

Supplemental Material S4. MyCap weekly survey.

MyCap Weekly Survey

Study ID	
How are you doing today?	<input type="radio"/> I'm having a great day <input type="radio"/> I'm having a better day than usual <input type="radio"/> My day has been average <input type="radio"/> I'm having a worse day than usual <input type="radio"/> I'm having a bad day
How often have you used the strategies you've learned in the past week?	<input type="radio"/> I used the strategies several times a day <input type="radio"/> I used the strategies once a day <input type="radio"/> I used them a few times throughout the week <input type="radio"/> I used them once or twice <input type="radio"/> I didn't use them
How helpful did you find the strategies?	<input type="radio"/> Extremely helpful <input type="radio"/> Somewhat helpful <input type="radio"/> It made no difference <input type="radio"/> Somewhat unhelpful <input type="radio"/> Extremely unhelpful
Have you looked at the teaching materials since we last met?	<input type="radio"/> Yes <input type="radio"/> No
Have you looked at your recorded sessions since we last met?	<input type="radio"/> Yes <input type="radio"/> No
Is there anything preventing you from using the strategies you're learning more often or more successfully? (Select all that apply)	<input type="checkbox"/> No, I'm successfully using the strategies <input type="checkbox"/> I don't really understand this intervention <input type="checkbox"/> I don't understand one or more of the strategies we've worked on <input type="checkbox"/> I need more guided practice with my therapist <input type="checkbox"/> I can't figure out how to fit these strategies into our routines <input type="checkbox"/> I don't like the strategies <input type="checkbox"/> I don't think this works with my child <input type="checkbox"/> Using the strategies seems to be making my child's behavior worse <input type="checkbox"/> I don't have time to use these strategies <input type="checkbox"/> I have multiple children to attend to <input type="checkbox"/> Someone in my household is unsupportive of me using these strategies <input type="checkbox"/> Something else (explain)
Which strategy(s) are you having a hard time with?	
Please explain the other thing that's preventing you:	

Are there any changes you'd like us to make in the teaching sessions?

- ☐ No, everything is great - no changes needed
 - ☐ I want more teaching sessions without my child
 - ☐ I want to watch more videos of the therapist using the strategies
 - ☐ I want to watch fewer videos of the therapist using the strategies
 - ☐ I want to walk through more ways I can use the strategies with my child in my daily life
 - ☐ I want something else (explain)
-

What other change would you like us to make in the teaching sessions?

Are there any changes you'd like us to make to the practice sessions?

- ☐ No, everything is great - no changes needed
 - ☐ I want more coaching while I'm practicing with my child
 - ☐ I want less coaching while I'm practicing with my child
 - ☐ I want you to coach me differently
 - ☐ I want more practice with my child
 - ☐ I want something else (explain)
-

How would you like us to coach you differently?

Please explain the other change you want to the practice sessions:

Are there any changes you'd like us to make to what you do outside of sessions?

- ☐ No, everything is great - no changes needed
 - ☐ I want more activities and information that I can review on my own, outside of sessions
 - ☐ I want fewer activities or information that I have to review on my own, outside of sessions
 - ☐ Teach me how to use the strategies when I have multiple children
 - ☐ Help me figure out the best way to share information about the strategies with a significant other / partner
 - ☐ Help me respond to my child's tantrums or excessive crying
 - ☐ I want something else (explain)
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Please explain the other change you'd like to what you do outside of sessions:

Are there any changes you'd like us to make in regards to timing or length of the sessions?

- ☐ No, everything is great - no changes needed
- ☐ I would like the sessions to be longer
- ☐ I would like the sessions to be shorter
- ☐ I would like to meet at a different time of day
- ☐ I would like text message reminders about our upcoming sessions
- ☐ I would like email reminders about our upcoming sessions
- ☐ I would like something else

Please explain what other change you'd like us to make to timing or length of the sessions:	
Do you have any questions for your therapist that you want to talk about before the next session?	<input type="radio"/> Yes <input type="radio"/> No
What are your questions?	
MyCap App Fields - Do Not Modify	
UUID	
Start Date	
End Date	
Schedule Date	
Status	<input type="radio"/> Deleted <input type="radio"/> Completed <input type="radio"/> Incomplete
Supplemental Data (JSON)	
Serialized Result	