feelings, pain), It would discourage my child from participating again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My child is already regularly participating in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prioritise other things over participating in physical activities and/or sports for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We set goals for my child’s participation in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in sports or being physically active makes my child so tired that it is not worth doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My family has enough money to support my child’s participation in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has enough time to support my child’s participation in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has access to the right transport (e.g. wheelchair accessible van/ maxi taxi/ accessible bus) to get to physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has access to the right aids, equipment or personal care to support participation in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are physical activities and/or sport programs in my community that would be willing or are able to accommodate my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's abilities do not match the supports or programs that are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the community supports my child’s participation in physical activities and/or sports, regardless of their disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community members, coaches, or volunteers have, in the past, indicated that they don't value my child's participation in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspects of the environment, like sunlight or noise, make it hard for my child to participate in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspects of the environment, like physical access (ramps, distances travelled, playing surface) make it hard for my child to participate in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
Most people who are important to my child are participating in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

physical activities and/or sports							
My child can count on support from people close to them when it is hard for my child to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends, siblings and/or classmates are helpful to my child with participating in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is left out of things because it is so much harder for them to participate in physical activities and/or sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think of my child participating in physical activities and/or sports, I feel fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Read each statement carefully and mark your agreement with it on a scale of 1 (strongly disagree) to 7 (strongly agree). Keep checking to see if you have selected the right one!

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neutral (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
When my I think of my child participating in physical activities and/or sports, I feel upset or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think of my child participating in physical activities and/or sports, I feel happy or cheerful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in sports or being physically active (for example, playing/ walking/ running/ wheeling) is something that my child does automatically; they don't have to think about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep track of how much physical activity and/or sport my child is doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOU ARE FINISHED ALL OF THE QUESTIONS. If any of the questions, statements, or answers on this questionnaire caused you concern or worry, please do not hesitate to contact the study Chief Investigator

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