**Appendix A: Caregiver Questionnaire (Provided electronically)**

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| *“Your child”* refers to the child in your care who received Early Intervention physical therapy services. *“Caregiver”* refers to the primary individual who has taken part in the direct care of the child who has received Early Intervention physical therapy services.  |

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| 1. What was the age of your child when they began Early Intervention physical therapy services? (Answer in months). \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Please list all medical diagnosis(es) of your child.
 |
| 1. Who referred your child or recommended that your child receive Early Intervention physical therapy services? (Check one option)
	* Pediatrician
	* Self
	* Family Member (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. How many months has your child received Early Intervention physical therapy services? \_\_\_\_\_\_\_\_\_\_
 |
| 1. While in Early Intervention, which other healthcare providers were involved in your child's medical care? (Check all that apply)
	* Occupational Therapist (OT)
	* Speech Therapist (SLP)
	* Developmental specialist
	* Neurologist
	* Cardiologist
	* Orthopedist
	* Other (spcify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. How many children were in your care at the time that your child received Early Intervention physical therapy services? \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Outside of Early Intervention, which therapy services have any children in your care received? (Check all that apply)
	* Physical Therapy (PT)
	* Occupational Therapy (OT)
	* Speech Therapy (SLP)
	* Other (specify) \_\_\_\_\_\_\_\_\_
	* No children in my care have previously received therapy services
 |
| 1. Including yourself, how many caregivers and/or family members were involved in your child’s Early Intervention physical therapy services? (Check one option)
	* 1
	* 2
	* 3
	* 4+ (specify) \_\_\_\_\_\_\_\_\_\_
 |
| 1. At the time of your child’s Early Intervention physical therapy services, how many of those caregivers lived in the same home as your child?
	* 1
	* 2
	* 3
	* 4+ (specify) \_\_\_\_\_\_\_\_\_\_
 |
| 1. Describe a few of the strategies/activities the physical therapist shared with you during your child’s Early Intervention physical therapy visits. (For example: tummy time over boppee pillow or towel roll, kneeling at diaper box or step stool, stepping up/down from couch cushion, use of orthotics or equipment such as a gait trainer to assist with walking, kinesiotaping, etc.)
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| 1. Outside of Early Intervention sessions, how often did you perform strategies with your child given by the physical therapist? Please be specific. (For example: 2-3 days/week, after each diaper change, before bath time every night, etc.)
 |
| 1. How soon after your first physical therapy visit did you feel comfortable incorporating the strategies provided by your physical therapist into your/your child's daily routine? (Check one option)
	* Immediately
	* After a few sessions
	* After many sessions
	* Never
	* I did not want to apply the techniques outside of physical therapy
 |
| 1. On a scale of 1-10, how confident did you feel incorporating the therapeutic strategies/activities into your daily routine? (1=Not Confident at all, 10= Extremely Confident) \_\_\_

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| 1. Describe what factors most influence your belief that Early Intervention physical therapy does or does not benefit your child.
 |
| 1. What factors contributed to you discontinuing Early Intervention physical therapy services? (Check all that apply)
	* Child turned 3 years old
	* Too busy
	* Goals accomplished
	* Lack of improvement
	* Limited environment for activities
	* My child is still receiving Early Intervention physical therapy services
	* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. What factors contributed to you wanting to continue Early Intervention physical therapy activities outside of sessions? (Check all that apply)
	* Improvement noticed
	* Child enjoyed activities
	* Family enjoyed activities
	* Able to incorporate into daily activities
	* Confident with performing activities
	* My child is not continuing Early Intervention physical therapy activities outside of sessions
	* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. How could your experience with Early Intervention physical therapy services have been improved?
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| 1. If selected, would you be willing to participate in a phone/Zoom call interview with the researchers to further discuss your experience with Early Intervention physical therapy services?
	* Yes **(Provide contact info)**
	* No
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| For the following items, select your agreement with the statement regarding your experience with Early Intervention physical therapy services. *“My child”* refers to the child in your care who received Early Intervention physical therapy services. *(Note: respondents were given Strongly Agree, Agree, Disagree or Strongly Disagree as choices)* |

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| **Section 1:Perceptions of EI** |
| 20. Early Intervention physical therapy services have benefited my child. |
| 21. My child’s quality of life has improved from Early Intervention physical therapy services. |
| 22. My family’s quality of life has improved from Early Intervention physical therapy services. |
| 23. I felt empowered in caring for my child from experiences with Early Intervention physical therapy services. |
| 24. Early intervention physical therapy is/was an important role in my child’s development. |
| 25. My child’s prognosis (potential to get better) was improved because of Early Intervention physical therapy services. |
| 26. My child has cognitively improved due to Early Intervention physical therapy services. |
| 27. My child’s motor skills have improved due to Early Intervention physical therapy services.  |
| 28. My child’s behavior has positively changed due to Early Intervention physical therapy services.  |
| 29. Early Intervention physical therapy services provided were/are based on my family’s goals. |
| 30. I believe the physical therapist was fully engaged in every therapy session with my child. |
| **Section 2 Caregiver Knowledge and Engagement** |
| 31. I felt confident in my ability to carry out my child’s physical therapy activities outside of treatment sessions.  |
| 32. I had the appropriate resources to carry out treatment in my home. (e.g. equipment, tools, toys) |
| 33. My knowledge of my child’s diagnosis affected my ability to continue physical therapy activities outside of treatment sessions. |
| 34. I felt I had enough time to carry out my child’s physical therapy treatment at home as suggested by the physical therapist. |
| 35. I believe that without Early Intervention physical therapy services my child would have had difficulty reaching their motor goals.  |
| 36. I was involved in implementing strategies to assist in my child’s motor development.  |
| 37. The physical therapist thoroughly explained my role in continuing my child’s physical therapy activities outside of treatment sessions.  |
| 38. The physical therapist helped me to understand the importance of physical therapy for my child. |

**Appendix B: Semi-structured Interview Guiding Questions**

**Caregiver Interview**

1. What attributes about the physical therapist helped you feel more comfortable about applying the techniques you learned from each session into your daily life?
2. What gave you the most confidence to carry out physical therapy activities outside of each session?
3. Do you feel that the physical therapist was accommodating to your family if you were unable to perform an activity you were asked to do outside of the session? Was the activity changed or modified to better fit your needs?
4. Expand a little bit on what your expectations were when you started Early Intervention physical therapy.
5. Was there a defining quality about your early intervention physical therapy services that made you believe that they would help your child?
6. Regarding online services following the COVID-19 pandemic, what things would you change to improve your experience?
7. Can you recount specific discussions or encounters with the providing physical therapist that were significant to your experience with early intervention physical therapy services?
8. What was a common challenge regarding your experience with early intervention physical therapy? Why do you think this was?
9. Has your comfort level with carrying out physical therapy activities with your child changed throughout your sessions? If so, how?

**Therapist Interview**

1. What factor do you think most influences a caregiver’s participation in implementing therapeutic interventions outside of early intervention (on their own)?
2. Do you believe that caregiver coaching is an important factor for increasing a caregiver’s understanding of therapeutic interventions?

If so, what strategies have you found most effective for implementing caregiver coaching?

1. What factor have you found to be the most influential in increasing caregiver buy-in?