

Supplementary file 1. Questionnaire

Pre-survey

- 1) Date of pre survey:
 - 2) Mother's name:
 - 3) Baby's name:
 - 4) Early Childhood Nurse managing mother:
 - 5) Mother's group suburb:
 - 6) Language spoken at home:
 - 7) Mother's D.O.B:
 - 8) Highest level of education completed:
 - Year 10
 - Higher School Certificate
 - TAFE cert. or diploma
 - University or College
 - Masters or PhD
 - 9) Postcode:
 - 10) Household income:
 - <\$80,000
 - >\$80,000
 - 11) Baby's D.O.B:
 - 12) Sex of baby:
 - Male
 - Female
 - 13) Is this your first baby?:
 - Yes
 - No
 - 14) If not first, what number child is this?
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- 15) Medical conditions of the baby:
 - 16) Child caretaker information:
 - Sole person providing care
 - Shared care (incl. married, de facto, grandparent support)
 - 17) Baby's current weight (kg):

18) Baby's current length (cm):

19) Baby's gestational age (weeks):

20) What's your infant's preferred sleeping position?:

- Back
- Side
- Tummy

21) Thinking about a typical day (24 hours) in the last week, how much sleep did your infant have (hrs/mins)?

22) Thinking about a typical day (24 hours) in the last week, estimate the amount of time your infant spent participating in tummy time (choose one). Example, if your baby did tummy time 3 times yesterday and each time was 5 minutes, choose 15 minutes:

- None
- 1-15mins
- 16-30mins
- 31-60mins
- >60mins

23) Email address of mother:

24) Phone number of mother:

25) Home Address (to drop off monitor):

Randomisation (automatic process by computer program)

Has the mother received the Participant Information Sheet?

- Yes
- No

Has the mother consented to participating and provided evidence of consent?

- Yes
- No

Group randomisation:

- Control
- Intervention

Date of online education session (intervention group):

WhatsApp installed on phone?

- Yes
- No

Follow up date (control group):

Post-Survey

1) Date of post survey:

2) Baby's current weight (kg):

3) Baby's current length (cm):

4) What's your infant's preferred sleeping position?

- Back
- Side
- Tummy

5) Thinking about a typical day (24 hours) in the last week, how much sleep did your infant have (hrs/mins)?

6) Have you received any information about tummy time?

- Yes
- No

If yes, who gave you this information?

7) Thinking about a typical day (24 hours) in the last week, estimate the amount of time your infant spent participating in tummy time (choose one). Example, if your baby did tummy time 3 times yesterday and each time was 5 minutes, choose 15 minutes.

- None
- 1-15mins
- 16-30mins
- 31-60mins
- >60mins

8) At what age did your baby start to spend time on his/her tummy when they were awake (i.e. "tummy time")?

- From birth
- 1-2 weeks
- 3-4 weeks
- 5-6 weeks
- 7-8 weeks
- 9-10 weeks
- 11-12 weeks

9) Date and time organised with mother to drop off monitor (leave in letter box):

10) Date to pick up one week later (pick up from letter box):

11) Tummy time GENEActiv (hh:mm:ss):