

Supplementary File 1

SMS questions

1. Has <FIRSTNAME> had pain for the last week?

1. Neck, back or lumbar spine
2. Shoulder, arm or hand
3. Hip, leg or foot
4. No, my child has not had any pain

2. How many times has <FIRSTNAME> been to organized sports in his/her leisure time in the past week?

0 = 0 times

1 = 1

2 = 2

3 = 3

4 = 4

5 = 5

6 = 6

7 = 7

8 = more than 7 times

3. <FIRSTNAME> which kinds of sports?

1 Soccer

2 Handball

3 Basketball

4 Volleyball

5 Gymnastics

6 Tumbling

7 Swimming

8 Horse back riding

9 Dancing

10 Other