

## Supporting Information 1

### Work Package 2 - Part 1: Demographic questions

#### 1. General Information

Household	Collected Data
Child	Sex Year of Birth Year of Stroke
Person completing the questionnaire	Sex Year of Birth Highest level of education:  <ol style="list-style-type: none"><li>1. No compulsory school certificate</li><li>2. Secondary level I: Completion of a Hauptschule, Realschule, Gesamtschule, Mittelschule, Pflichtschule, AHS- Unterstufe</li><li>3. Secondary level II: Completion of a grammar school, specialised secondary school, vocational (technical) school, AHS upper secondary school, polytechnic school, BHS, BMS</li><li>4. Post-secondary and tertiary level: Degree from a university or university of applied sciences (bachelor's, diploma, master's, state examination, doctorate) or master craftsman training or equivalent educational programme</li><li>5. Other qualification</li></ol> Working hours per week

	<p>Occupation (according to ISCO- 8):</p> <ol style="list-style-type: none"> <li>1. Armed Forces Occupations</li> <li>2. Managers</li> <li>3. Professionals</li> <li>4. Technicians and Associate Professionals</li> <li>5. Clerical Support Workers</li> <li>6. Service and Sales Workers</li> <li>7. Skilled Agricultural, Forestry and Fishery Workers</li> <li>8. Craft and Related Trades Workers</li> <li>9. Plant and Machine Operators, and Assemblers</li> <li>10. Elementary Occupations</li> </ol>
Other parent	<p>Sex</p> <p>Year of Birth</p> <p>Highest level of education (see above)</p> <p>Occupation (according to ISCO- 8) (see above)</p>
Other children	<p>Y/N</p> <p>Age group:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Newborn (0 - 28 days)</li> <li><input type="checkbox"/> Infant (29 days to 12 months)</li> <li><input type="checkbox"/> Toddler (13 months to 3 years)</li> <li><input type="checkbox"/> Child ( 4 years to 12 years)</li> <li><input type="checkbox"/> Teenager (13-18 years)</li> </ul>
Other household members	<p>Y/N</p> <p>Number of persons of legal age</p>

2. What symptoms and limitations are noticeable in your child's everyday life?

- Hemiparesis:
  - of the arm and/or
  - of the leg
- Seizures
- Impaired consciousness
- Impaired speech
- Impaired sensory perception
  - Taste
  - Smell
  - Vision
  - Hearing
  - Balance
  - Touch
  - Pain perception
  - Temperature perception
  - Other: \_\_\_\_\_
- Facial palsy
- Walking impairment
- Behavioural changes
- Orientation difficulties
- Other symptoms: \_\_\_\_\_

3. Which side of the brain is affected?

- left hemisphere
- right hemisphere
- both sides