Supplementary file 1

Dear Occupational Therapist working in a Danish hospital,

You are invited to participate in a national survey exploring occupational therapists' clinical practice in Danish acute hospitals.

The purpose of this survey is to investigate current clinical practice related to occupational therapy observations of Activities of Daily Living (ADL) among hospitalised patients.

In this survey, ADL observation refers to the observation of a patient's performance of familiar daily activities in interaction with their environment for the purpose of evaluating occupational performance.

Your participation will contribute valuable knowledge that may support the future development of occupational therapy practice within hospital settings.

The survey takes approximately 10–15 minutes to complete.

Your responses are anonymous and all data will be treated confidentially, ensuring that no individual participant can be identified. By completing the survey, you provide informed consent to participate in the study, the findings of which are intended for publication in a scientific journal.

If you wish to participate, please complete the survey by 3. April 2026.

Thank you in advance for your time and contribution.

If your current role does not involve conducting ADL assessments or observations, please do not complete the questionnaire.

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1. Have you already completed this questionnaire through another channel (e.g. Facebook, LinkedIn, or an occupational therapy hospital network)?

○ Yes

○ No

○ I do not remember

Background Information

2. Which Danish region are you employed in?

○ Capital Region of Denmark

○ Region Zealand

○ Region of Southern Denmark

○ Central Denmark Region

○ North Denmark Region

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3. How many years have passed since you qualified as an occupational therapist?

○ Less than 3 years

○ 3–6 years

○ 6–9 years

○ 9–12 years

○ More than 12 years

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4. How many years have you worked as an occupational therapist in a hospital setting?

○ Less than 3 years

○ 3–6 years

○ 6–9 years

○ 9–12 years

○ More than 12 years

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5. Which clinical speciality do you work in? ***(Select all that apply)***

☐ Internal Medicine

☐ Surgery

☐ Geriatric Medicine

☐ Orthopaedic Surgery

☐ Neurology

☐ Oncology

☐ Emergency Department

☐ Other: _____

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6. Which occupational therapy interventions do you provide? ***(Select all that apply)***

☐ ADL observation

☐ ADL training

☐ Patient interview

☐ Assistive device assessment and provision

☐ Dysphagia assessment

☐ Orofacial and swallowing rehabilitation (dysphagia management)

☐ Mobilisation

☐ Education and advice on energy conservation techniques

☐ Group-based rehabilitation

☐ Development of rehabilitation plans

☐ Other: _____

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7. Which occupational therapy intervention occupies most of your clinical time?

☐ ADL observation

☐ ADL training

☐ Patient interview

☐ Assistive device assessment and provision

☐ Dysphagia assessment

☐ Orofacial and swallowing rehabilitation (dysphagia management)

☐ Mobilisation

☐ Education and advice on energy conservation techniques

☐ Group-based rehabilitation

☐ Development of rehabilitation plans

☐ Other: _____

Clinical Practice Related to ADL Observation

8. What is the primary purpose of the ADL observations you conduct? ***(Select all that apply)***

☐ To assess the patient's functional ability in daily activities

☐ To assess rehabilitation needs

☐ To identify the need for assistive devices or home adaptations

☐ To assess the need for assistance with activity performance

☐ To monitor the effects of occupational therapy intervention over time

☐ To support interdisciplinary communication during transitions of care

☐ To support decisions regarding discharge or onward care planning

☐ Other: _____

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9. At what stage of the admission are ADL observations typically conducted?

○ At the beginning of the admission

○ During the admission

○ Immediately prior to discharge

○ Do not know

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10. Approximately how many ADL observations do you conduct per week?

○ 1–5

○ 6–10

○ 11–15

○ 16–20

○ More than 20

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11. How much time do you typically have available to conduct an ADL observation?

(Including patient interview, observation, and documentation.)

○ Less than 15 minutes

○ 15–30 minutes

○ 31–45 minutes

○ 46–60 minutes

○ More than 60 minutes

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12. Which activities do your ADL observations typically focus on? ***(Select all that apply)***

☐ Bathing/showering

☐ Dressing and/or undressing

☐ Toileting

☐ Eating and drinking

☐ Functional mobility

☐ Upper and/or lower body washing

☐ Personal grooming (e.g. tooth brushing, shaving, applying make-up)

☐ Meal preparation

☐ Shopping

☐ Household cleaning

☐ Other: _____

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13. To what extent are you able to conduct ADL observations involving activities that the patient considers meaningful?

○ Not at all

○ To a limited extent

○ To some extent

○ To a great extent

○ To a very great extent

Please elaborate if you wish:

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14. How often do you observe patients performing a simulated ADL task rather than an activity undertaken in a real-life context?

(e.g. a "pretend" or simulated situation)

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

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15. How often is an ADL observation interrupted due to external factors (e.g. medical investigations, procedures, or appointments)?

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

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16. Where do your ADL observations typically take place? ***(Select all that apply.)***

☐ On the hospital ward/in the patient's room

☐ In the bathroom

☐ In a rehabilitation environment (e.g. ADL kitchen or training facility)

☐ In the corridor

☐ Outdoor environments

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17. How satisfied are you with the way you currently conduct ADL observations?

(1 = Not at all satisfied; 5 = Very satisfied)

○ 1 – Not at all satisfied

○ 2

○ 3

○ 4

○ 5 – Very satisfied

Please elaborate if you wish:

Use of ADL Observation Assessments

In the following section, you will be asked about your use of assessments for ADL observation.

For the purposes of this survey, an ADL observation assessment is defined as a structured method for the systematic observation and evaluation of a patient's performance of daily activities. Use of such an assessment requires adherence to a standardised procedure and accompanying manual or administration guidelines.

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18. Are you certified in one or more ADL observation assessments?

○ Yes – please specify which assessment(s): _____

○ No

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19. Do you currently use the assessment(s) in which you are certified?

○ Yes, I use the assessment(s) according to the prescribed manual

○ No, but I use knowledge gained from the assessment(s) in my clinical reasoning

○ No, I do not use the assessment(s)

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20. What are the reasons for not using the assessment(s) in which you are certified? ***(Select all that apply.)***

☐ Lack of implementation within my workplace

☐ I do not feel sufficiently competent to administer and interpret the assessment

☐ Insufficient time to administer and score the assessment

☐ Lack of appropriate space and materials

☐ Lack of access to software or assessment materials

☐ Patients' functional limitations (e.g. fatigue, pain, cognitive impairment)

☐ Lack of managerial support

☐ Limited perceived benefit of the assessment

☐ The manual is only available in English

☐ The assessment is not integrated into the electronic health record

☐ Other: _____

21. Do you currently use ADL observation assessments that do not require calibration or certification?

○ Yes – please specify which assessment(s): _____

○ No

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22. How useful do you consider existing ADL observation assessments to be in hospital practice?

(1 = Not at all useful; 5 = Very useful)

○ 1 – Not at all useful

○ 2

○ 3

○ 4

○ 5 – Very useful

Please elaborate if you wish:

23. Has a local ADL observation assessment been developed at your workplace?

○ Yes (please provide a brief description): _____

○ No

If yes, please provide a brief description of the assessment:

24. Which factors limit your use of ADL observation assessments? ***(Select all that apply)***

☐ Lack of implementation within my workplace

☐ I do not feel competent in using the assessment

☐ I am not accustomed to using assessments

☐ Lack of time

☐ Lack of appropriate facilities and materials

☐ Lack of managerial support

☐ Limited perceived benefit

☐ The assessment is in English

☐ The assessment is not integrated into the electronic health record

☐ The assessment was not developed for short hospital admissions

☐ Environmental interruptions

☐ Patients' functional limitations (e.g. fatigue, pain, cognitive impairment)

☐ Other: _____

25. Which factors facilitate your use of ADL observation assessments? ***(Select all that apply)***

☐ I feel competent in using the assessment

☐ I believe the assessment improves the quality of ADL observations

☐ The assessment is easy to administer

☐ The assessment can be completed without requiring additional time

☐ The assessment was developed for a hospital setting

☐ Use of the assessment is prioritised by management

☐ My colleagues use the same assessment

☐ The assessment results can be applied in interdisciplinary practice

☐ The assessment supports documentation and clinical record-keeping

☐ The assessment is readily accessible

☐ The assessment can be adapted to the patient's functional abilities

☐ Other: _____

Content of ADL Observation Assessments in a Hospital Setting

26. Which of the following aspects are most important for an ADL observation assessment to address in hospital practice? ***(Select all that apply.)***

☐ Observation of personal ADL (PADL) performed in a hospital setting

☐ Observation of personal ADL (PADL) and instrumental ADL (IADL) performed in a hospital setting

☐ Assessment of the level of independence in ADL

☐ Assessment of the quality of ADL performance

☐ Assessment of the need for physical and/or verbal assistance during task performance

☐ Assessment of safety and risk during ADL performance

☐ Assessment of physical capacities and limitations affecting ADL performance

☐ Assessment of process skills and limitations affecting ADL performance

☐ Assessment of cognitive capacities and limitations affecting ADL performance

☐ The patient's own perception of their ADL performance

☐ The occupational therapist's overall clinical evaluation of ADL performance

☐ The possibility of generating an overall ADL performance score

☐ Other: _____

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27. To what extent is there a need to develop an ADL observation assessment for use in hospital settings?

(1 = No need; 5 = Very great need)

○ 1 – No need

○ 2

○ 3

○ 4

○ 5 – Very great need

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28. Which characteristics of an ADL observation assessment are important for successful implementation in hospital practice? *(Select all that apply.)*

☐ Training in the use of the assessment

☐ A Danish assessment manual

☐ The ADL observation assessment is evidence-based

☐ The ADL observation assessment is designed specifically for occupational therapists

☐ The time required is compatible with the time available for assessment

☐ The ADL observation can be conducted within the hospital environment

☐ The assessment is prioritised by management

☐ The assessment results can be easily summarised and communicated

☐ The assessment requires software

☐ The assessment is integrated into the electronic health record used for documentation

☐ The assessment can be used with all patients regardless of diagnosis

☐ The assessment can be used with patients across different levels of occupational performance

☐ The assessment results are understandable to other healthcare professionals

☐ The assessment is easy to use in clinical practice

☐ Other: _____

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29. Do you have any additional comments or experiences regarding the use (or non-use) of ADL observation assessments in hospital practice?

○ Yes: _____

○ No

Thank you

Thank you very much for taking the time to complete this questionnaire.

Please click *Finish* to submit your responses.