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| **Supplemental Table 1. Administered Questionnaires**  |
| **Neurodevelopmental Measures** |
| **Behavior Rating Inventory of Executive Function 2nd Edition (BRIEF)** | The BRIEF-P Parent Form (administered to parents of children aged 2 to 5 years) and BRIEF-2 Parent Form (administered to parents of children aged 5 to 18 years) are questionnaires designed to evaluate a child’s executive functioning from a parent or caregiver’s perspective.  Theoretically and statistically derived scales measure such aspects of behavior as the ability to control impulses, move freely between situations, modulate responses, anticipate future events, and keep track of the effect of one’s behavior on others.  For the purposes of the current study, T-scores for two broad indices (Behavior Regulation Index [BRI] and Emergent Metacognition Index [MI]) and an overarching summary score that includes all the clinical scales (Global Executive Composite [GEC]) were calculated10 (Gioia 2015)2. |
| **Conners 3rd Edition** | The Conners 3–Parent (administered to parents of children aged 6 to 18 years) is an assessment tool used to obtain a parent’s observations about a child’s behavior.  The questionnaire is designed to assess symptoms of attention-deficit/hyperactivity disorder (ADHD) and its most common comorbid problems in children and adolescents, including learning problems, executive functioning difficulties, aggression, and challenges with peer relationships.  For the purposes of the current study, T-scores for two content scales (Inattention and Hyperactivity/Impulsivity) and two index scores (ADHD Index and Global Index) were calculated11 (Conners 2008)2. |
| **Adaptive Behavior Assessment System, 3rd Edition (ABAS)** | The ABAS-3 Parent/Primary Caregiver Form (administered to parents of children aged 0 to 5 years) and Parent Form (administered to parents of children aged 5 to 21 years) are designed to provide a complete assessment of a child’s adaptive skills from a parent or caregiver’s perspective.  The ABAS-3 covers three broad adaptive domains: Conceptual**,** Social**,** and Practical.  Within these domains, it assesses 11 adaptive skill areas (each form assesses 9 or 10 skill areas based on age range).  Items focus on practical, everyday activities required to function, meet environmental demands, care for oneself, and interact with others effectively and independently.  For the purposes of the current study, standard scores for the Practical domain and a summary score (General Adaptive Composite) were calculated14 (Harrison, 2015)1. |
| **Behavior Assessment System for Children (BASC)** | The BASC-3 is a multidimensional rating scale designed to assess the behaviors and emotions of children and adolescents from different perspectives, including a parent or caregiver (Parent Rating Scales), teacher (Teacher Rating Scales), and oneself (Self-Report Scales).  The BASC-3 includes clinical scales (that measure maladaptive behaviors) and adaptive scales (that measure adaptive behaviors and behavioral strengths and weaknesses).  For the purposes of the current study, composite T-scores (Internalizing Problems2, Externalizing Problems2, Behavioral Symptoms Index2, Inattention/Hyperactivity2, Personal Adjustment3, and Adaptive Skills3) derived from the clinical and adaptive scales were calculated13 (Reynolds 2015). |
| **Patient-Reported Outcomes Measure Information System (PROMIS)** | PROMIS is an NIH-funded initiative to develop and validate patient and parent-proxy reported outcomes for clinical research and practice.  It includes a set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children.  PROMIS can be used with the general population and with individuals living with chronic conditions.  For the purposes of the current study, T-scores for the Fatigue Index (of the Parent Proxy Profile v2.0 - Profile-25 and Pediatric Profile v2.0 - Profile-25), Cognition Function index (of the PedsPCF Parent Proxy Short Form v1.0 and PedsPCF Pediatric Short Form v1.0), and Physical Function index were calculated32 (Cella 2010)3. |
| **Quality of Life Measures**  |
| **Pediatric Quality of Life Inventory (PedsQL)** | The PedsQL Measurement Model is a modular approach to measuring health-related quality of life in healthy children and adolescents and those with acute and chronic health conditions.  It integrates both generic core scales and disease-specific modules into one measurement system.  For the purposes of the current study, normative-referenced scores for the Cognitive Fatigue subscale from both the Parent-Proxy and Child-Self Report versions of the Multidimensional Fatigue Scale were calculated33 (Varni 1999)4. |
| **Pediatric Cardiac Quality of Life Index (PCQLI)** | The PCQLI is a validated patient and/or parent-proxy reported QOL measure for pediatric patients aged 8 to 18 years diagnosed with either congenital or acquired heart disease. 1-6 Higher PCQLI Total (0-100), Disease Impact (DI) subscale (0-50), and Psychosocial Impact (PI) subscale (0-50) scores represent better respondent-perceived patient QOL34 (Marino 2008). |
| 1Mean 100, SD 15; higher is better; 2Mean 50, SD 10; lower is better3Mean 50, SD 10, higher is better; 4Scores are transformed on a scale from 0-100; higher is better; SD = standard deviation |