

## Parts of a web-based questionnaire addressed to parents after 3 and 6 months of treatment

The presented questions, translated from Swedish to English, are data used in the manuscript

Parents in the intervention group and the control group were asked the following questions:

**1. Did the received childhood obesity treatment meet your expectations?**

- a) Yes, completely
  - b) Yes, almost completely
  - c) Partly
  - d) Marginally
  - e) No, not at all
- } Yes completely/almost completely (categorized for analysis)
- } Partly/Marginally/Not at all (categorized for analysis)

**2. Are you satisfied with your child's weight development?**

- a) Yes, completely
  - b) Yes, almost completely
  - c) Partly
  - d) Marginally
  - e) No, not at all
- } Yes completely/almost completely (categorized for analysis)
- } Partly/Marginally/Not at all (categorized for analysis)

Parents in the intervention group were asked the following questions:

**3. Did the mHealth application help you reaching the treatment goal?**

- a) Yes, completely
- b) Yes, almost completely
- c) Partly
- d) Marginally
- e) No, not at all

**4. Did the mHealth application make it easier to get in touch with the clinicians quickly?**

- a) Yes, completely
- b) Yes, almost completely
- c) Partly
- d) Marginally
- e) No, not at all

**5. What was your experience of measuring weight daily?**

- a) Very good
- b) Quite good
- c) Neither good nor bad
- d) Quite difficult
- e) Very difficult

**6. Were the text messages sent from the clinicians useful?**

- a) Yes, completely
- b) Yes, almost completely
- c) Partly
- d) Marginally
- e) No, not at all

**7. Were the weight loss target curves helpful to you?**

- a) Yes, very helpful
- b) Yes, quite helpful
- c) Partly helpful
- d) Marginally helpful
- e) No, not at all helpful
- f) I did not understand the weight loss target curves

**8. Would it be better if the scale for daily weighing had displayed the weight?**

- a) Yes, definitely
- b) Perhaps
- c) No opinion
- d) Not likely
- e) Absolutely not

**9. Which were the greatest advantages with the mHealth app?**

*Optional comment*

**10. Which were the greatest disadvantages with the mHealth app?**

*Optional comment*

**11. Did your child remember to wear the activity monitor every day?**

- a) Yes, always
- b) Almost always
- c) Partly
- d) Marginally
- e) No, not at all

**12. Did your child find the activity monitor fun to use?**

- a) Yes, very fun
- b) Yes, quite fun
- c) Either or
- d) Not so much fun
- e) Not fun at all

**13. Did you look at the app for physical activity together with your child?**

- a) Yes, always
- b) Almost always
- c) Partly
- d) Marginally
- e) No, not at all

**14. Do you have the impression that your child became more physically active when using the activity monitor?**

- a) Yes, completely
- b) Yes, almost completely
- c) Partly
- d) Marginally
- e) No, not at all