|  |  |  |
| --- | --- | --- |
| **No** | **Question** | **Choice of answer if given** |
| 1 | Your heart child's date of birth\* |  |
| 2 | Are they male or female? |  |
| 3 | What is the name of their heart condition? |  |
| 4 | What operations have they had to date? |  |
| 5 | Do they have any other medical conditions? Please name them. |  |
| 6.  | What medication are they taking? |  |
| 7.  | Does your child suffer with leg pains? | YesNo |
| 8.  | How often do they occur? | More than once a week.Once a week.Once a month.Other. |
| 9.  | When do the leg pains occur? You can tick more than one box. | After exercise.After walking.At night.When your child is tired.When your child is dehydrated.When your child is stressed.When they are unwell.In hot weatherIn cold weather |
| 10.  | Describe how you know your child has leg pain. |  |
| 11.  | What do you do to relieve leg pain? | Encourage your child to restElevate the legsGive painkillersWarm the legs upCool the legs downOther please describe. |
| 12 | What is your child's usual level of activity? | Active/plenty of outdoor exercise.Active/usually indoors.Reduced activity levels/gets outside.Reduced activity levels/usually indoors.Sometimes needs a pushchair or wheelchair otherwise mobile.Wheelchair bound/limited mobility.Other please describe. |
| 13 | What is your child's diet like? | Eats everything - x 5 fruit and veg, drinks milk.Eats everything but is picky or does not eat a great deal.Vegetarian.Vegan.Other please describe. |
| 14 | Does your child have any of the following foot conditions? | Flat feet.High arches.A history of talipesOther please describe. |
| 15 | Does your child require specialist shoes? | YesNo |
| 16 | Does your heart child have any siblings? | Yes No |
| 17 | Please describe any leg pain problems experienced by your heart healthy children. Using the questions completed above as a guide. | Do they have any other medical conditions?Do they have any regular medications?How often do they experience leg pains?When do their leg pains occur?Please describe their leg pain?How do you relieve their leg pain?What is their normal activity level?What is their diet like?Do they have any foot conditions? Do they have specialist shoes? |

**Supplementary Table** Survey questions answered by respondents [*\**this response was converted to age prior to analysis]