**Additional File 1.** Details of questions from FYSIOPRIM used in this study.

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| **Name of variable** | **Content description or wording of variable** | **Response option** |
| Baseline PT-registration |
| Sex | Sex | 1) Girl2) Boy |
| Age | How old is the child in years? | Age in years |
| Referral source | Referred from: | 1) Child health care centre2) Hospital3) Kindergarten4) School5) School health care services6) General practitioner7) Children’s and family’s services8) Occupational therapist9) Proxy/parent10) Other |
| Cause of referral | Cause of referral: | 1) Motor development2) Asymmetry (0-1 years)3) Orthopaedics (gait, foot alignment) 4) Prematurity (0-1 years)5) Established neurological diagnosis/syndrome 6) Physical activity advice7) Multidisciplinary assessment8) Heart or lung disease9) Other (overweight, juvenile arthritis, cancer, fractures, pain, myalgic encephalomyelitis, referral for assistive devices) |

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| --- | --- | --- |
| PT’s functional diagnosis | What do you consider to be the main problem? | 1. Free text
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| Follow-up | Please mark: | 1. 1) Starting physiotherapy
2. 2) Only examination
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| Main treatment goala | What is the main treatment goal? | 1. Free text
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| Plan for treatmenta | What is the most important treatment in order to attain the main treatment goal? | 1. Free text
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| Baseline parent-report |
| Living situation | Living situation: | 1) Living with both parents2) Living part time with both parents3) Living with one parent4) Other |
| Number of siblings with whom the child is living full or part time: | Number of siblings (0-6) |
| Daily arena | The child’s daily arena: | 1. Home
2. Kindergarten
3. School
4. Other
 |
| Child’s country of birth | Where was the child born? | 1) Norway2) Europe (EU or EEA)3) Asia |
| Mother’s country of birth | Where was the mother of the child born? | 1) Norway2) Europe (EU or EEA)3) Asia |
| Father’s country of birth | Where was the father of the child born? | 1) Norway2) Europe (EU or EEA)3) Asia |
| Parents’ education | Mother’s highest level of education:Father’s highest level of education: | 1) Primary school or lower2) High school3) Up to 4 years of college4) University/more than 4 years of college or university |
| Prematurity | Was the child born at term (after 37 weeks of gestation)? | 1) Yes2) No |
| Use of hospital services the last 12 months | Has the child received hospital services for his/her complaints during the last 12 months? | 1) No2) Yes |
| Pain | If applicable, does the child have pain? | 1) No2) Yes |
| Influence on daily activities | How much does the problem or complaint affect the child’s daily activities? | 1. 1) Very much

2) Much3) Some4) Little5) Very little6) Not at all |
| Follow-up PT-registration |
| Number of consultations | Number of consultations including this one: | Free text |
| Goal attainmentb | To which extent was the main treatment goal achieved? | 1) Achieved2) Partly achieved3) Not achieved |
| Treatment complianceb | To which extent was the treatment carried out as planned? | 1) Performed2) Partly performed3) Not performed |
| Continued physiotherapy | Is physiotherapy continuing? | 1) Yes2) No |

EEA = European Economic Area

EU = European Union

FYSIOPRIM = Research program for Physiotherapy in Primary Health Care

PT = Physiotherapist

aIdentified by the PT and parents together

bAssessed by the PT and parents together