Supplementary Material S1. Symptom diary

4 *Symptoms*

Each day, please complete the 6 symptom boxes using the number which you think **best shows how your child has been over the last 24 hours**

0 = Normal
1 = Very little problem
2 = Slight problem
3 = Moderately bad
4 = Bad
5 = Very bad
6 = As bad as it could be

Your child's study number:
999999

This column is for the day your child saw the doctor or nurse

	Saw doctor or nurse	Week 1 (days 1 to 7)							Week 2 (days 8 to 14)							Week 3 (days 15 to 21)							Week 4 (days 22 to 28)						
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Fill in the day of the week (for example M, T, W, T, F, S, S)																													
How was your child's cough?																													
How short of breath (breathing faster) was your child?																													
How well did your child sleep (last night)?																													
How well did your child cope with normal activities?																													
How unwell was your child?																													
How was your child's temperature?																													

Medicines

If your child has been taking any medicines please write in the name of the medicine and the number of times, per day, your child took each medicine in the table below

Write the medicine name here

	Saw doctor or nurse	Week 1 (days 1 to 7)							Week 2 (days 8 to 14)							Week 3 (days 15 to 21)							Week 4 (days 22 to 28)						
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28

Supplementary Material S2. Case report form

CASE REPORT FORM

TARGET

ID

Today's date DD/MM/20YY

Informed consent for study obtained ☐$_1$

Background information

DOB DD/MM/YYYY

Gender ☐ Female$_0$ ☐ Male$_1$

Ethnicity ☐☐ *PTO for codes, if other ethnicity, please describe below* ☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother's age ☐☐

children in home (inc. unwell child) ☐☐

Does the mother smoke? ☐ No$_0$ ☐ Yes$_1$ ☐ Don't know$_{88}$

Mother still breast feeding child at 3 months? ☐ No$_0$ ☐ Yes$_1$ ☐ Don't know$_{88}$

Carer reported symptoms

How unwell does the **parent** consider the child to be? Well ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Very unwell

Duration of illness ☐☐ days

Has illness got a lot worse recently? ☐ No$_0$ ☐ Yes$_1$

If Yes, how many days ago did it start to get worse? ☐☐ days

Symptoms present	During illness? No$_0$	Yes$_1$	*If yes*	Last 24 hours? No$_0$	Yes$_1$	*If yes*	*Severity in last 24 hours (tick **one**)* Mild$_1$	Moderate$_2$	Severe$_3$
Dry cough	☐	☐	>	☐	☐	>	☐	☐	☐
Productive/ wet cough	☐	☐	>	☐	☐	>	☐	☐	☐
Barking/ croupy cough	☐	☐	>	☐	☐	>	☐	☐	☐
Blocked or runny nose	☐	☐	>	☐	☐	>	☐	☐	☐
Change in cry	☐	☐	>	☐	☐	>	☐	☐	☐
Breathing faster than normal (shortness of breath)	☐	☐	>	☐	☐	>	☐	☐	☐
Wheeze or whistling in the chest	☐	☐	>	☐	☐	>	☐	☐	☐
Fever	☐	☐	>	☐	☐	>	☐	☐	☐
Chills/ shivering	☐	☐	>	☐	☐	>	☐	☐	☐
Diarrhoea	☐	☐	>	☐	☐	>	☐	☐	☐
Vomiting (including after cough)	☐	☐	>	☐	☐	>	☐	☐	☐
Taking fewer fluids/ milk feeds	☐	☐	>	☐	☐	>	☐	☐	☐
Eating less	☐	☐	>	☐	☐	>	☐	☐	☐
Low energy/ fatigue/ lethargy	☐	☐	>	☐	☐	>	☐	☐	☐
Disturbed sleep	☐	☐	>	☐	☐	>	☐	☐	☐
Passing urine less often/ dryer nappies	☐	☐	>	☐	☐	>	☐	☐	☐
Please tick NA if the child is too young/ uncommunicative for the parent to know about the following > NA ☐$_1$									
Chest/ shoulder pain	☐	☐	>	☐	☐	>	☐	☐	☐
Headache	☐	☐	>	☐	☐	>	☐	☐	☐
Muscle aches all over	☐	☐	>	☐	☐	>	☐	☐	☐
Confusion/ disorientation	☐	☐	>	☐	☐	>	☐	☐	☐

Clinician examination and management

	Absent$_0$	Present$_1$
Pallor	☐	☐
Grunting	☐	☐
Nasal flaring	☐	☐
Stridor	☐	☐
Inter/ subcostal recession	☐	☐
Inflamed pharynx/ tonsils	☐	☐

	Absent$_0$	Unilateral$_1$	Bilateral$_2$
Wheeze	☐	☐	☐
Crackles/ crepitations	☐	☐	☐
Bronchial breathing	☐	☐	☐

Temperature ☐☐.☐ °C Pulse ☐☐☐ bpm

Respiratory rate ☐☐ bpm O_2 sat ☐☐☐ % ☐ Unable to take O_2 sat/no equipment

Consciousness level ☐ normal$_0$ ☐ irritable$_1$ ☐ drowsy$_2$

Capillary refill time ☐ 2 seconds or less$_0$ ☐ 3 seconds or more$_1$

How unwell do **you** consider the child to be? Well ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Very unwell

Throat swab taken? ☐ No$_0$ ☐ Yes$_1$

If **No**, reason:
☐ Child refusal$_1$
☐ Parent refusal$_2$
☐ Other (specify)$_3$ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Main working respiratory tract diagnosis ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

My gut feeling is 'something is wrong' ☐ No$_0$ ☐ Yes$_1$

Antibiotics prescribed? ☐ No$_0$ ☐ Yes, immediate$_1$ ☐ Yes, delayed$_2$ by ☐☐ days

Referral for acute admission today? ☐ No$_0$ ☐ Yes$_1$

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Supplementary material S3. LLCA models – model fit and comparisons.
Table. Fit statistics for “cough” models (n = 1,408)

Timing	# classes	# parameters	aBIC	Entropy	Smallest class	LL	ΔLL	LMR pvalue	BLRT pvalue
1-15 days (skip 0)	1	30	26845.6	NA	100.0%	13361.7		-	-
	2	61	21064.5	0.942	25.9%	10408.0	2953.6	< 0.001	< 0.001
	3	92	19142.9	0.915	16.6%	9384.1	1024.0	< 0.001	< 0.001
	4	123	18513.5	0.932	7.2%	9006.3	377.8	< 0.001	< 0.001
	5	154	17920.7	0.930	6.8%	8646.7	359.5	< 0.001	< 0.001
	6	185	17570.4	0.932	5.7%	8408.4	238.3	< 0.001	< 0.001
	7	216	17290.6	0.932	5.1%	8205.4	203.0	0.0035	0.0040
1-15 days (skip 1)	1	16	14247.7	NA	100.0%	7091.3		-	-
	2	33	11896.6	0.903	22.8%	5881.1	1210.2	< 0.001	< 0.001
	3	50	11288.3	0.843	14.8%	5542.3	338.8	< 0.001	< 0.001
	4	67	11070.3	0.867	6.6%	5398.7	143.6	< 0.001	< 0.001
	5	84	10925.4	0.900	6.0%	5291.6	107.1	< 0.001	< 0.001
	6	101	10875.9	0.900	2.5%	5232.2	59.4	0.0115	< 0.001
	7	118	10826.6	0.920	2.2%	5173.0	59.2	1.0000	< 0.001
1-15 days (skip 2)	1	10	8765.9	NA	100.0%	4362.6		-	-
	2	21	7928.3	0.820	24.0%	3921.4	441.2	< 0.001	< 0.001
	3	32	7766.7	0.742	13.0%	3818.2	103.2	< 0.001	< 0.001
	4	43	7711.0	0.805	9.4%	3767.9	50.3	0.0045	< 0.001
	5	54	7695.1	0.817	2.0%	3737.6	30.4	0.0513	< 0.001
	6	65	7700.1	0.833	1.5%	3717.7	19.9	0.0166	0.3960

LL= log-likelihood, ΔLL= change in log-likelihood, aBIC = Sample-size adjusted BIC;
BLRT = Bootstrap Likelihood Ratio Test; LMR = Lo-Mendell Rubin test

Model fit statistics considered

aBIC - sample-size adjusted Bayesian Information Criterion.

The Bayesian Information Criterion (BIC: Schwartz, G., 1978) is the most commonly-used fit statistic for comparing mixture models. A function of both the likelihood and the number of estimated parameters, the BIC penalises model complexity. We opted for the sample-size adjusted version which incorporates the sample-size as an additional term. BIC will typically decrease and then increase following the incremental additional of classes. Using this statistic the model with the lowest BIC (or other models with BIC values in the vicinity) would be deemed satisfactory however in some instances this statistic did not reach a minimum within the range of models considered..

Bootstrap tests for nested models.

The Bootstrap Likelihood Ratio Test (BLRT) and the Lo-Mendell-Rubin (LMR) test statistics (Nylund et al., 2007) both assess change in model fit when adding an additional class. Here a high p-value for a k-class model indicates no substantial improvement in fit compared to the k-1 class solution. Unlike the LMR, The BLRT makes no distributional assumptions and simulation work has so far shown this measure to be superior (Nylund et al., 2007) however in our experience the BLRT can be extremely conservative and may reject all the models considered.

Entropy.

Mixture modelling output consists primarily of class-assignment probabilities which describe the confidence with which each participant can be assigned to each latent class. Entropy, also referred to as classification accuracy, summarises this information as a single measure which can take values form zero to one, with one indicating no assignment uncertainty. Entropy is of little use in determining the optimal model (Tein et al, 2013) and can be poor in simulation studies even when the correct model is estimated (Heron et al., 2015). Whilst LCA has been promoted as a method to facilitate targeted interventions (Lanza and Rhoades, 2013) we propose that such a strategy is dependent on clearly defined and well-separated groups of individuals. Consequently, we regard entropy as an indicator of model *utility* since if entropy is low and individuals can only be poorly classified then the resulting classification is of little use as a targeting tool.

In addition, entropy has been shown to be important when it comes to the level of bias resulting from a standard three-step analysis (Vermunt, 2010; Bakk, Tekle, & Vermunt, 2013; Bakk, Oberski, & Vermunt, 2014). Whilst not directly related to the issue of model utility, entropy will influence the analytical approach employed when assessing covariate and outcome associations.

Smallest class size.

As a latent class analysis is usually the initial stage of a project with the intention of deriving a number of groups for further research, analysts often place a limit on the size of the results classes. This pragmatic decision is to facilitate the planned further study since there is little one could reasonably do with a class of ten participants other than drop them from the sample. Here we only considered models where all classes contained at least 5% of the participants.

Bivariate residuals

In addition to the figures shown in the previous table we also examined the bivariate residuals from each model. Mixture modelling, as with continuous trait modelling, is based on the assumption of conditional independence, namely that the class indicators should be independent conditional on the latent variable. The pattern and magnitude of these residuals is examined over the following few pages.

Bakk, Z., Tekle, F. T., & Vermunt, J. K. (2013). Estimating the association between latent class membership and external variables using bias-adjusted three-step approaches. *Sociological Methodology*, 43, 272-311.

Bakk, Z., Oberski, D. L., & Vermunt, J. K. (2014). Relating Latent Class Assignments to External Variables: Standard Errors for Correct Inference. *Political Analysis*, 22, 520-540.

Heron, J. E., Croudace, T. J., Barker, E. D., & Tilling, K. (2015). A comparison of approaches for assessing covariate effects in latent class analysis. *Longitudinal and Life Course Studies*; Vol 6, No 4.

Lanza ST and Rhoades BL. Latent Class Analysis: An Alternative Perspective on Subgroup Analysis in Prevention and Treatment. *Prevention Science*. 2013, Volume 14, Issue 2, pp 157-168

Nylund KL, Asparouhov T, Muthen BO. Deciding on the Number of Classes in Latent Class Analysis and Growth Mixture Modelling: A Monte Carlo Simulation Study. *Structural Equation Modelling: A Multidisciplinary Journal* 2007;14(4):535-569.

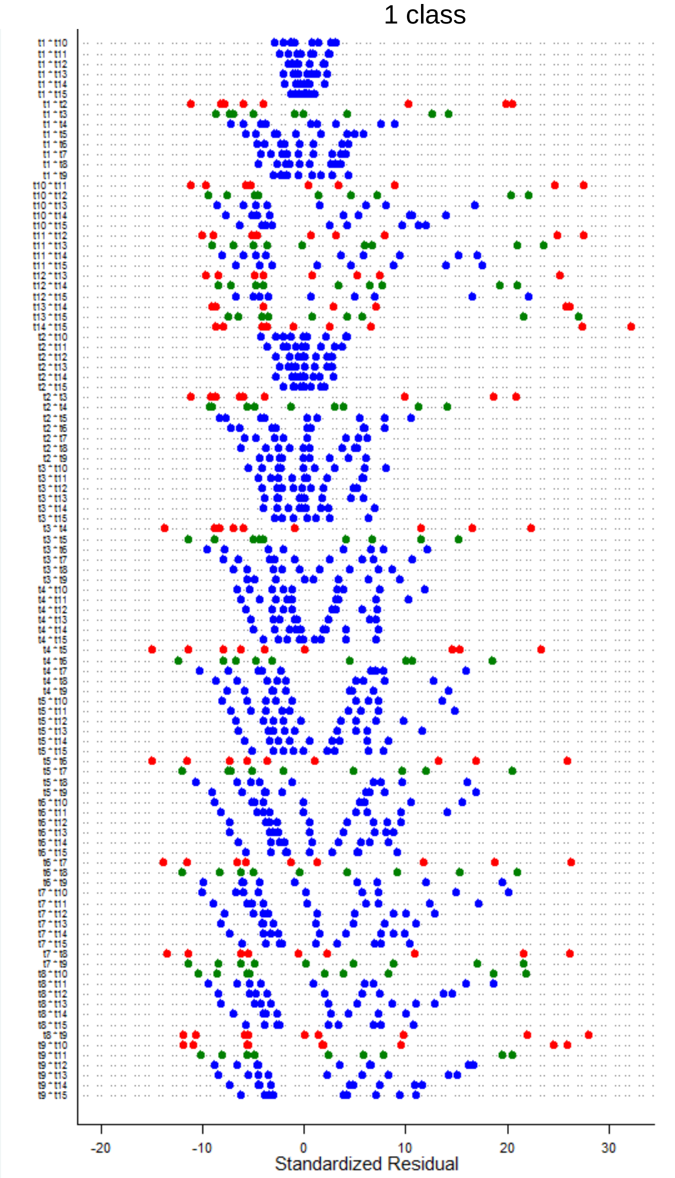
Schwarz G. Estimating the dimension of a model. *Annals of Statistics* 1978;6:461–464

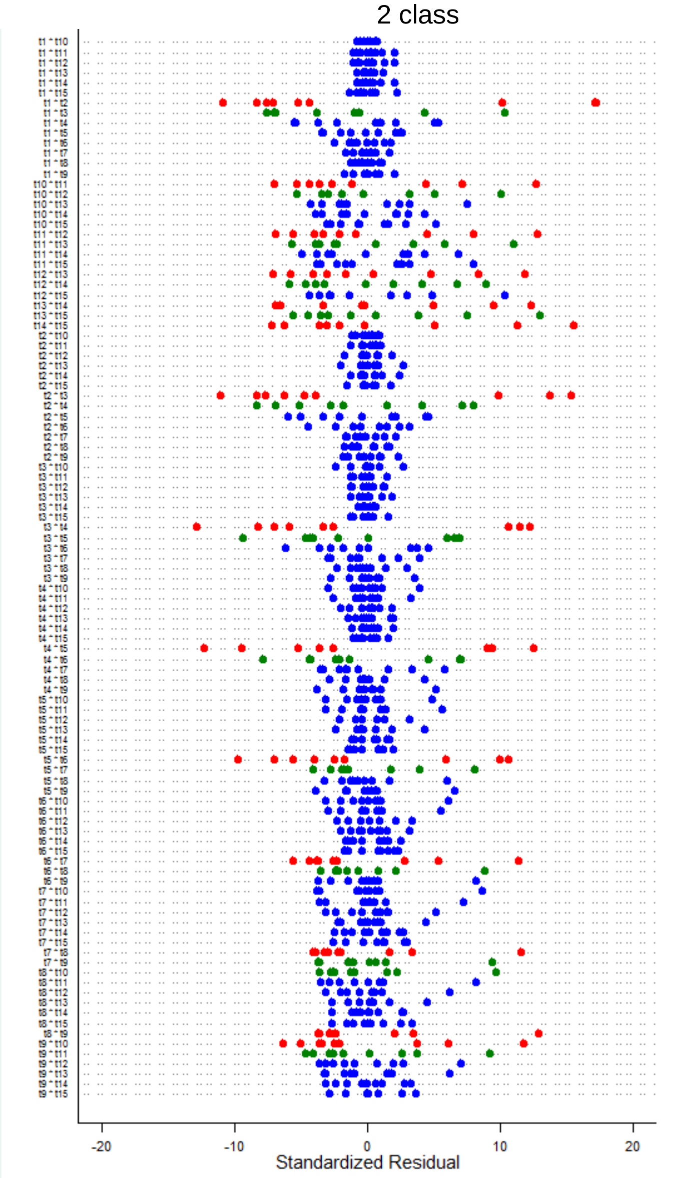
Tein J-Y, Coxe S , Cham H. Statistical Power to Detect the Correct Number of Classes in Latent Profile Analysis. *Structural Equation Modeling: A Multidisciplinary Journal*. Vol. 20, Iss. 4, 2013.

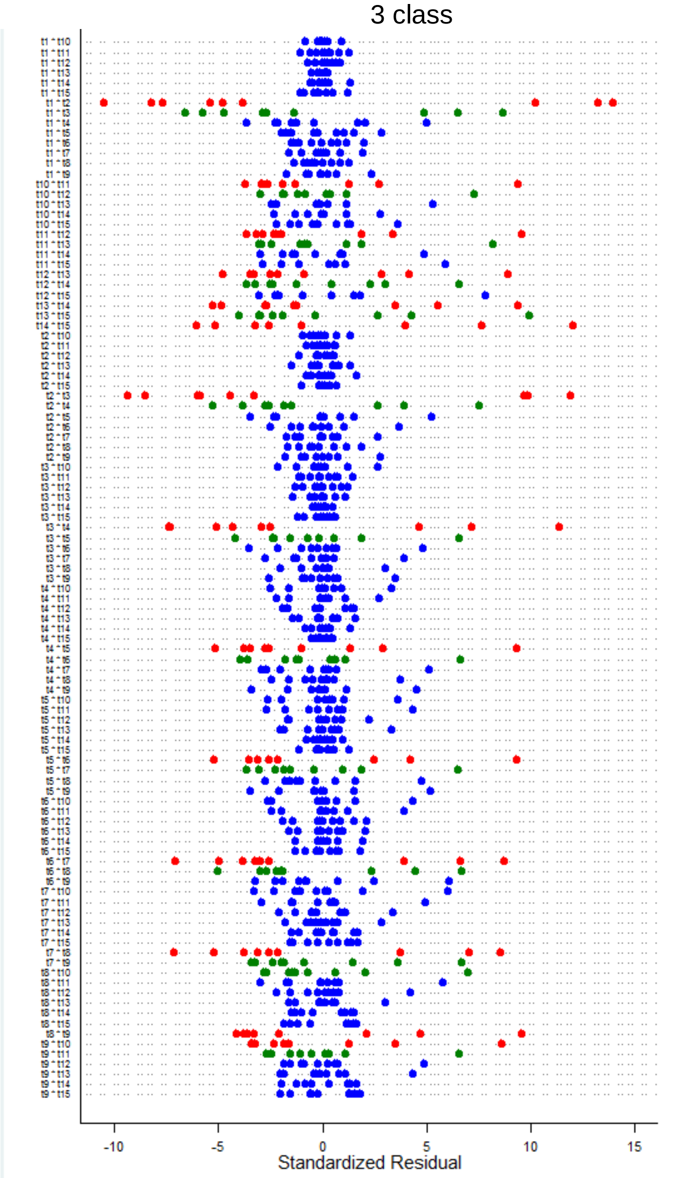
Vermunt, J. K. (2010). Latent class modeling with covariates: Two improved three-step approaches. *Political Analysis*, 18, 450-469.

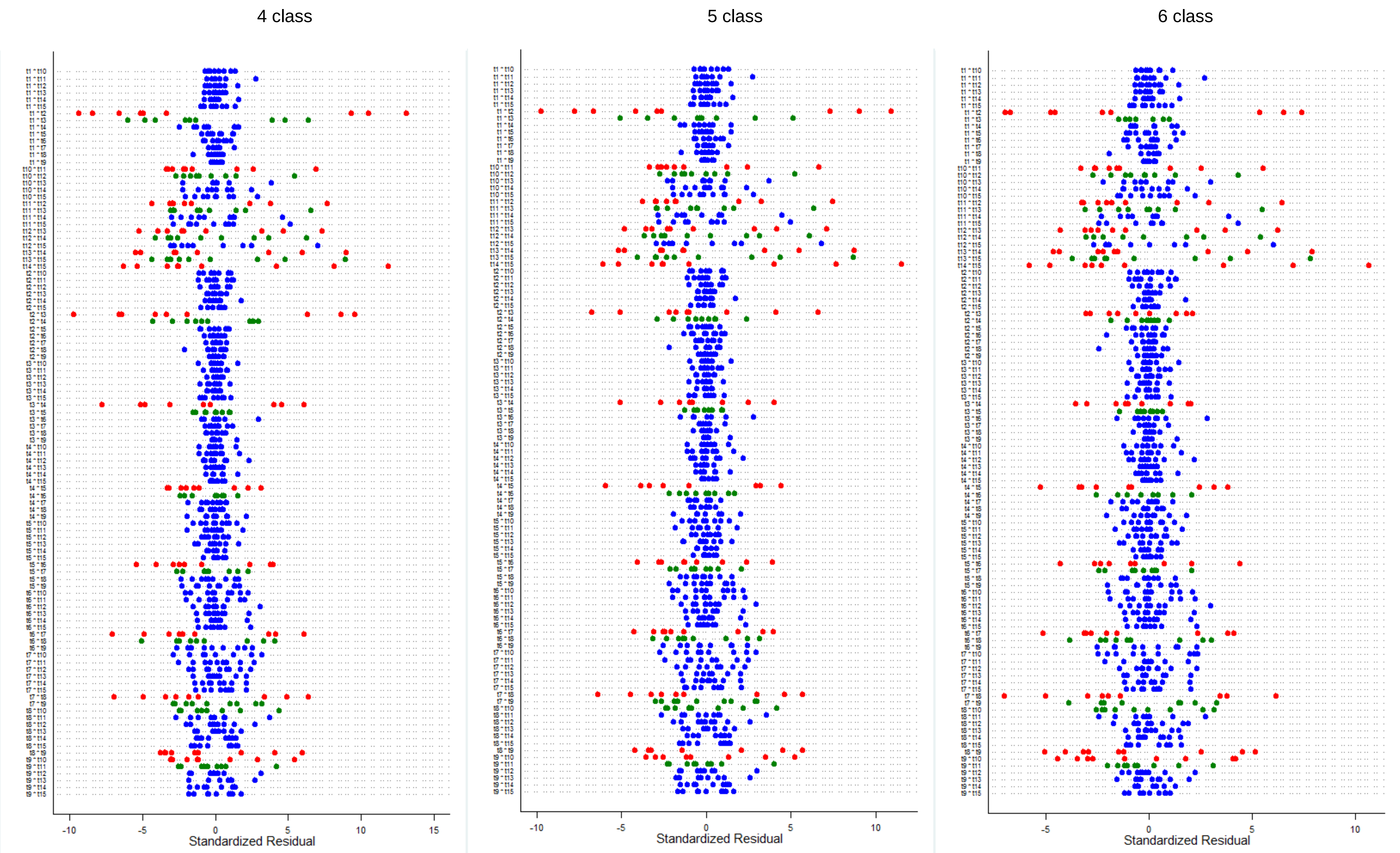
Bivariate residuals from models of 15 consecutive days' data on COUGH.

Graphs over next two pages show residuals for 1 class, 2 class, … 6 class models. As each class indicator has three categories, there are nine residuals for each pair of measures (3x3 cells in the contingency table). Red indicates residuals between adjacent time points, green indicates residuals between measures two days apart and blue the remaining residuals. It's apparent that these models are failing to capture two aspects of the data (i) the strong association between measures taken very close together and (ii) the association between measures taken towards the start and end of the two-week period when the majority of children exhibit little change from day to day.



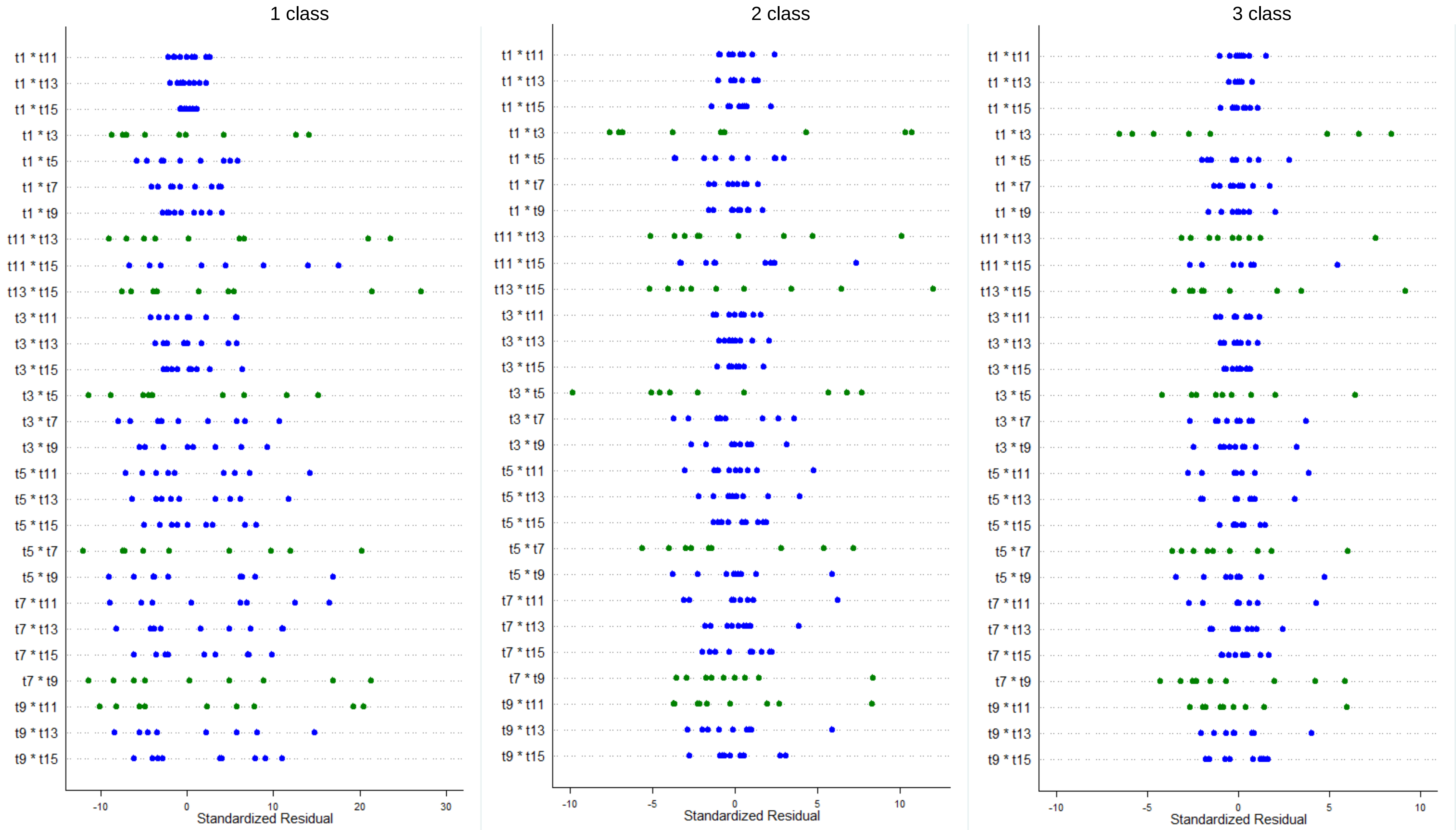


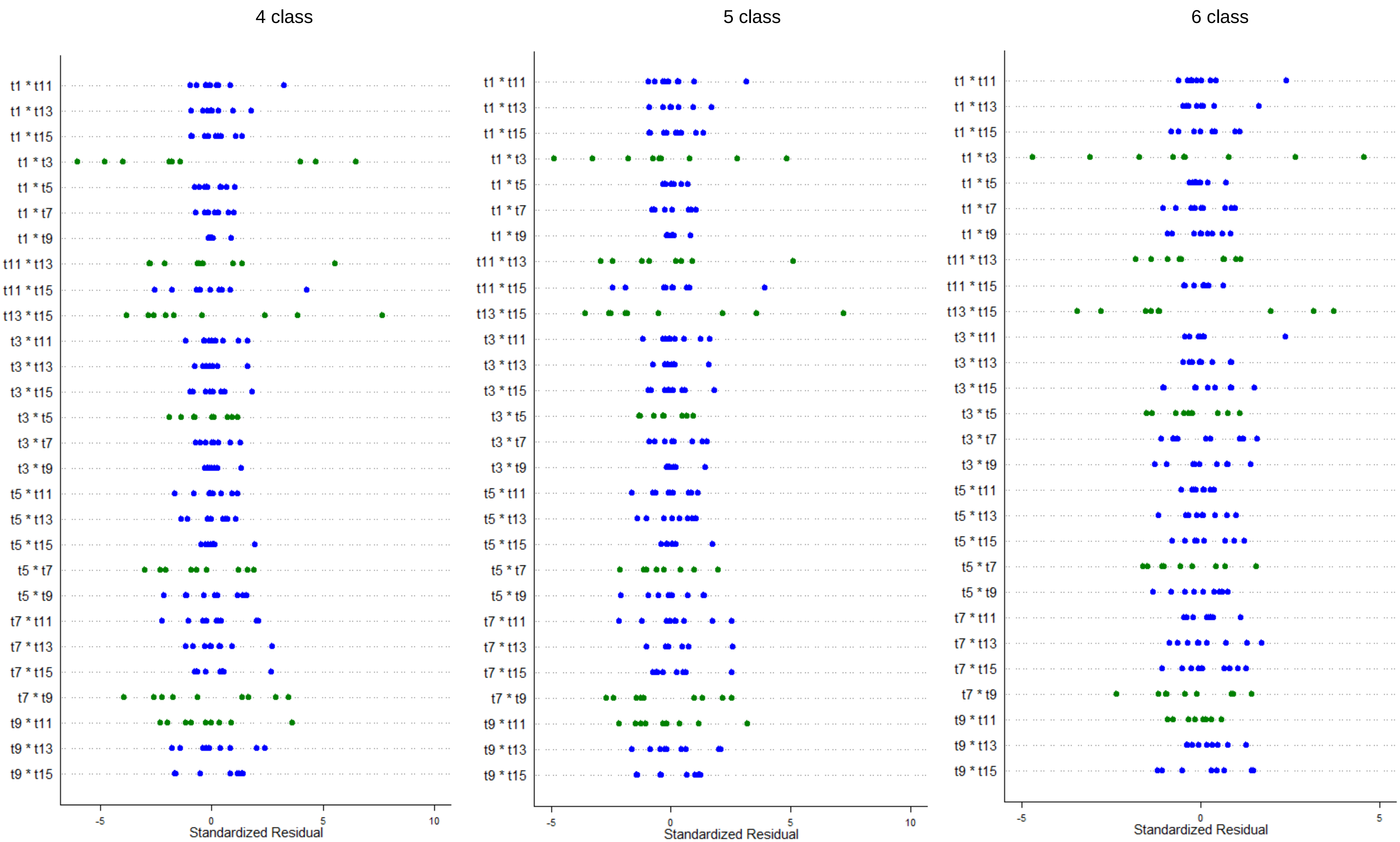



4 class
5 class
6 class
Standardized Residual
Standardized Residual
Standardized Residual

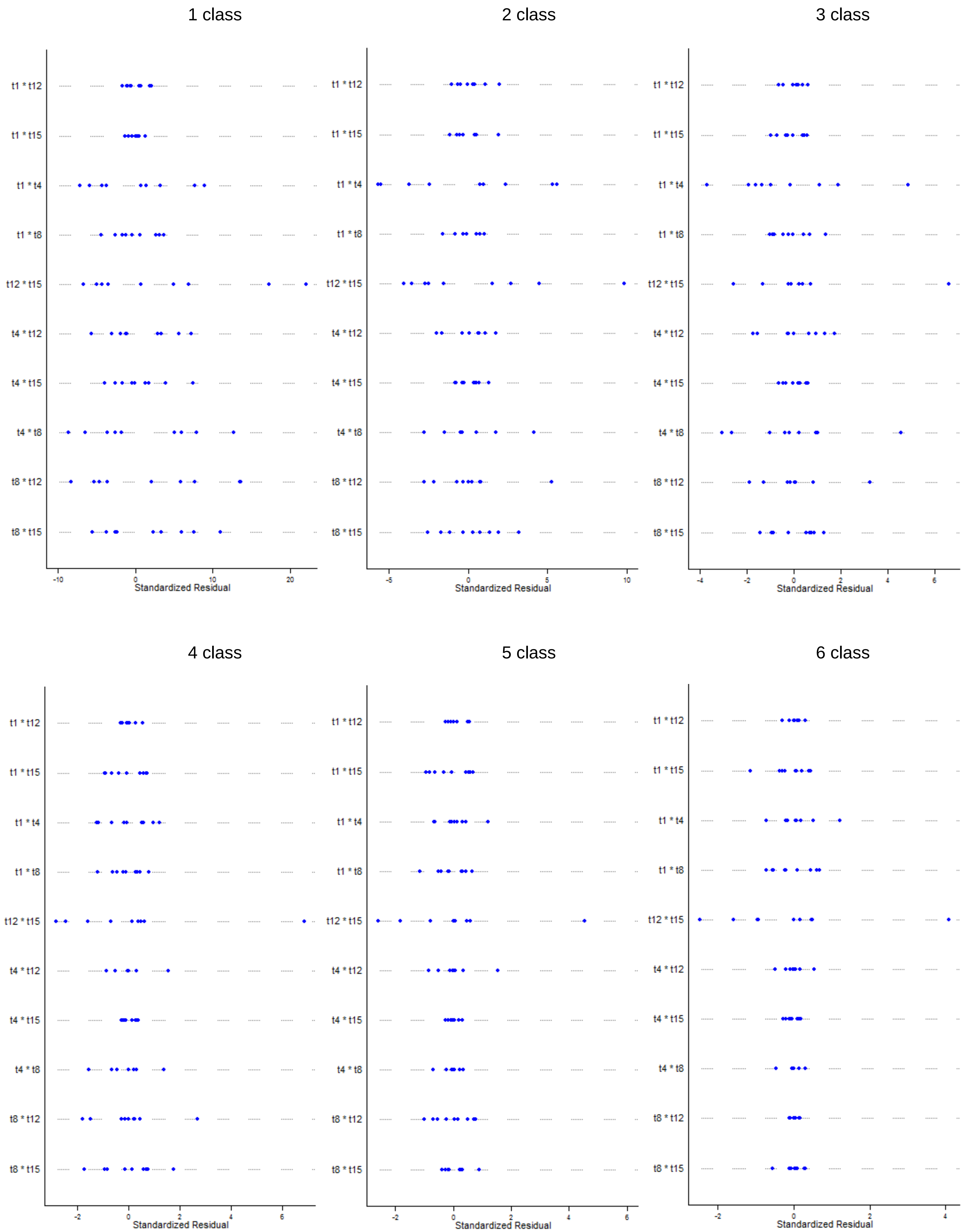
Bivariate residuals from models of 8 measures taken from alternate days' data on COUGH.

Not surprisingly, we see marked improvement in the magnitude of the residuals when adjacent measurements are dropped from the model. These figures show pairwise residuals from 1 through 6-class models for the cough data using alternate measures. Once again, but to a lesser extent, we see that the model is less able to model the data at the two extremes of the two-week measurement window.

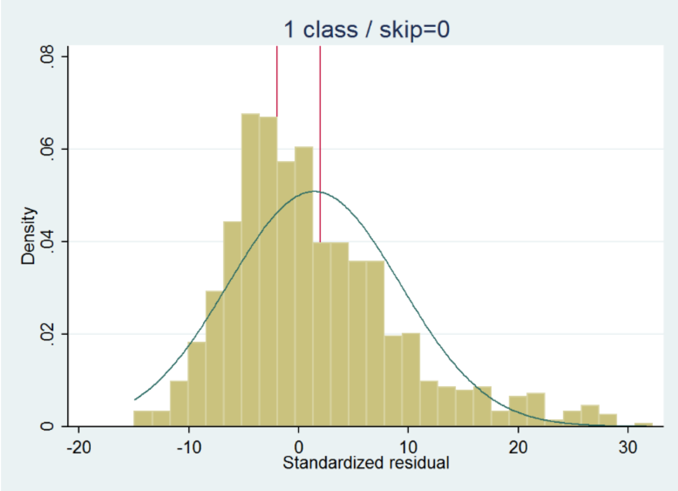



4 class
5 class
6 class
t1 * t11
t1 * t13
t1 * t15
t1 * t3
t1 * t5
t1 * t7
t1 * t9
t11 * t13
t11 * t15
t13 * t15
t3 * t11
t3 * t13
t3 * t15
t3 * t5
t3 * t7
t3 * t9
t5 * t11
t5 * t13
t5 * t15
t5 * t7
t5 * t9
t7 * t11
t7 * t13
t7 * t15
t7 * t9
t9 * t11
t9 * t13
t9 * t15
-5
0
5
10
Standardized Residual

Bivariate residuals from models of 5 measures of COUGH taken from the 15 days of information.

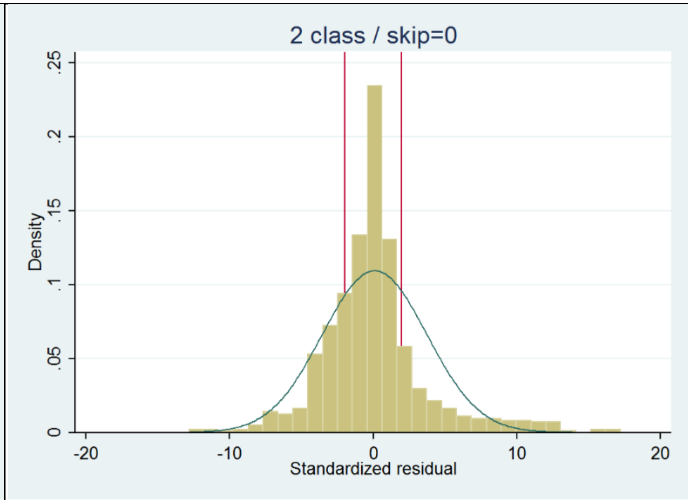


Distribution of bivariate residuals with red-lines indicating +/- 1.96 (Skip 0: All 15 measures)



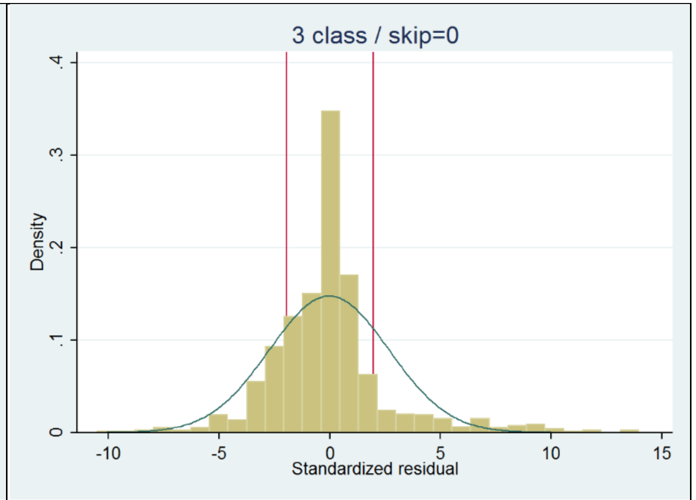
sk0_c1_r_outlier

	Freq.	Percent	Cum.
0	203	21.48	21.48
1	742	78.52	100.00
Total	945	100.00	



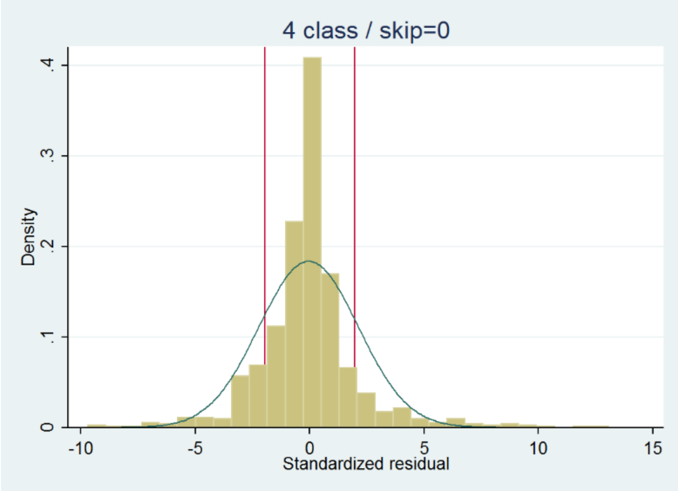
sk0_c2_r_outlier

	Freq.	Percent	Cum.
0	561	59.37	59.37
1	384	40.63	100.00
Total	945	100.00	



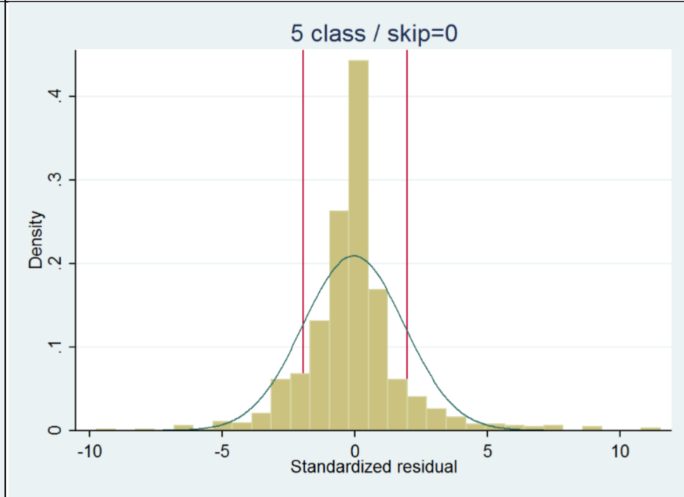
sk0_c3_r_outlier

	Freq.	Percent	Cum.
0	667	70.58	70.58
1	278	29.42	100.00
Total	945	100.00	



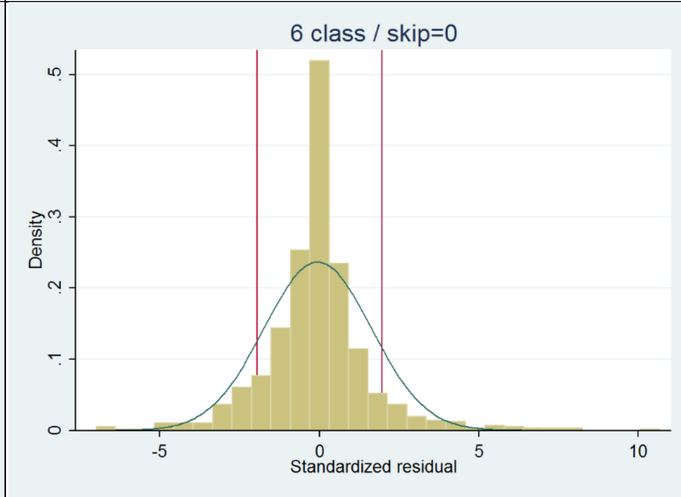
sk0_c4_r_outlier

	Freq.	Percent	Cum.
0	735	77.78	77.78
1	210	22.22	100.00
Total	945	100.00	



sk0_c5_r_outlier

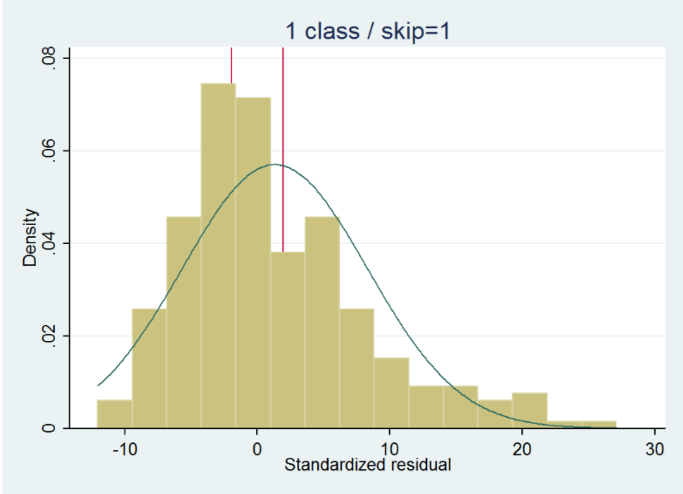
	Freq.	Percent	Cum.
0	763	80.74	80.74
1	182	19.26	100.00
Total	945	100.00	



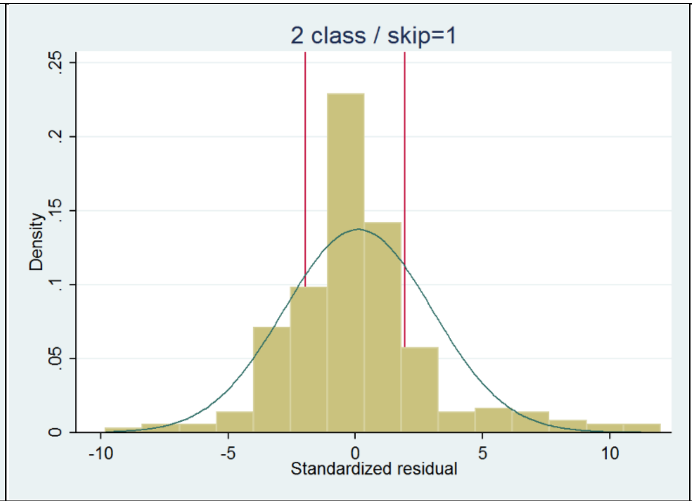
sk0_c6_r_outlier

	Freq.	Percent	Cum.
0	776	82.12	82.12
1	169	17.88	100.00
Total	945	100.00	

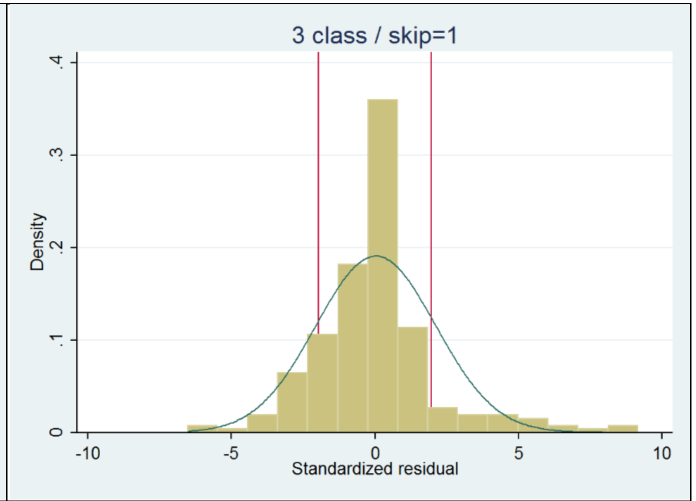
Distribution of bivariate residuals with red-lines indicating +/- 1.96 (Skip 1: Alternate measures)



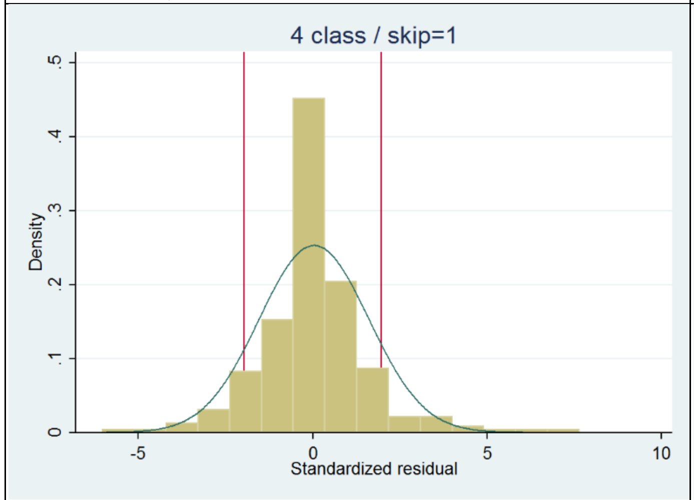
sk1_c1_r_outlier	Freq.	Percent	Cum.
0	62	24.60	24.60
1	190	75.40	100.00
Total	252	100.00	



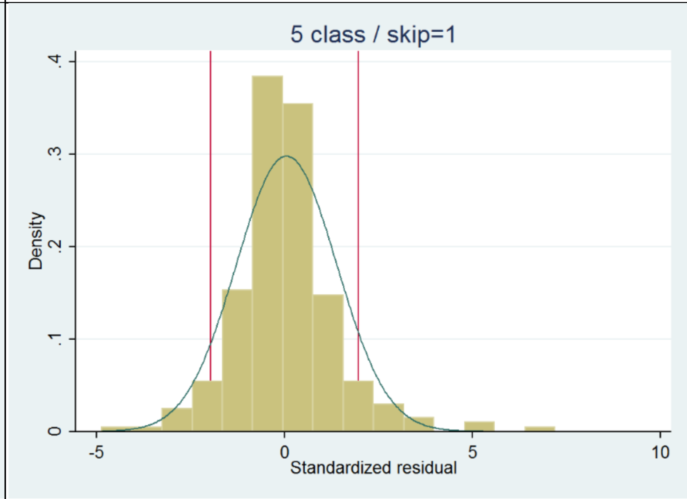
sk1_c2_r_outlier	Freq.	Percent	Cum.
0	165	65.48	65.48
1	87	34.52	100.00
Total	252	100.00	



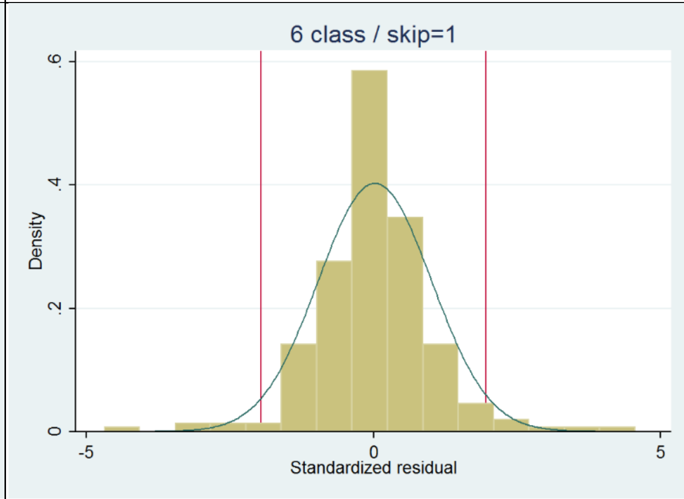
sk1_c3_r_outlier	Freq.	Percent	Cum.
0	194	76.98	76.98
1	58	23.02	100.00
Total	252	100.00	



sk1_c4_r_outlier	Freq.	Percent	Cum.
0	213	84.52	84.52
1	39	15.48	100.00
Total	252	100.00	



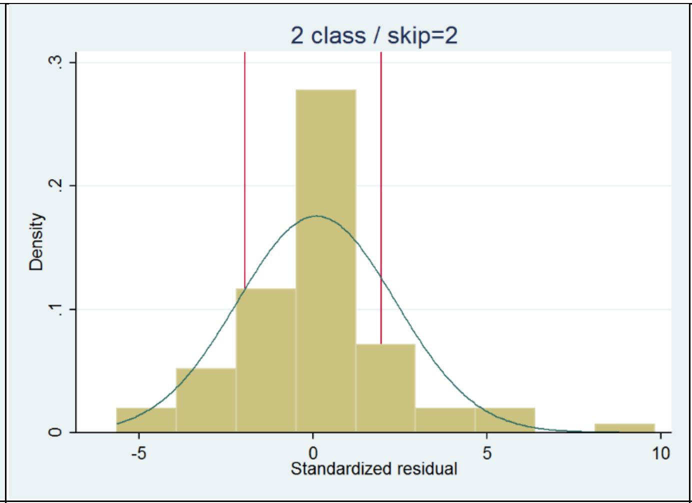
sk1_c5_r_outlier	Freq.	Percent	Cum.
0	221	87.70	87.70
1	31	12.30	100.00
Total	252	100.00	



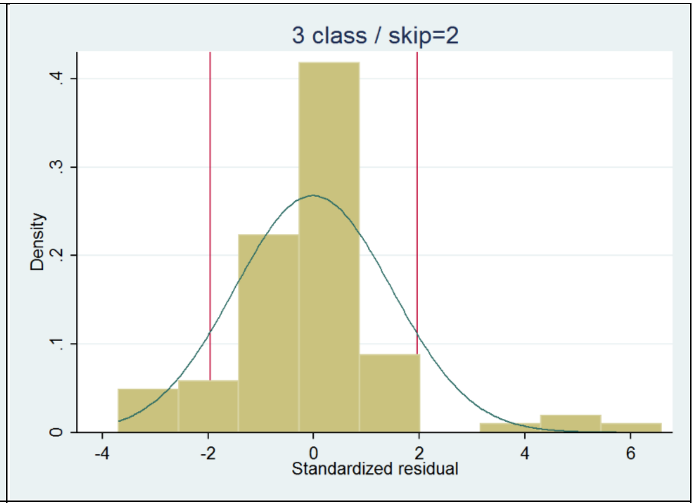
sk1_c6_r_outlier	Freq.	Percent	Cum.
0	240	95.24	95.24
1	12	4.76	100.00
Total	252	100.00	

Distribution of bivariate residuals with red-lines indicating +/- 1.96 (Skip 2: Every third measure)

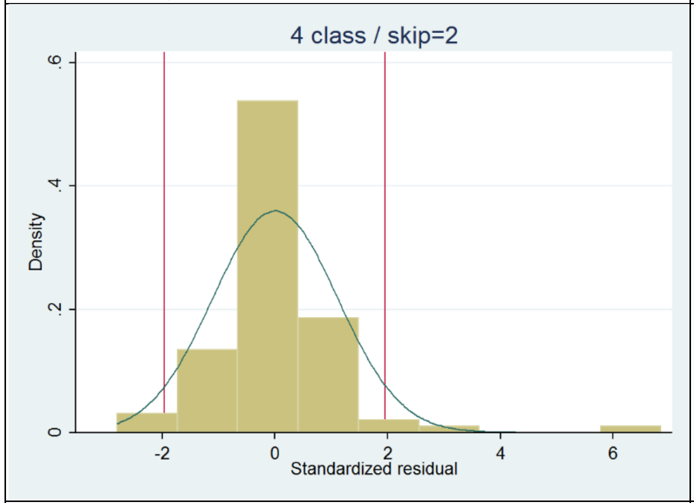
sk2_c1_r_outlier	Freq.	Percent	Cum.
0	32	35.56	35.56
1	58	64.44	100.00
Total	90	100.00	



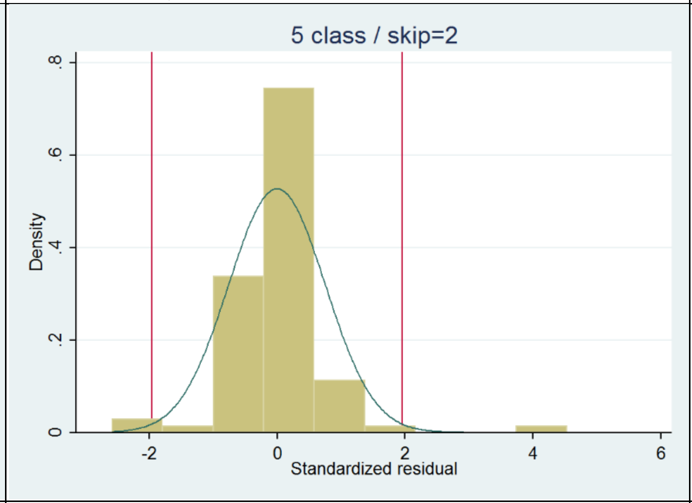
sk2_c2_r_outlier	Freq.	Percent	Cum.
0	67	74.44	74.44
1	23	25.56	100.00
Total	90	100.00	



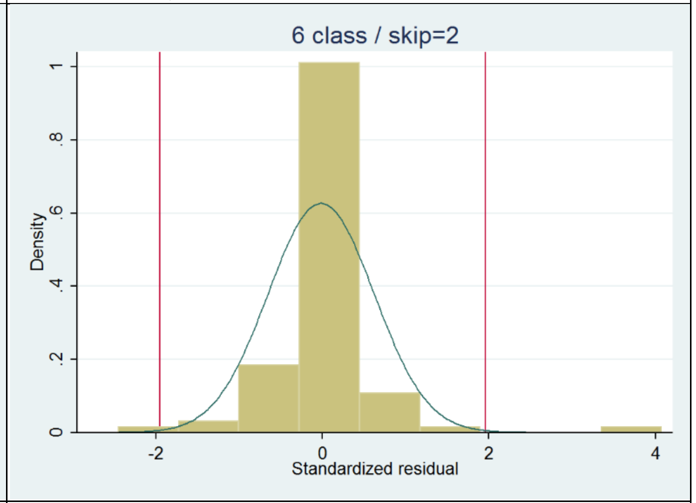
sk2_c3_r_outlier	Freq.	Percent	Cum.
0	81	90.00	90.00
1	9	10.00	100.00
Total	90	100.00	



sk2_c4_r_outlier	Freq.	Percent	Cum.
0	86	95.56	95.56
1	4	4.44	100.00
Total	90	100.00	



sk2_c5_r_outlier	Freq.	Percent	Cum.
0	88	97.78	97.78
1	2	2.22	100.00
Total	90	100.00	



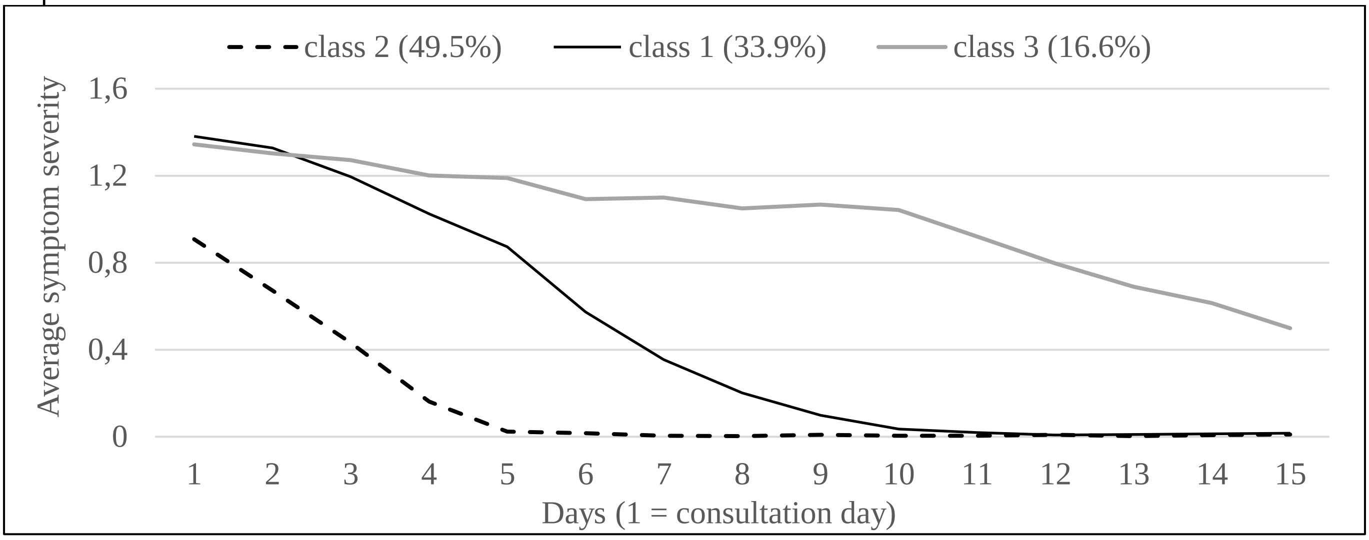
sk2_c6_r_outlier	Freq.	Percent	Cum.
0	88	97.78	97.78
1	2	2.22	100.00
Total	90	100.00	

Estimated trajectories

Modelling three-category ordinal measures poses a slight problem when it comes to plotting the results as all three categories describe a trajectory through time meaning two plots are necessary. To avoid this we have collapsed the within-class profiles by turning the probabilities into a single measure of severity (severity = 0*P(Category 0) + 1*P(Category 1) + 2*P(Category 2)).

3-class models

Skip 0



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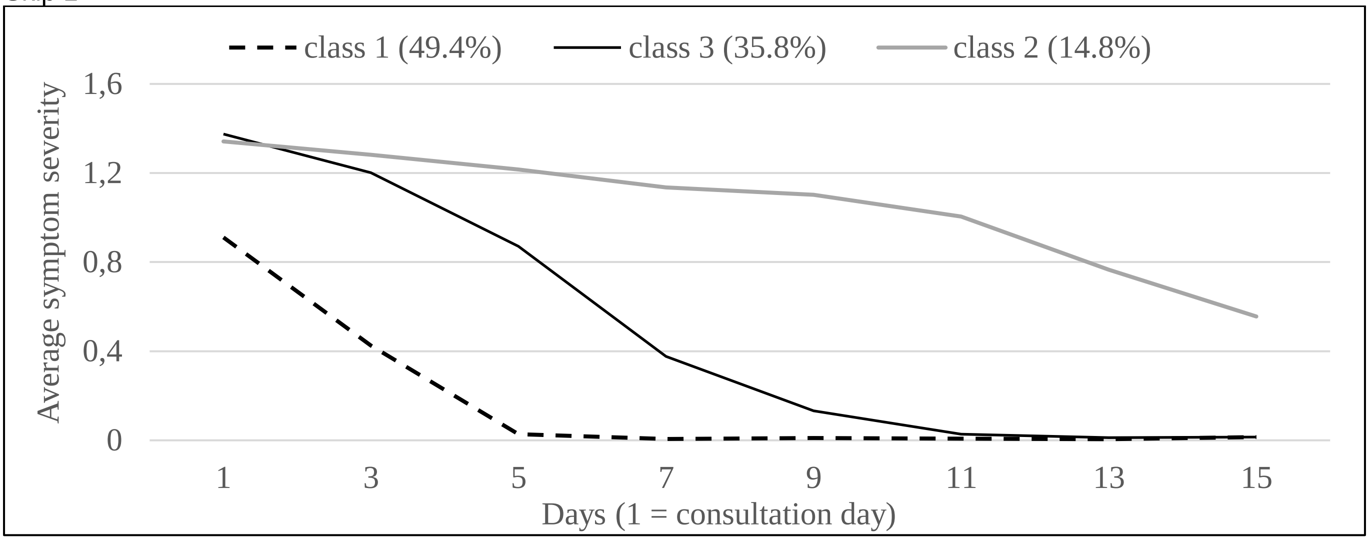

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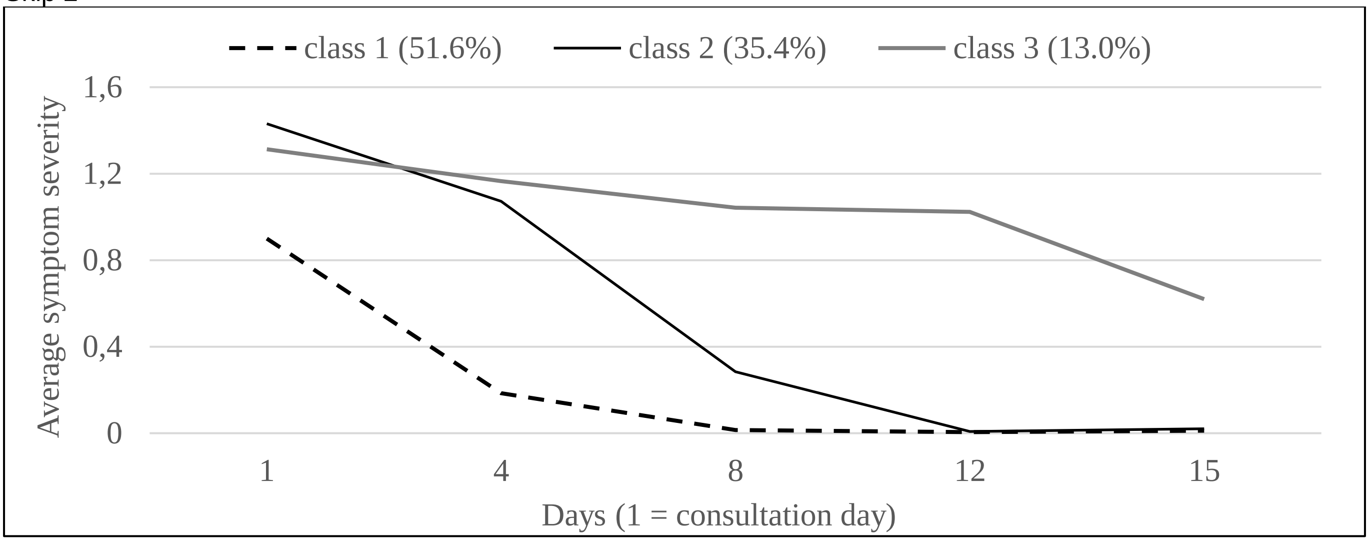

4-class models

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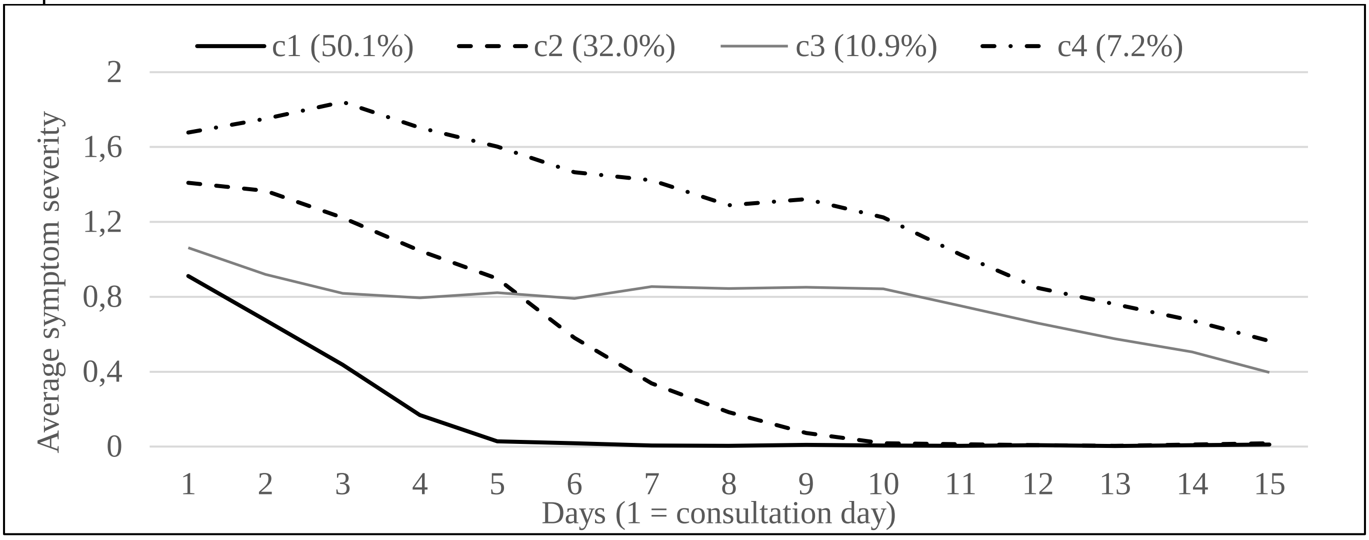

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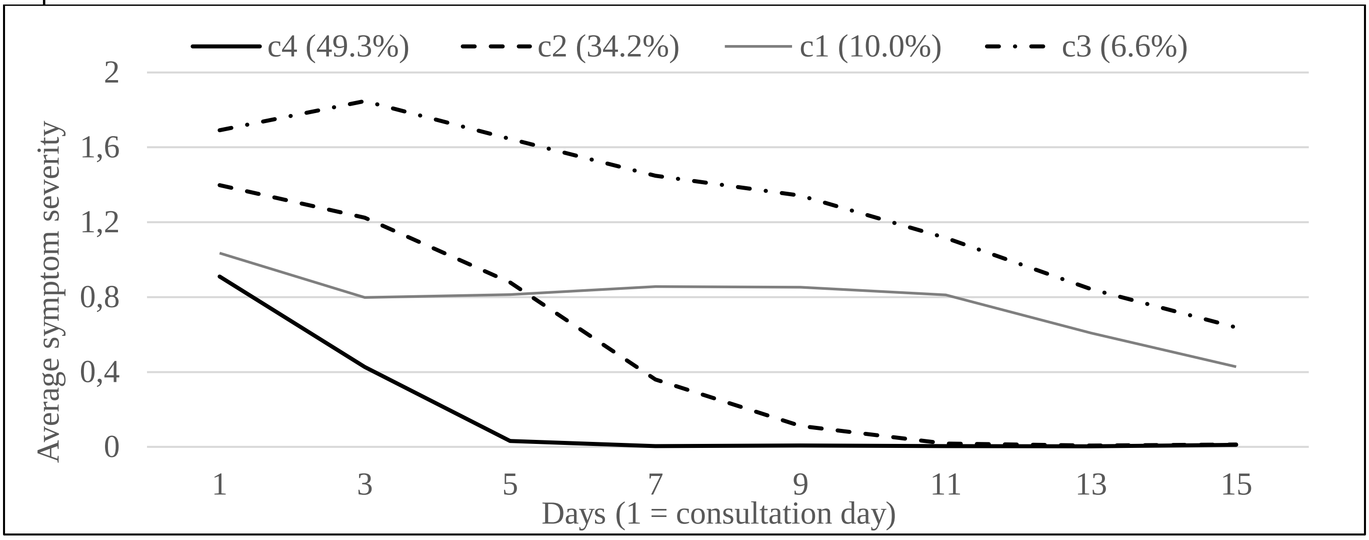

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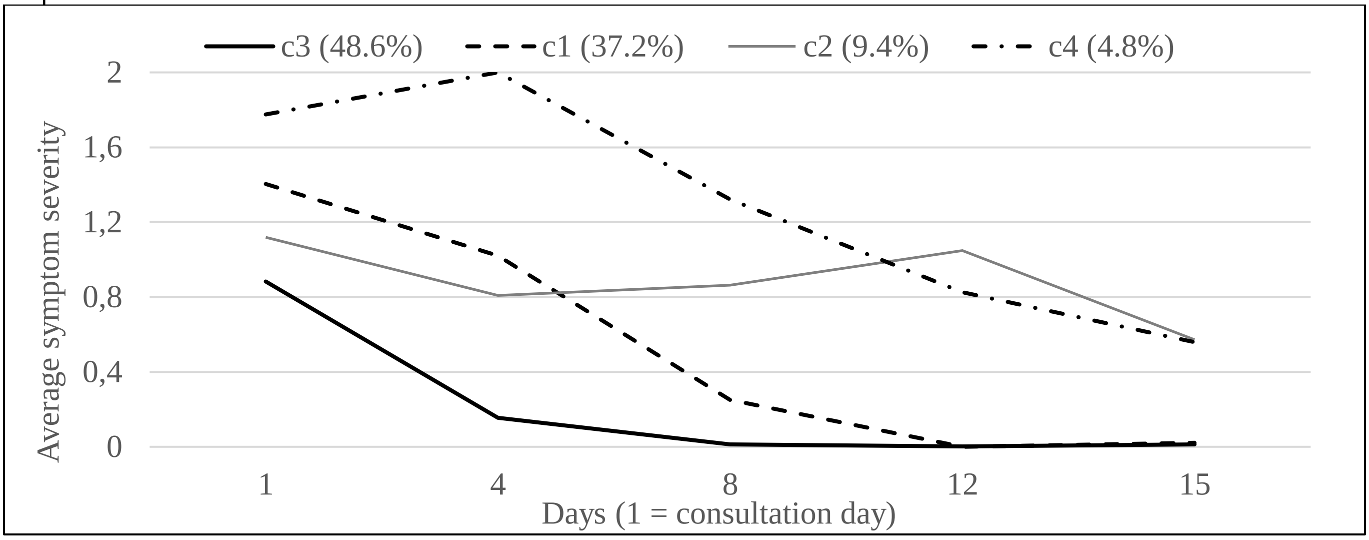

5-class models

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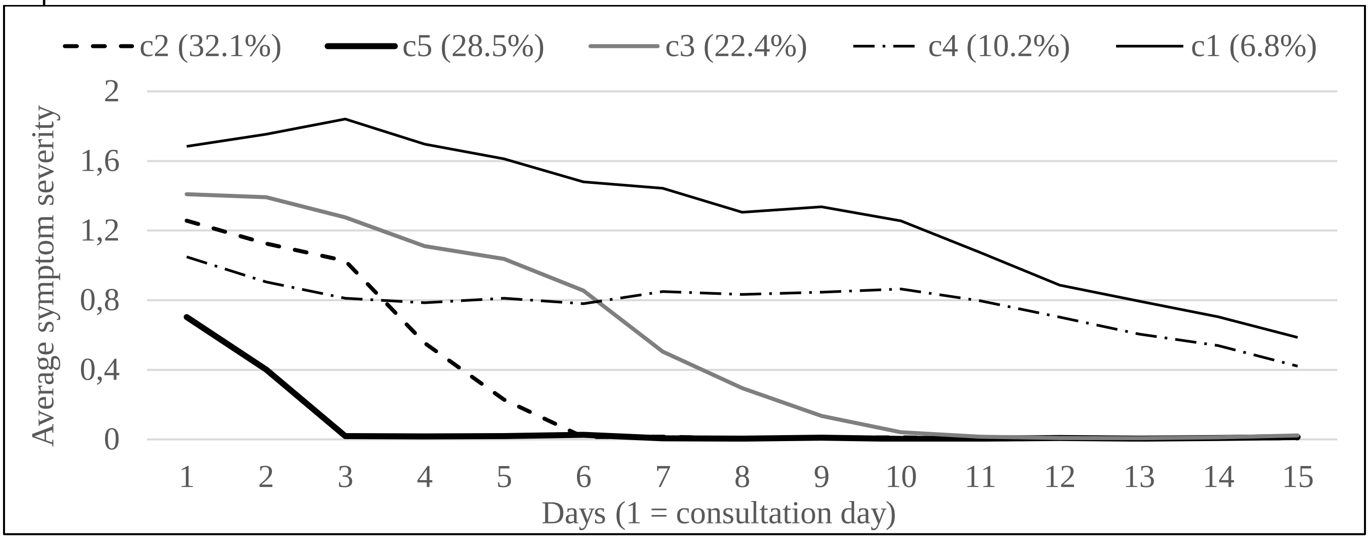

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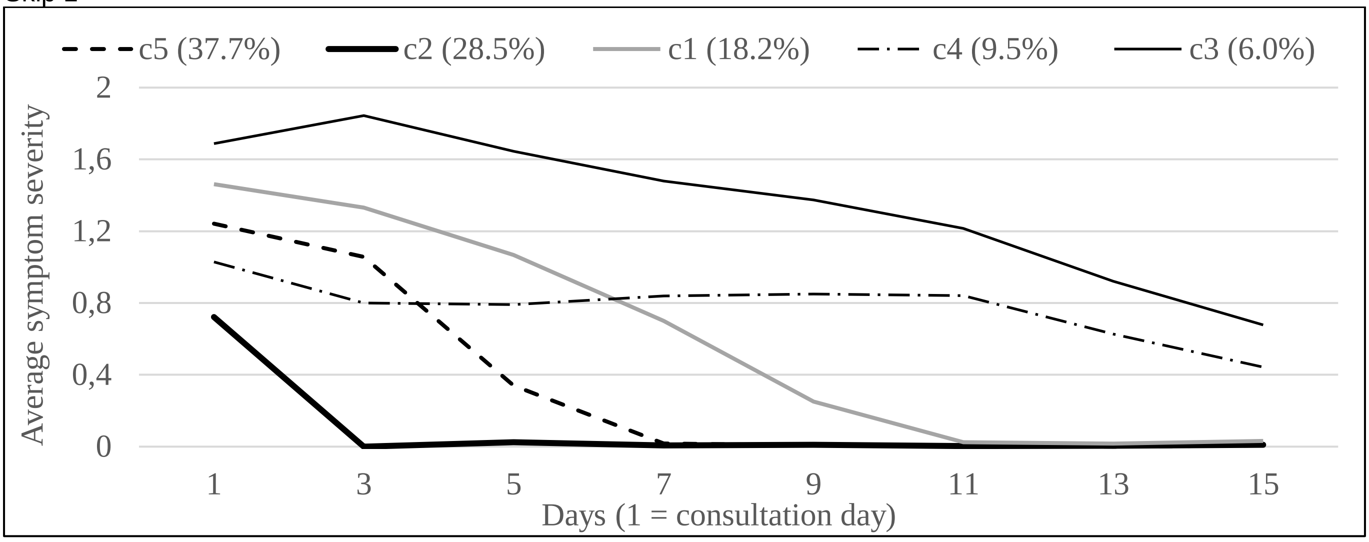

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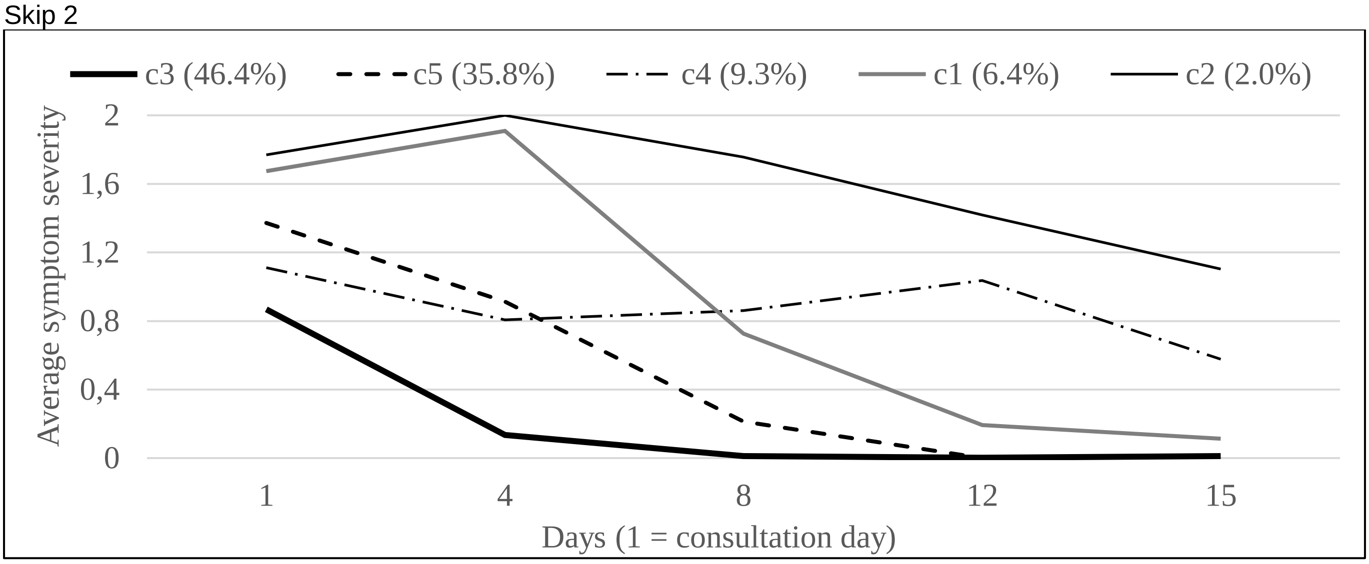

Supplementary Table S1. Univariable analyses of change† in cough severity from day of recruitment to the following day (day 2) in 1,385 children presenting to primary care with respiratory tract infection between July 2011 and May 2013[$].

Variable	Reference group	"Exposed" group	Improved OR [95% CI]	Unchanged OR	Worse OR [95% CI]	p-value[a]
Age of child	2 – 15 years	0 – 1 year	1.20 [0.94, 1.53]	1.00 ref	1.65 [1.09, 2.50]	0.040
Gender	Female	Male	1.13 [0.90, 1.43]	1.00 ref	1.14 [0.76, 1.71]	0.532
Ethnicity	White	Non-white	1.16 [0.80, 1.67]	1.00 ref	1.03 [0.53, 2.01]	0.742
Mother smoking	No	Yes	1.20 [0.87, 1.64]	1.00 ref	0.81 [0.44, 1.49]	0.354
Living in 20% most deprived areas	No	Yes	0.74 [0.53, 1.03]	1.00 ref	0.81 [0.46, 1.45]	0.176
No of consultations last year	0 – 4 consultations	≥ 5 consultations	0.96 [0.62, 1.48]	1.00 ref	1.13 [0.54, 2.33]	0.918
Current asthma	No	Yes	1.31 [0.91, 1.91]	1.00 ref	1.65 [0.91, 2.98]	0.153
Previous asthma	No	Yes	1.21 [0.71, 2.06]	1.00 ref	1.08 [0.42, 2.81]	0.785
Pre-consultation illness duration	>3 days	≤3 days	1.21 [0.93, 1.57]	1.00 ref	1.42 [0.91, 2.21]	0.163
Severe dry cough[b]	No	Yes	1.27 [0.82, 1.99]	1.00 ref	0.90 [0.38, 2.16]	0.520
Severe productive cough[b]	No	Yes	1.41 [0.95, 2.07]	1.00 ref	1.06 [0.51, 2.18]	0.229
Severe barking cough[b]	No	Yes	1.10 [0.68, 1.79]	1.00 ref	0.83 [0.32, 2.12]	0.827
Any severe cough[b]	No	Yes	1.35 [1.00, 1.82]	1.00 ref	1.02 [0.59, 1.77]	0.139
Severe blocked or runny nose[b]	No	Yes	1.03 [0.66, 1.59]	1.00 ref	1.60 [0.83, 3.08]	0.396
Moderate-to-severe change in cry[b]	No	Yes	1.03 [0.72, 1.46]	1.00 ref	0.76 [0.38, 1.51]	0.686
Moderate-to-severe shortness of breath[b]	No	Yes	1.42 [1.09, 1.84]	1.00 ref	1.16 [0.73, 1.86]	0.034
Moderate-to-severe wheeze[b]	No	Yes	1.25 [0.97, 1.62]	1.00 ref	1.04 [0.66, 1.66]	0.236
Moderate-to-severe diarrhoea[b]	No	Yes	0.81 [0.45, 1.46]	1.00 ref	1.97 [0.93, 4.20]	0.141
Moderate-to-severe vomiting[b]	No	Yes	0.88 [0.61, 1.28]	1.00 ref	0.89 [0.46, 1.72]	0.774
Moderate-to-severe reduced fluid intake[b]	No	Yes	1.06 [0.77, 1.46]	1.00 ref	1.04 [0.59, 1.82]	0. 944
Severe reduced food intake[b]	No	Yes	1.09 [0.68, 1.76]	1.00 ref	0.63 [0.22, 1.79]	0.564
Severe reduced energy[b]	No	Yes	0.73 [0.42, 1.28]	1.00 ref	0.67 [0.24, 1.91]	0.450
Severe disturbed sleep[b]	No	Yes	1.41 [1.05, 1.89]	1.00 ref	1.55 [0.95, 2.53]	0.036
Moderate-to-severe reduction in urine passed[b]	No	Yes	1.05 [0.66, 1.67]	1.00 ref	0.43 [0.13, 1.40]	0.255
Severe fever[b]	No	Yes	1.04 [0.67, 1.64]	1.00 ref	0.68 [0.27, 1.73]	0.651
Temperature ≥37·8°C at consultation	No	Yes	0.95 [0.67, 1.34]	1.00 ref	0.94 [0.51, 1.74]	0.941
Pallor	No	Yes	0.93 [0.71, 1.22]	1.00 ref	0.96 [0.60, 1.54]	0.873

Inter-/subcostal recession	No	Yes	2.05 [1.20, 3.50]	1.00 ref	0.87 [0.26, 2.92]	0.026
Inflamed pharynx/tonsils	No	Yes	0.92 [0.70, 1.20]	1.00 ref	0.96 [0.60, 1.54]	0.832
Wheeze assessed by clinician	No	Yes	1.29 [0.97, 1.72]	1.00 ref	1.11 [0.66, 1.87]	0.231
Crackles assessed by clinician	No	Yes	1.17 [0.89, 1.54]	1.00 ref	0.71 [0.41, 1.22]	0.168
Severity by parent	Quartiles 1-3	Top quartile	0.99 [0.70, 1.41]	1.00 ref	0.98 [0.53, 1.81]	0.997
Severity by clinician	Quartiles 1-3	Top quartile	1.11 [0.82, 1.50]	1.00 ref	0.87 [0.50, 1.53]	0.646

† 'Improved' and 'worse' is defined by change of ≥1 point on a 7 level Likert scale.

[$] Number of children less than 1,408 due to missing data.

[a] Pearson's chi^2.

[b] In the 24 hours prior to consultation.