Supplemental Table 3: Feasibility Questionnaire

**Parent Survey**

**Participant ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We want to know some information about how you and your child were feeling during the CI therapy program. Your responses will not impact your continued participation in the program in any way.

1. Please rate how difficult participation in the CI therapy program was overall for you and your child.

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

2. How difficult was it to ensure that your child wore the cast as instructed?

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

3. How frustrating do you think the therapy program has been for your child?

Very Frustrating Neutral Not frustrating at all

1 2 3 4 5

4. How frustrating do you think the CI therapy program has been for you?

Very Frustrating Neutral Not frustrating at all

1 2 3 4 5

5. How satisfied are you with the therapy program overall?

Not at all Slightly Moderately Very Extremely

Satisfied Satisfied Satisfied Satisfied Satisfied

1 2 3 4 5

6. Please rate your child’s overall response to wearing the cast.

Poor Fair Good Very Good Excellent

1 2 3 4 5

7. During the 3 week program, how much of the time did your child wear the cast?

1. Less than 50% of the time B. 50- 70% of the time

C. 70-90% of the time D. 90% of the time or greater

Please use the rating scale below each item to describe how the following activities were impacted by having to wear the cast.

8.

BATHING

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

9.

DRESSING

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

10.

TOILETING  
Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

11.

EATING  
Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

12.  
TRANSFERS (Crawling, walking, moving to a chair, moving to the toilet, getting in and out of the bathtub, etc)

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5

13

PLAY

Very Difficult Difficult Neutral Easy Very Easy

1 2 3 4 5