

## Stand alone document classifications

| Original Supp mat number | Title                                                 | Group                                    |
|--------------------------|-------------------------------------------------------|------------------------------------------|
| File 4a                  | Ethical Approval Letter                               | Study Documentation                      |
| File 4b                  | Child Information Sheet                               | Patient Information                      |
| File 4c                  | Parent Information Sheet                              | Patient Information                      |
| File 4d                  | Child Assent Form                                     | Patient Information                      |
| File 4e                  | Parent Consent Form                                   | Patient Information                      |
| File 4f                  | Case Report Form                                      | Questionnaire                            |
| File 4g                  | ICDAS recording sheet                                 | Questionnaire                            |
| File 4h                  | Parent Baseline Questionnaire                         | Questionnaire                            |
| File 4i                  | Parent Subsequent Appointment Questionnaire           | Questionnaire                            |
| File 4j                  | Parent Non-Attendance/Final Study Visit Questionnaire | Questionnaire                            |
| File 4k                  | Child Baseline/Subsequent Appointment Questionnaire   | Questionnaire                            |
| File 4l                  | Child Non-Attendance/Final Study Visit Questionnaire  | Questionnaire                            |
| File 4m                  | Treatment Deviation Form                              | Questionnaire                            |
| File 4n                  | Participant Withdrawal Form                           | Questionnaire                            |
|                          |                                                       |                                          |
| File 6a                  | Parent Consent Form for Child Interviews              | Patient information                      |
| File 6b                  | Demographic Questionnaire – Dental Practice Staff     | Questionnaire                            |
| File 6c                  | Expression of Interest Form                           | Patient information                      |
| File 6d                  | Study letter of invitation – children and parents     | Study Documentation                      |
| File 6e                  | Parent/Guardian Information Sheet                     | Patient information                      |
| File 6f                  | Information sheet for Children                        | Patient information                      |
| File 6g                  | Participant Information Sheet – parents               | Patient information                      |
| File 6h                  | Topic Guide – children and parents                    | Study documentation                      |
| File 6i                  | Assent Form – child Interviews                        | Questionnaire <u>Patient Information</u> |
| File 6j                  | Consent Form – parent interviews                      | Questionnaire <u>Patient Information</u> |
| File 6k                  | Letter of invitation (DPs)                            | Patient information                      |
| File 6l                  | Information Sheet (DPs)                               | Patient information                      |
| File 6m                  | Consent Form Sheet (DPs)                              | Patient information                      |
| File 6n                  | Topic Guide (DPs)                                     | Study documentation                      |
| Appendix 6 Section 2     | Patient Referral Form                                 | Patient information                      |