QUESTIONNAIRE

1. **Informed Consent.**

Hello, my name is Paula Utiel Gualda, a physiotherapist registered under number 3453 with the Official College of Physiotherapists of the Region of Murcia. I am currently completing my doctoral thesis at CEU San Pablo University.

I am conducting a study aimed at understanding the level of knowledge that families of children diagnosed with Autism Spectrum Disorder (ASD) have regarding physiotherapy in Early Intervention and motor development.

Your participation in this study will consist of completing the following questionnaire. The questionnaire gathers information about your child's motor development and acquisition of motor milestones (for example, when they sat independently, at what age they started walking, etc.). In addition, certain personal data will be collected, such as your relationship to the child you are answering about (mother, father, guardian, etc.), as well as information about the child (date of birth, diagnoses, sex, etc.).

You will also be asked questions regarding the type of intervention your child has received and who prescribed or recommended that intervention.

The estimated completion time is approximately 10-15 minutes. However, if at any time you wish to stop completing the questionnaire, you may do so and your responses will not be recorded.

No direct individual benefits are expected from participation. Nevertheless, the overall benefit of the study is to increase the scientific community's understanding of families' perspectives. Furthermore, choosing not to participate does not entail any risks. Please remember that you may exercise your rights of access, rectification, erasure, and objection at any time.

By proceeding to the questionnaire, I declare that:

I have read and understood the information provided and the purpose of the study.

I have had the opportunity to ask questions via email.

My questions have been answered satisfactorily.

I have received sufficient information about the study.

I understand that participation is voluntary and that I may withdraw from the study at any time without providing any explanation and without any negative consequences. I have been informed of the contact person to facilitate this withdrawal.

I understand that I may withdraw from the research at any time (without needing to provide explanations) and without any prejudice or adverse consequences. I have been informed of the contact person to facilitate this process. I have also been informed that I have the right to decide what should happen to the data collected up to that point (destruction, anonymization, or retention of research data obtained up to that time).

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, as well as all other applicable data protection regulations currently in force, I have been informed that the personal data obtained through completion of this form, together with any data resulting from participation in the project, will be processed under the responsibility of the Fundación Universitaria San Pablo CEU (hereinafter, FUSP-CEU) for the purpose of managing my participation in this research project.

Furthermore, I have been informed that:

a. The procedures described are legally based on the consent that I provide.

b. The personal data obtained through this form will be retained for the time necessary to conduct this research, estimated at 24 months, after which they will be destroyed. Data may not be retained unless previously anonymized. In any case, they may not be transferred to third parties without my express consent, which I do not grant through this document.

c. I may contact the Data Protection Officer of FUSP-CEU by sending a written request to C/ Tutor nº 35, 28008 Madrid, Spain, or by email at dpd@ceu.es.

d. In accordance with the rights granted by current data protection legislation, I may contact the competent Supervisory Authority to submit any complaint I deem appropriate. I may also exercise my rights of access, rectification, restriction of processing, erasure, portability, and objection to the processing of my personal data, and withdraw my consent for such processing, by contacting the principal investigator at the address provided in this document.

I agree that my written consent and other relevant data may be made available to the research project in which I am participating and to the researchers responsible for it: Paula Utiel Gualda, Xochitl Guadalupe Álvarez Rodríguez Desch, Andrea Mármol Iniesta, Francisco García-Muro San José, and Beatriz Cano Díez, provided that confidentiality is maintained at all times and that my data will not be publicly available in a way that could identify me.

The data collected for this study will be incorporated, together with data from other participants, into a personal data database maintained by CEU University. Access to this database will be restricted to researchers authorized for this project, all of whom are bound either by professional secrecy obligations or by a confidentiality agreement.

By checking this box, I voluntarily sign this information and consent document to indicate my willingness to participate in this research study until I decide otherwise. By signing this consent form, I do not waive any of my legal rights.

2. Respondent's relationship to the child

- Mother
- Father
- Both
- Other

3. Autonomous Community of residence

(Please write your answer)

4. Child's date of birth

5. How many weeks of gestation did your child's pregnancy last?

(Please write your answer)

6. Child's sex

- Male
- Female

7. At what age was your child diagnosed with Autism Spectrum Disorder (ASD)?

- 0 to 1 year and 11 months
- 2 years to 2 years and 11 months
- 3 years to 3 years and 11 months
- 4 years to 4 years and 11 months
- 5 years to 5 years and 11 months
- After 6 years

8. Does your child have any diagnosis other than Autism Spectrum Disorder (ASD)?

- Yes
- No

9. If you answered yes to the previous question, please specify.

(Please write your answer)

10. At what age did your child achieve head control?

- Before 3 months
- After 3 months
- Not yet
- I do not remember

11. Did your child have any cranial flattening (plagiocephaly, brachycephaly, dolichocephaly)?

- Yes
- No

12. At what age did your child roll over from back to stomach independently?

- 4 to 6 months
- 6 to 8 months
- After 8 months
- Not yet

13. At what age did your child achieve independent sitting?

(Able to get into and out of the position independently and play for at least 10 seconds.)

- 5 to 6 months
- 7 to 8 months
- 8 to 9 months
- 9 to 10 months
- After 10 months
- Not yet

14. Did your child use hands and knees crawling during any stage of development?

- Yes
- No

15. If yes, at what age?

- Before 9 months
- Between 9 and 12 months
- After 12 months
- Not yet

16. Did your child move around using other forms of locomotion?

- Yes
- No

17. What type of locomotion did they use?

(Creeping, bottom shuffling, bear walk, others…) (Please write your answer)

18. At what age did your child achieve independent walking?

(Able to take more than 6 steps without support and change direction without losing balance.)

- Before 12 months
- Between 12 and 18 months
- After 18 months
- Not yet

19. Does your child walk on tiptoes?

- Sometimes

- Frequently
- Always
- Does not walk on tiptoes unless asked to do so

20. Do you believe stereotyped movements (repetitive hand, arm, rocking, spinning, jumping movements, etc.) interfere with the quality of motor milestones?

- Yes
- No

21. Do you believe your child had appropriate motor development?

- Yes
- No

22. Considering your child's current age, please check if they need assistance with any of the following tasks:

- Using a spoon and fork independently
- Taking off shoes and socks
- Putting on shoes
- Drawing a horizontal and a vertical line
- Catching a ball
- Returning a ball with directional control
- Kicking a ball
- Cutting with scissors (not applicable under 3 years)
- Drawing a square (not applicable under 4 years)

23. Who first identified your child's need for comprehensive developmental intervention?

- Intervention center professionals
- School professionals
- Pediatrician
- Medical specialist
- Family

- Other

24. If your child attended Early Intervention services, during the first assessment carried out by the evaluation team, was your child's motor development assessed?

- Yes
- No

25. Was a physiotherapist present at that appointment?

- Yes
- No
- I do not remember

26. Do you know what physiotherapy can contribute to the motor development of children with ASD in Early Intervention?

- Yes
- No

27. Following the initial assessment, was your child prescribed intervention to promote motor development through Early Intervention?

- Physiotherapy
- Psychomotricity
- Both
- None
- Other

28. After the initial assessment, has your child received or is currently receiving physiotherapy and/or psychomotricity sessions?

- Physiotherapy
- Psychomotricity
- Both
- None

29. If your child subsequently attended physiotherapy and/or psychomotricity, who identified that need?

- Intervention center professionals

- School professionals
- Pediatrician
- Medical specialist
- Family
- Other

30.From 0 to 10 would you have liked your child to receive physiotherapy?

Scale:

- 0 = Not at all likely
- 10 = Very likely

31.From 0 to 10 how important do you consider physiotherapy for children with this profile?

Scale:

- 0 = Not important at all
- 10 = Very important

32. We intend to continue research in this area. Would you be willing to collaborate again?

- Yes
- No

33. Please provide your contact email address to be informed about future research studies.

(Please write your answer)