

Supplementary Material: COVID-19 adapted assessment procedures for La Prem 9-year follow-up

Option 1: Face-to-face assessments with physical distancing and hygiene practices

Face-to-face assessments will be compliant with Victorian (Australia) government and MCRI institutional Covid-19 physical distancing and hygiene regulations. Most components in the protocol can be administered while adhering to these policies. Appropriate hand hygiene measures will be in place for participants and researchers. The cognitive and motor assessments will be conducted with the assessor maintaining a distance of at least 1.5 metres from participants, and handling of shared equipment will be minimised. For these reasons, the Block Design subtest of the WISC-V will be removed from the neuropsychology protocol, as it requires handling of shared equipment and physical proximity, while the anthropometric measures usually part of the motor assessment will be taken by a respiratory technician instead, as they will be wearing personal protective equipment.

Brain MRI and lung function tests will be conducted as per Royal Children's Hospital protocols, using physical distancing where possible, and staff will wear masks when closer proximity if necessary.

During the lung function assessment, researchers will wear personal protective equipment (PPE) appropriate for undertaking respiratory testing.

Option : Remote assessment

Procedure

Upon booking in a date, families will be emailed their appointment confirmation, including details of the video conferencing meeting using a secure platform, the link to their personal E-consent Form and the Remote Assessment Guide for parents with tips on how to help facilitate the assessment. The E-consent form mirrors the information in the paper form, omitting the consent options for the brain MRI and lung function tests, as these are not available with video conferencing. An additional statement relates to the copyrighted material used in the assessment, explaining that it is forbidden to make copies such as recordings or screenshots. On the day of the assessment, the psychologist will go through the consent steps with the family in the same way as they would for the in-clinic face-to-face assessment. In addition, an accelerometer, along with a reply-paid envelope and instruction sheet, will be posted out to the family prior to the assessment.

On the day of the assessment, families will use the password protected video-conferencing link to connect with the assessor who will administer the tests as described in Table 5.

Following completion of the assessment, we will post the assessment report, along with a \$30 Coles Myer voucher and Thank you card to the family, to thank them for their participation.

Assessment

For the cognitive assessment, one of the study psychologists will administer an abbreviated battery of neuropsychological tests. The assessment will be abbreviated because not all tests are able to be

administered via video conferencing (Table 5). Each assessment will take approximately 2 hours plus a 15-minute break.

Table 1 Neuropsychological assessment (telepsychology modifications)

Outcome domain	Assessments (in-person)	Assessment modification (telepsychology)
General cognitive ability	Core subtests of the Wechsler Intelligence Scale for Children (WISC-V).	Coding, Symbol Search and Block Design will not be administered online. All other primary subtests will be administered verbally or via screen-mirroring.
Academic achievement	Subtests from the Wechsler Individual Achievement Test (WIAT-III).	Numerical Operations will not be administered online as hard-copy response booklet cannot be adapted digitally. Word Reading and Pseudoword Decoding stimuli will be screen-shared, and child will give verbal responses. No modifications to Spelling.
Attention	Subtests (Hector, Vigil, Troy Dual Task, Simple RT, Reds Blues Bags & Shoes) from the Test of Everyday Attention for Children-Version 2 (TEAch-2).	Vigil is the only subtest able to be adapted for remote administration (auditory stimulus with verbal response from child).
Executive functioning	Contingency Naming Test (CNT).	CNT stimulus sheet will be screen-shared, and child will give verbal responses.
Memory	The California Verbal Learning Test – Children’s version (CVLT-C)	No modification, tests administered verbally.

The motor assessment will consist of a 20-minute session with the participating child and a parent or caregiver. During this session, the assessor will explain the accelerometer to the family and ensure that the device is fitted correctly. The PAQ-C will also be completed by the child during this session, with assistance from their parent or caregiver as required.

No part of the remote assessments will be video recorded.