

## **SUPPLEMENTARY DATA 2**

<b>Code</b>	<b>Common Brief ICF-CY Core Set for CP</b>	<b>Questions</b>
<b>b134</b>	Sleep functions	How is a child's sleep duration, quality, and rhythm? (how many hours does your child sleep per day, and how often does your child wake up during sleep? How long can your child sleep without waking up? How much does your child sleep during the day-time?)
<b>b167</b>	Mental function of language	How does your child express him/herself? (e.g., gestures, body language, and writing)
<b>b210</b>	Seeing functions	How is your child's sensory function in distinguishing the shape, size, form and color of objects? (e.g., distance and near vision, color discrimination, has it been examined by an ophthalmologist, does it wear glasses)
<b>b280</b>	Sensation of pain	How calm is your child? (e.g., restlessness, crying, pain, discomfort)
<b>d530</b>	Toileting	How is the ability to express, plan and perform bowel and bladder control?
<b>d710</b>	Basic interpersonal interactions	How does your child interact with others? How does your child understand and respect others? How does your child respond to the feelings of others? How quickly does your child build relationships with others? (e.g., family members, classmates, friends, and doctors)
<b>d760</b>	Family relationship	How close is your child to his/her family members? How close is your child to his/her relatives?
<b>e115</b>	Product and technology for personal use in daily living	Does your child use any aids in everyday life (e.g., ankle foot orthoses, canes, and glasses)? If so, how are these aids supportive?
<b>e120</b>	Product and technology for personal indoor & outdoor mobility and transportation	How does your child move outside and inside his/her home? What aids does your child use to get around in and outdoors? What obstacles are there to using these aids? How helpful are they?
<b>e125</b>	Product and technology for communication	How does your child communicate with other people? What aids does your child use for communication? (e.g., computer, pen, touchpad, cochlear implant, hearing aid, and glasses) How are they supportive?
<b>e150</b>	Design, construction and products & technology of building for public use	How difficult is it for your child to move outside and inside your house? (entrances and exits, automatic doors and lights, escalators, signs, and accessible toilets)
<b>e310</b>	Immediate family	What emotional supports does the child receive from his/her family members and relatives? (e.g., excessive care and attention, or neglect)?

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<b>e320</b>	Friends	How sociable and friendly is your child when interacting with other children? How friendly is he/she at making friends? Does he/she have good friends?
<b>e460</b>	Social attitude	How is societal attitudes toward your child? How is the quality and accessibility of social care and support services?
<b>e580</b>	Health service, systems and policies	How difficult is it for your child to get healthcare? To what extent is your child able to use health insurance? To what extent does your child receive preventive checkups and care services?

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