Supplementary file 3

Use of assessment tools in clinical practice

	n (%)	95% CI
Certified in ADL observation tool and use in clinical practice		
Yes, I use the tool(s) as described in the manual	18 (22.5)	(14.7-32.8)
No, but I use my knowledge from the tool(s) in my clinical reasoning	55 (68.8)	(29.5-45.5)
No, I do not use the tool(s)	7 (8.75)	(4.3-17.0)
Certified in ADL observation tool but not using tool(s) – Reasons		
Insufficient time to administer and score the assessment	37 (67.3)	(54.1–78.2)
Lack of access to software or assessment materials	25 (33.0)	(33.0-58.5)
Lack of implementation within my workplace	17 (30.9)	(20.3-44.0)
Patients' functional limitations (e.g. fatigue, pain, cognitive impairment)	10 (18.2)	(10.2-30.3)
Limited perceived benefit of the assessment	8 (14.5)	(7.6-26.2)
Lack of appropriate space and materials	7 (12.7)	(6.3-24.0)
The assessment is not integrated into the electronic health record	7 (12.7)	(6.3-24.0)
I do not feel sufficiently competent to administer and interpret the assessment	4 (7.3)	(2.9-17.3)
Lack of managerial support	3 (5.5)	(1.9-14.9)
The manual is only available in English	0 (0.0)	(0.0-6.5)
Other	5 (9.1)	(3.9-19.6)
Use an ADL observation tool – no certification required		
No	104 (70.3)	(61.1-77.4)
Yes	44 (29.7)	(22.6-37.9)
A local method/tool exist		
No	124 (83.8)	(76.6-89.1)
Yes	24 (16.2)	(10.9-23.4)

Abbreviations: OT, occupational therapist; ADL, activities of daily living. Percentages may exceed 100% because respondents could select more than one response option.