Supplemental materials for:

A Longitudinal Cohort Study Investigating Neurodevelopmental and Socio-emotional Outcomes in School-Entry aged Children after Open Heart Surgery in Australia and New Zealand: The NITRIC Follow-up Study Protocol

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Table S1. Parent-completed online screening assessments conducted at 2- to 5-years of age

Supplemental material

Construct	Instrument [#]	Number of Items	Scoring and Interpretation	Comments				
Child-focused Measures§								
Neurodevelopment	Ages and Stages Questionnaire, 3 rd Edition (ASQ-3) (1)	30	Each item scored: Yes, Sometimes, or Not yet. Above, close to, and below cut-off scores provided based on aged norms for each domain. Domain scores added to create total score. Higher scores indicate better neurodevelopment. Main outcome definition: Total ASQ-3 Score (continuous)	5-10 mins to complete. 21 age-appropriate questionnaires for 1-66 months. Domains: communication, gross motor, fine motor, problem-solving and personal-social.				
Socioemotional Behavior	Strengths and Difficulties Questionnaire (SDQ) (2)	25	Each item scored on a 3-point Likert scale: Not true, somewhat true, certainly true. Scale scores derived for Emotional problems, Conduct problems, Hyperactivity, Peer problems, Prosocial, and Total Difficulties, compared to aged norms. Higher scores indicate better socioemotional behavior. Main outcome definition: Total Difficulties Score (continuous)	5-10 mins to complete. Two age-appropriate questionnaires for 2-17 years. Domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behaviors.				
Health Related Quality of Life (HRQoL)	Pediatric Quality of Life Inventory (PedsQL) (3, 4)	23-38 ^a	Each item scored on a 5-point Likert scale: 0 = Never a problem to 4 = Almost always a problem. Psychosocial Health Summary Score, Physical Health Summary Score, and Total Score, compared to aged norms. Higher scores indicate better HRQoL. Main outcome definition: Total PedsQL Score (continuous)	5 mins to complete. Five age-appropriate questionnaires for 1 month – 18 years. Domains: physical, emotional, social, and school functioning.				

Construct	Instrument#^	Number of Items	Scoring and Interpretation	Comments
Executive Functioning	Behavior Rating Inventory for Executive Function for Pre- schoolers (BRIEF-P) (5)	63	Each item scored. Inhibitory Self-Control Index, Flexibility Index, Emergent Metacognition and Global Executive Composite score, compared to aged norms. The recommended cut-off for clinical significance is ≥ 65. Lower scores indicate better executive functioning. Main outcome definition: Global Executive Composite Score (continuous)	10-15 mins to complete. One questionnaire 2 - 5 years 11 months. Domains: inhibit, shift, emotional control, working memory, plan/organize.
Fatigue	The Pediatric Quality of Life Inventory (PedsQL) Multidimensional Fatigue Scale (6)	6	Each item scored on 5-point Likert scale: 0 = Never a problem to 4 = Almost always a problem. Total score compared to aged norms. Higher scores indicate lower problems. Main outcome definition: Total General Fatigue Score (continuous)	General Fatigue subscale only 2 minutes to complete. Four age-appropriate questionnaires for 2 – 18 years. Domains: General fatigue, Sleep/rest fatigue, and Cognitive fatigue.
Healthcare Utilisation	Developed by research team.	12	Main outcome definition: Total parent- reported utilisation of in- and out- patient visits and costs (continuous)	2 minutes to complete. Domains: Visits to healthcare professionals and facilities, and finances relating to appointments and care
Parent-focused Measur				
Emotional Wellbeing	The Kessler-6 (K6) (7)	6	Items are scored on a 5-point Likert scale (1= 'none of the time' to 5 = 'all of the time'). Total score ranged from 0-24, with higher scores representing higher levels of psychological distress such as anxiety and depression. Main outcome definition: Total K6 Score (continuous)	1 minute to complete

Construct	Instrument ^{#^}	Number of	Scoring and Interpretation	Comments
		Items		
Parenting Stress	The Parenting Stress	36	Items are scored on a 4-point Likert	10 minutes to complete.
	Index-4 Short Form (PSI-		scale: 1 = Strongly agree to 5 = strongly	Domains: Parental distress, Parent-
	4-SF)(8)		disagree. A percentile score on Total	child dysfunctional interaction, and
			stress ≥ 91% indicates clinically	Difficult child
			significant levels of stress. Higher scores	
			indicate more parenting stress.	
			Main outcome definition: Total PIS-4-	
			SF Percentile Score (continuous)	

^{*}All measures used in accordance with associated user manuals; Order of administration of questionnaires standardized; All child-focused measures validated for use as parent-reported; Depending on age.

Table S2. Face-to-face neurodevelopmental assessment at 5-years of age

Construct	Instrument [#]	Number of	Scoring and Interpretation	Comments				
		Items						
Face-to-Face Measur	Face-to-Face Measures							
Cognition	Wechsler Preschool & Primary Scale of Intelligence – 4 th Edition Australia and New Zealand Standardised Edition (WPPSI-IV A&NZ) (9)	15 subtests	Three levels of interpretation: Full Scale, Primary Index scales, and Ancillary Index scales. The Full Scale and all indexes have a mean score of 100 and SD of 15. Higher scores indicate higher cognition. Main outcome definition: Full Scale IQ (continuous)	Block design, Information, Matrix reasoning, Bug search, Picture memory, Similarities, Cancellation and Zoo location subtests only. Administration time: 45-60 mins				
Motor function	Movement Assessment Battery for Children, 2 nd Edition (MABC-2) (10)	8 tasks	8 Task standard scores and a Total test score. Manual dexterity component score: sum of standard scores of MD1, MD2 and MD3. Higher scores indicate better motor function. Main outcome definition: Manual Dexterity Component Score (continuous)	Posting coins, Threading beads and Drawing trail 1 subtests only. Administration time: 10 mins				
Executive Function	Day/Night Task (11)	16 cards	Total correct, Total Self Corrections, Total Time, Efficiency Score (Total Correct/Total Time to Complete). Higher scores indicate better executive function. Main outcome definition: Efficiency Score (continuous)	Administration time: 5 mins				

Construct	Instrument#^	Number of Items	Scoring and Interpretation	Comments
Attention - Visual	Test of Everyday Attention for Children, 2 nd Edition (TEA- Ch2) (12)	5 trials	Scaled scores have a mean of 10 and SD of 3 (Range 1-19). Percentile ranked score. Higher scores indicate better attention. Main outcome definition: Attention Score (continuous)	Balloon Hunt and Balloons 5 subtests only. Administration time: 7 mins
Language	Clinical Evaluation of Language Fundamentals – Australian and New Zealand 5 th Edition Screening Test (CELF-5 A&NZ Screening Test) (13)	13	Total Score: sum of the child's score points. Total score compared to a research-based criterion score appropriate for the child's age. Age 5:0-8:11 have one criterion score. Higher scores indicate better language. Main outcome definition: Total Score (continuous)	Word structure, Word Classes, Following directions and Recalling sentences subtests only. Administration time: 10-15 mins
Attention	Conners Kiddie Continuous Performance Test, 2 nd Edition (K-CPT 2) (14)	Up to 200 trials	Higher scores indicate poorer attention. Main outcome definition: Composite Attention Score	4 domains of attention: Impulsivity, Inattentiveness, Sustained attention, and Vigilance. Administration time: 7 mins

Construct	Instrument ^{#^}	Number of	Scoring and Interpretation	Comments
Mamam	Wide Dense Assessment of	Items	S1-1 M 10 SD 2	Stam Manager autorit autor
Memory	Wide Range Assessment of	4 stories	Scaled score, M=10, SD=3.	Story Memory subtest only. Administration time: 20 mins
	Memory and Learning, 3 rd Edition (WRAML3) (15)	85	Subtest scaled scores derived from the total raw scores on a	Administration time: 20 mins
	(WRANILS) (13)	questions	given subtest- and describe the	
			overall performance on that	
			subtest.	
			Story Memory – story memory	
			total raw score.	
			Story Recognition – story	
			memory recognition total raw	
			score. Higher scores indicate	
			better memory.	
			Main outcome definition: Verbal	
			Memory Score (continuous)	
Memory	Working Memory Test Battery for	9	Trials Correct Score: Total	Digit Recall subtest only.
	Children (WMTB-C) (16)		number of correct trials	Administration time: 5 mins
			achieved before testing is	
			discontinued. Higher scores	
			indicate better memory.	
			Main outcome definition: Total	
			Trials Correct (continuous)	
Parent-completed Onli	ine Measures		·	
Social	Social Responsiveness Scale, 2 nd	65	Each item scored on a 4-point	Administration time: 15-20 mins
behavior/Autism	Edition (SRS-2) (17)		Likert scale: 1 = Not true to 4 =	
			Almost always true.	
			Scores: Total, Treatment	
			subscales, DSM-5 compatible	
			subscales. Higher scores	
			indicate clinically significant	
			deficiencies in social behavior	
			Main outcome definition: Total	
			Score (continuous)	

Construct	Instrument*^	Number of Items	Scoring and Interpretation	Comments
ADHD	ADHD Rating Scale, 5 th Edition (ADHD-RS-5) (18)	18	Each item scored on a 4-point Likert scale. Scores: Total, Inattention and Hyperactivity-Impulsivity. Total raw score: Sum of inattention and hyperactivity subscale raw scores. Converted to total percentile score. Higher scores indicate more impairment in attention. Main outcome definition: Total Percentile Score (continuous)	Administration time: 5 mins
Social functioning	Adaptive Behavior Assessment System, 3 rd Edition (ABAS-3) (19)	46	Each item is scored on a 4-point Likert scale: 0 = Is not able to do this behavior to 3 = Always (or almost always) Standard Score for Social Adaptive domain compared to norms. Mean of 100 and SD of 15. Lower scores indicate lower adaptive behaviors. General Adaptive Composite Score: Composed on all measured skill areas, providing an overall estimate of adaptive behavior. Higher scores indicate better social functioning. Main outcome definition: General Adaptive Composite Score (continuous)	Leisure and Social subscales only Administration time: 10 mins One age-appropriate questionnaire 5-21 years.

Construct	Instrument ^{#^}	Number of	Scoring and Interpretation	Comments
		Items		
Fatigue	Pediatric Quality of Life	18	Each item scored on 5-point	Administration time: 5 mins
	Inventory (PedsQL)		Likert scale: 0 = Never a	Four age-appropriate questionnaires
	Multidimensional Fatigue Scale –		problem to $4 = Almost always a$	2-18 years.
	Full scale (6)		problem.	Domains: General fatigue,
			Total score: Sum of general,	Sleep/rest fatigue, and Cognitive
			sleep/rest and cognitive fatigue.	fatigue.
			Higher scores indicate lower	
İ			problems.	
			Main outcome definition: Total	
			Fatigue Score (continuous)	
Parent-Child	Attachment Relationship	48	Each item scored on a 6-point	Administration time: 5 mins
Attachment	Inventory-Caregiver Perspective		Likert scale: 1 = Not at all	
	(ARI-CP 2-5) (20)		applicable to $5 = \text{Fully}$	
			applicable.	
			Four subscales (secure,	
			avoidant, ambivalent,	
			disorganized).	
			Scale scores represent the sum	
			scores of all items of the scale.	
			Higher scores indicate better	
			attachment.	
			Main outcome definition:	
			Global Attachment Score	
			(continuous)	
Il measures used in	n accordance with associated user manual	s: ^Order of ad	(continuous)	ardized: ^a Depending on age

^{*}All measures used in accordance with associated user manuals; Order of administration of questionnaires standardized; Depending on age.

Supplemental material

- 1. Squires J, Potter L, Bricker D. The ASQ user's guide for the Ages & Stages Questionnaires: A parent-completed, child-monitoring system. Baltimore, MD, US: Paul H Brookes Publishing; 1995. xvi, 156-xvi, p.
- 2. Goodman R. The Strengths and Difficulties Questionnaire: a research note. J Child Psychol Psychiatry. 1997;38(5):581-6.
- 3. Varni JW, Burwinkle TM, Seid M, Skarr D. The PedsQL 4.0 as a pediatric population health measure: feasibility, reliability, and validity. Ambul Pediatr. 2003;3(6):329-41.
- 4. Varni JW, Seid M, Kurtin PS. PedsQL 4.0: reliability and validity of the Pediatric Quality of Life Inventory version 4.0 generic core scales in healthy and patient populations. Med Care. 2001;39(8):800-12.
- 5. Gioia G, K. E, Isquith P. Behavior Rating Inventory of Executive Function Preschool Version (BRIEF-P). Odessa, Florida: Psychological Assessment Resources; 2002.
- 6. Varni JW, Burwinkle TM, Katz ER, Meeske K, Dickinson P. The PedsQL in pediatric cancer: reliability and validity of the Pediatric Quality of Life Inventory Generic Core Scales, Multidimensional Fatigue Scale, and Cancer Module. Cancer. 2002;94(7):2090-106.
- 7. Kessler RC, Andrews G, Colpe LJ, Hiripi E, Mroczek DK, Normand SL, et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. Psychol Med. 2002;32(6):959-76.
- 8. Haskett ME, Ahern LS, Ward CS, Allaire JC. Factor structure and validity of the parenting stress index-short form. J Clin Child Adolesc Psychol. 2006;35(2):302-12.
- 9. Wechsler D. Wechsler Preschool and Primary Scale of Intelligence Fourth Edition. San Antonia, Texas: The Psychological Corporation; 2012.
- 10. Henderson S, Sugden D, Barnett A. Movement Assessment Battery for Children-2. London: Pearson Assessment; 2007.
- 11. Gerstadt CL, Hong YJ, Diamond A. The relationship between cognition and action: performance of children 3 1/2-7 years old on a Stroop-like day-night test. Cognition. 1994;53(2):129-53.
- 12. Manly T, Anderson V, Crawford J, George M, Underbjerg M, Robertson IH. Test of Everyday Attention for Children, Second Edition (TEA–Ch2). London: Harcourt Assessment; 2016.
- 13. Wiig EH, Secord WA, Semel E. Clinical evaluation of language fundamentals: CELF-5. Journal of Psychoeducational Assessment. 2013a;33(5):495-500.
- 14. Conners KC. Conners K-CPT 2. Toronto, Canada: Multi-Health Systems; 2015.
- 15. Sheslow D, Adams W. Wide Range Assessment of Memory and Learning, 2nd Edition (WRAML2). Pearson2003.
- 16. Gathercole S, Pickering S. Working Memory Test Battery for Children (WMTB-C). United Kingdom: Pearson Clinical; 2001.
- 17. Constantino J, Gruber C. Social Responsiveness Scale Second Edition (SRS-2). Torrance, California: Western Psychological Services; 2012.
- 18. DuPaul GJ. Parent and teacher ratings of ADHD symptoms: Psychometric properties in a community-based sample. Journal of Clinical Child Psychology. 1991;20:245-53.
- 19. Harrison P, Oakland T. Adaptive Behavior Assessment System Third Edition (ABAS-3). Sydney: PsychCorp; 2015.
- 20. Spruit A, Colonnesi C, Wissink I, Uittenbogaard R, Willems L, Stams GJ, et al. Development and validation of the Attachment Relationship Inventory—Caregiver Perception 2–5 years (ARI-CP 2–5): Psychometric structure, external validity, and norms. Infant mental health journal. 2021;42(2):188-205.