

Online supplement

Appendix DS1

Diagnosis survey

Please complete as appropriate

1 Have teachers/health visitors ever expressed any concerns about his/her development? Yes No

If Yes, please specify

2 Has she/he ever been diagnosed with any of the following?

(a) Language delay	Yes	No
(b) Hyperactivity/attention-deficit hyperactivity disorder (ADHD)	Yes	No
(c) Dyspraxia	Yes	No
(d) Hearing or visual difficulties	Yes	No
(e) An autism-spectrum condition, including Asperger syndrome	Yes	No
(f) A physical disability	Yes	No
(g) A medical condition that affects development (e.g. Down syndrome, chromosomal abnormality)	Yes	No
(h) Other (please specify)	Yes	No