



Semi-structured qualitative interview about acceptability of AOT training



Answer to these questions with your parents, feel free to add your comments

Customization of exercises

1	Did the exercises seem suitable for you (materials, type of actions...)?	yes, at all	yes, in part	no
2	Were exercises difficult for you (required performance)?	yes, all of them	yes, many of them	no
3	Did you notice an increasing difficulty (from the easiest the first day to the most difficult)?	yes		no
4	Did exercises seem like other typical activities/daily life actions?	yes, all of them	yes, many of them	no
5	Do you think that AOT activities had a role in promoting your ability?	yes, at all	yes, in part	no

Suitability of children with UCP for the Tele-UPCAT system in their own home

6	Did you like to do the training at home?	yes		no
7	Did you like to perform exercises without a therapist?	yes, at all	yes, in part	no
8	Who helped you for the training?			

Feasibility at home

9	Did you have a suitable table where the system was placed?	yes		no
10	If no, did you need to re-organize your home space?	yes, at all	yes, in part	
11	Do you judge the whole system bulky?	yes		no
12	Was the management of the system difficult?	yes, at all	yes, in part	no

Required effort by the participants

13	Was the effort (about 1 hour per day) feasible for you?	yes, at all	yes, in part	no
14	Did you change your daily routine to do the training?	yes, at all	yes, in part	no
15	Did you have to renounce to something (sport, freetime, holidays..)?	yes, at all	yes, in part	no
16	Did you like to have a fixed time for the training each day?	yes, at all	yes, in part	no
17	Do you think that you could proceed the training for more days?	yes, at all	yes, in part	no
18	Were the exercises too hard (difficult, long..) for you?	yes, at all	yes, in part	no



Semi-structured qualitative interview about acceptability of AOT training



Answer to these questions with your parents, feel free to add your comments

Acceptability of Actigraphs

19	Did you like to wear Actigraphs?	yes		no
20	Did Actigraphs annoy you?	yes	yes, sometimes	no
21	Did you wear them for the whole day?	yes, at all	yes, in part	no
22	Did you remember how to wear them (orientation)?	yes		no
23	Did you remember to fill in your diary?	yes	yes, sometimes	no

Suitability of the manual

24	Was the manual enough clear?	yes, at all	yes, in part	no
25	Did you have any difficulties in finding/preparing the material?	yes	yes, sometimes	no
26	Were the instructions for the managing of the system complete and clear?	yes	yes, sometimes	no

Software

27	Did you like Ubi (for children)/slides (for adolescents)?	yes, at all	yes, in part	no
28	Do you think that something need to be changed?	yes		no
29	Was the managing of the software difficult?	yes, at all	yes, in part	no
30	Did you have technical issues/troubles?	yes	yes, sometimes	no
31	Did you need technical assistance?	yes	yes, sometimes	no