**Supplemental Digital Content**

**Pediatric Telehealth During COVID-19 Survey**

Researchers from the University of \_\_\_\_\_\_\_\_\_are interested in learning more about your experiences providing pediatric telehealth during the COVID-19 pandemic.  We estimate it will take 10-15 minutes to complete.  Your participation in this survey is completely voluntary.

You are eligible to complete this survey if you have provided telehealth services: 1.)   In a pediatric setting for at least 2 weeks during the COVID-19 pandemic.   2.)   The services you provided were audio or video formats and “synchronous” or in “real-time” and not pre-recorded. 3.)   Your practice was not primarily telehealth before the COVID-19 pandemic.

We use the American Physical Therapy Association’s definition of telehealth: “The use of electronic information and telecommunication technologies to remotely provide healthcare information and services”

We appreciate your willingness to provide your perspective on pediatric physical therapy practice during this unusual time.

If you have questions about this survey, you may contact the primary investigator (email). If you want to talk privately about your rights or any issues related to your participation in this study, you can contact University Research Participant Advocacy by calling \_\_\_\_\_\_\_\_ (a free call), or emailing \_\_\_\_\_\_\_\_\_\_\_\_.

1. In what practice settings do you currently provide services? (Please check all that apply)
	1. Outpatient hospital-based pediatrics
	2. Outpatient private clinic pediatrics
	3. Early intervention
	4. School-based
	5. Other
2. What is your employment status?
	1. Full time
	2. Part time
	3. PRN
3. What region of the country are you practicing in?
	1. Northeast
	2. Southeast
	3. Midwest
	4. West
	5. Southwest
4. Which best describes your practice setting? (Please check all that apply)
	1. Rural
	2. Suburban
	3. Urban
5. Have you had to apply for temporary state licensure in other states in order to provide telehealth services to your patient population?
	1. Yes
	2. No
6. Drag and Drop: Please rank the diagnoses seen in your setting before COVID-19 pandemic in order from 1 (most frequent) to 11 (least frequent).
	1. Developmental delay
	2. Cerebral palsy
	3. Down syndrome
	4. Spina bifida
	5. Congenital muscular torticollis
	6. Muscular dystrophies
	7. Other genetic conditions
	8. Autism spectrum disorder
	9. Developmental coordination disorder
	10. Pediatric orthopedic conditions
	11. Other
7. Drag and Drop: Please rank the ages seen in your setting before the COVID-19 pandemic from 1 (most frequent) to 7 (least frequent).
	1. Infants (under 1 year old)
	2. 1-3 years old
	3. 3-5 years old
	4. 5-10 years old
	5. 10-15 years old
	6. 15-21 years old
	7. Over 21 years old
8. What is your highest level of education?
	1. Bachelor’s degree
	2. Master’s degree
	3. Doctorate of Physical Therapy
	4. Academic Doctorate
9. How long have you been a physical therapist?
	1. 0-5 years
	2. 5-10 years
	3. 10-15 years
	4. 15-20 years
	5. 20+ years
10. How long have you practiced in pediatrics?
	1. 0-5 years
	2. 5-10 years
	3. 10-15 years
	4. 15-20 years
	5. 20+ years
11. Before the COVID-19 pandemic, had you ever provided telehealth services?
	1. Yes
	2. No
12. Have you ever received any formal training in providing telehealth services?
	1. Yes
	2. No
13. (*If yes*) Please describe your training (when, how obtained, from whom, etc.)
14. What platform(s) have you used to provide telehealth services? (Please check all that apply)
	1. Zoom
	2. Skype
	3. Jabber
	4. Facetime/videochat
	5. Telephone calls
	6. Social media
	7. Other
15. How satisfied are you with the effectiveness of this platform(s) for providing telehealth services?
	1. Extremely satisfied
	2. Somewhat satisfied
	3. Neither satisfied nor dissatisfied
	4. Somewhat dissatisfied
	5. Extremely dissatisfied
16. On average, how many telehealth visits do/did you provide daily?
	1. 0-2
	2. 3-5
	3. 6-8
	4. 9-10
	5. 10+
17. Approximately, what percentage of your caseload transitioned from in-person to telehealth services?
	1. 0-10%
	2. 11-25%
	3. 25-50%
	4. 51-75%
	5. 76-100%
18. Do/did you concurrently provide in-person visits as well?
	1. Yes
	2. No
19. (*If Yes*) How many in-person visits do/did you perform per week?
	1. 1-5
	2. 6-10
	3. 10+
20. (*If No*) When do/did you plan to resume in-person visits?
21. How does/did telehealth affect your cancellation/missed visit rate?
	1. Increased a lot
	2. Increased slightly
	3. No change
	4. Decreased slightly
	5. Decreased a lot
22. Drag and Drop: During your transition to telehealth, how do/did you spend your work time? Please rank in order of frequency from 1 (most frequent) to 6 (least frequent).
	1. With patients
	2. With caregivers
	3. Scheduling
	4. Documentation
	5. Reimbursement activities
	6. Other
23. How effective do you feel like your telehealth services have been for caregivers?
	1. Very effective
	2. Somewhat effective
	3. Neutral
	4. Not effective
	5. Not effective at all
24. How effective do you feel like your telehealth services have been for patients?
	1. Very effective
	2. Somewhat effective
	3. Neutral
	4. Not effective
	5. Not effective at all
25. How confident do you feel in your ability to provide effective physical therapy through telehealth visits?
	1. Not at all confident
	2. Not confident
	3. Neutral
	4. Somewhat confident
	5. Very confident
26. Please rank the importance of the following factors on the effectiveness of telehealth treatment:
27. *Child's Age: How important is the child's age to the effectiveness of the telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
28. *Child/Caregiver Interaction: How important is the child/caregiver interaction to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
29. *Child's Diagnosis: How important is the child's diagnosis to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
30. *Home Environment: How important is the home environment to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
31. *Child's Behavior: How important is the child's behavior to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
32. *Quality of the Internet Connection: How important is the internet connection to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
33. *Therapist's Skill: How important is the therapist's skill to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
34. *Family Factors: How important are family factors to the effectiveness of telehealth treatment?*
	1. *Very important*
	2. *Important*
	3. *Neutral*
	4. *Less important*
	5. *Not important*
35. Please explain your experience with the factors above and how they may or may not affect the effectiveness of telehealth services.
36. From your experience, what are the greatest barriers to effectively delivering telehealth services?
37. From your experience, what are the greatest facilitators to effectively delivering telehealth services?
38. From your experience, are there pediatric conditions which benefit best or do not respond well to telehealth? Please explain.
39. When the COVID-19 pandemic is over, would you consider continuing to provide telehealth services?
	1. Yes
	2. No
40. Please Explain. (When the COVID-19 pandemic is over, would you consider continuing to provide telehealth services?
41. Is there anything else you would like to share about your experience with telehealth during COVID-19?