

## **S2 Appendix. Sociodemographic and Clinical Data Survey.**

**1. E-mail address of parent/guardian.**

Please, enter your response

**2. Which member/s of the family will participate in the focus group?**

- Father
- Mother
- Legal guardian
- Child (if age is between 12 and 18 years old)

**3. Name and surname of Parent/Guardian 1.**

Please, enter your response

**4. Age of Parent/Guardian 1.**

Specify date (dd/MM/yyyy)

**5. Occupation of Parent/Guardian 1.**

Please, enter your response

**6. Name and surname of Parent/Guardian 2.**

Please, enter your response

**7. Age of Parent/Guardian 2.**

Specify date (dd/MM/yyyy)

**8. Occupation of Parent/Guardian 2.**

Please, enter your response

**9. Name of your child.**

Please, enter your response

**10. Your child's date of birth**

Specify date (dd/MM/yyyy)

**11. Can you tell us what diagnosis your child has?**

Please, enter your response

**12. Type of schooling:**

- Ordinary school.
- Ordinary school with preferential attention to motor skills.
- Special education school.
- Other.

**13. If you indicated "other" in the previous question, please specify below the type of schooling.**

Please, enter your response

**14. In case your child is taking any medication, can you please indicate the name of the medication and the daily dosage?**

Please, enter your response

**15. What kind of intervention/s does your child receive either inside or outside the school environment?**

- Physiotherapy
- Occupational therapy
- Speech therapy
- Neuropsychology
- Other

**16.** If you have indicated "other" in the previous question, please specify below the type of interventions your child receives.

Please, enter your response

**17.** Can you tell us the weekly frequency of the interventions?

Please, enter your response

**18.** Which positioning systems does your child use? (Single option).

- Standing frame.
- Pelvic moulded seat.
- None.
- Other.

**19.** In case you indicated "other" in the previous question, please specify below the positioning system your child uses.

Please, enter your response

**20.** Which mobility aids does your child use?

- Crutches or cane.
- Rear walker.
- Front walker.
- Manual wheelchair.
- Electric wheelchair.
- None.
- Other.

**21.** If you have indicated "other" in the previous question, please specify below which mobility aid your child uses.

Please, enter your response

**22.** Is your child a user of ankle-foot orthoses?

- YES
- NO
- My child was in the past but no longer uses it.

**23.** Describe what the ankle-foot orthosis is/was like (high, low, if it has a tibial strap, if it is hinged...).

Please, enter your response

**24.** Have you received prior advice on how to implement positioning systems, mobility aids or foot-ankle orthoses into routines?

Please, enter your response

**25.** We would like to know what extracurricular activities your child does. Can you tell us what activities your child does outside school and how often per week?

Please, enter your response

**26.** If there are siblings in the family unit, can you tell us the age of each of the siblings?

Please, enter your response

**27.** In your daily life, what resources do you use to obtain information about the pathology you live with?

- Internet (Internet search engines such as Google).
- Associations of families or patients with the same pathology.
- Scientific journals/scientific papers.
- Professionals around you.
- Others.

**28.** If in the previous question you indicated "other", please specify below the resources you use to obtain information about the pathology you are living with.

Please, enter your response