**Supplemental Figure 4: Parental Support for Families with HLHS Survey**

Supplemental Figure 4 depicts the survey questions used within the parental support for families with HLHS survey designed for caregivers of children with HLHS.

Q1: How are you related to the child with HLHS?

* Mother of the child
* Father of the child
* Other (please specify) ­­­\_\_\_\_\_\_\_

Q2: When was your child’s HLHS diagnosed?

* During pregnancy
* After birth

Q3: Is your child with HLHS still living?

* Yes →

Q4: Your child’s current age \_\_\_\_\_\_\_

* No →

Q4: Age of death \_\_\_\_\_\_\_

Q5: Indicate which option(s) your care team discussed with you following the HLHS diagnosis. (Select all that apply)

* Surgical intervention
* Comfort / Palliative care
* Termination of the pregnancy
* Cardiac transplantation

Q6: Which option(s) did you perceive your care team was recommending more strongly? (Select all that apply)

* Surgical intervention
* Comfort / Palliative care
* Termination of pregnancy
* Cardiac transplantation
* Not applicable- all options were presented equally

Q7: Which option did you choose for your child with HLHS?

* Surgical intervention →

Q7a: Which heart surgeries has your child had? (Select all that apply)

* + - Norwood Operation
    - Glenn Operation
    - Fontan Operation
    - Other (please specify)
* Comfort / Palliative care →

Q7a: Indicate your level of agreement with the following statement: My care team supported my choice to provide comfort / palliative care for my child.

* + - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
* Termination of pregnancy

Q7a: Indicate your level of agreement with the following statement: My care team supported my choice to terminate the pregnancy.

* + - Strongly Disagree → end survey
    - Disagree → end survey
    - Agree → end survey
    - Strongly Agree → end survey
* Cardiac transplantation

Q8: In your experience, which professionals would you define as part of your HLHS care team? (Select all that apply)

* Adult Congenital Cardiologist
* Anesthesiologist
* Cardiovascular Intensive Care Unit (ICU) Nurse
* Cardiovascular Intensivist (ICU)
* Cardiovascular Surgeon
* Care Coordinator
* Chaplain
* Child Life Specialist (Music/Pet Therapy)
* Dietitian
* Doula
* Labor and Delivery Nurse
* Midwife
* Medical Geneticist/Genetic Counselor
* Neonatal Intensive Care Unit (NICU) Nurse
* Neonatologist
* Neurologist/Developmental Specialist
* Obstetrician
* Occupational Therapist
* Palliative Care Physician
* Pediatric Cardiologist
* Pediatric Cardiology Nurse
* Pediatrician
* Perfusionist (heart/lung bypass in surgery)
* Perinatal Bereavement Coordinator
* Perinatologist (Maternal-Fetal Medicine)
* Pharmacist
* Physical Therapist
* Postpartum Nurse
* Respiratory Therapist
* Social Worker
* Sonographer (Ultrasound Technician)
* Other (please specify) \_\_\_\_\_\_\_\_\_

Q9: Indicate your level of agreement with each of the following statements related to your HLHS experience as a parent.

Q9a: I know which aspect of my child’s care is/was related to different members of the care team.

* Strongly Disagree
* Disagree
* Agree
* Strongly Agree

Q9b: I am aware of how HLHS might affect a child’s broader developmental and physical health.

* Strongly Disagree
* Disagree
* Agree
* Strongly Agree

Q9c: The care team anticipated my emotional needs as a parent and provided resources to help me cope.

* Strongly Disagree
* Disagree
* Agree
* Strongly Agree

Q9d: The care team encouraged me to share any prior experiences in a hospital setting that might impact our relationship.

* Strongly Disagree
* Disagree
* Agree
* Strongly Agree

Q9e: The care team modeled open communication and welcomed feedback on my experience.

* Strongly Disagree
* Disagree
* Agree
* Strongly Agree

Please press the forward arrow to submit your answers.