

Utilisation of Outcome Measures by Therapy Teams in an NHS Trust

Alison McCracken, MSc, Clinical Research Therapist, RLI

Annette O'Donoghue, MSc, Clinical Research Therapist, FGH

Rosemary Peel, BSc (Hons), Occupational Therapist & NIHR Pre-doctoral Clinical Academic Fellow, RLI

ABSTRACT

Background: Outcome measures need to be used by allied health professionals (AHPs) to measure clinical effectiveness, as well as communicate with patients and commissioners.

Methods: A survey of current use of outcome measures was conducted across acute and community therapies departments (dietetics, occupational therapy, physiotherapy and speech & language therapy services) within University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT).

Results: There was a 17% response rate with 51 respondents completing the survey. 25% of respondents used outcome measures with every patient, 24% at least once per day, 22% at least once per week, and 29% rarely or never. Most therapists felt confident that they are able to score outcome measures accurately (mode rating for confidence: 8/10). However, 1 in 5 therapists reported low ($\leq 5/10$) confidence in using outcome measures. There was wide variation in the outcome measures used by respondents. The most commonly used outcome measures were the Berg Balance Scale (n=13) and the Therapies Outcome Measure (TOMS) – Multifactorial Conditions (n= 9). However there were 35 outcome measure tools cited as being used by only 1 respondent each. Themes from comments included: 'considering change' and barriers to outcome measure use as 'COVID-19 impact', 'staffing pressures' or 'brief-intervention services'.

Conclusion: Whilst a wide variety of outcome measures are used by therapy staff at UHMBT, they are not used with sufficient frequency to allow routine monitoring of clinical effectiveness. Being able to measure the impact of different models of service delivery would be particularly beneficial where service changes are implemented rapidly in response to the COVID-19 pandemic. Next steps could draw on evidence from previous studies by identifying suitable outcome measures (including those suitable for use in remote consultations), and developing a training programme to encourage the routine use of outcome measures in practice.

KEYWORDS

Allied Health Professionals, Therapists, Outcome Measures, Clinical Effectiveness.

BACKGROUND

Allied Health Professionals (AHPs) are a key part of the National Health Service (NHS) and deliver a wide range of health interventions aiming to improve patients' health and wellbeing.¹ It is recommended that AHPs use outcome measures in practice, however it is recognised that there is a gap between guidance and implementation.¹⁻⁴

Outcome measures are assessments which measure a change in a patient's health status over time.⁵ They play an important role in directing the treatment for an individual patient, monitoring the quality and effectiveness of healthcare services, and measuring population health.^{3,5,6}

At an individual patient level, outcome measures can increase shared understanding and collaboration between a patient and therapist. They can also improve patient engagement, treatment outcomes, and patient feedback.^{5,7} At a service level, outcome measurement is essential to be able to monitor the effectiveness of therapy services provided.⁵ Without outcome measures clinicians do not have firm evidence of their achievements, and are unable to compare them to alternative treatments.⁵

Nationally, AHPs into Action¹ commits AHPs to evaluate the impact of their practice by using outcome measures. Additionally commissioners are advised to ask rehabilitation services which outcome measures are used to measure the impact of their services and ensure that appropriate measures are used.⁴ Traditionally healthcare has been measured by the service provided (e.g. number of consultations) rather than the changes in health achieved by the healthcare provision (e.g. clinical outcome measures), however there is increasing recognition that routinely measuring health changes is vital for healthcare governance.⁸

For AHPs there is a drive to consider holistic outcomes for patients, recognising that their interventions could impact on different aspects of a patient's health and outcomes. The World Health Organization's 2002 International Classification of Functioning, Disability and Health (ICF)⁹ is a key model for understanding outcomes of therapy interventions. The ICF model conceptualises relationships between health conditions, the person, and their environment.⁹ Using this framework the outcomes of interventions can be measured either at the level of 'body functions & structure', 'activity' or 'participation'.^{6,9,10-12}

Despite over 40 years of recommendations to use outcome measures,¹³ AHPs are still not implementing them into routine practice.^{1,2,5,11,14} Previous studies investigating outcome measure use among therapists have found anywhere from 1-65% of therapists reporting routine outcome measure use.^{2,15,16}

This is concerning, as without outcome measures it can prove challenging for AHPs, their patients, managers, commissioners, or the public, to know whether their work has meaningful impact on health and quality of life. Due to this, the therapies departments at UHMBT have decided to work to improve the routine use of outcome measures. At present it is not known which outcome measures are used by AHPs within the therapies teams at UHMBT, or how frequently. A first step with this quality improvement project was to investigate the current usage of outcome measures by therapists within UHMBT. This survey was designed to answer that question.

Utilisation of Outcome Measures by Therapy Teams in an NHS Trust

Alison McCracken, Annette O'Donoghue, Rosemary Peel

AIM

To find out which outcome measures are currently used in routine practice by therapists at UHMBT.

METHODS

A Microsoft Forms survey was created by Clinical Research Therapists (AM & AOD) and was circulated to therapy staff working at UHMBT among the dietetics, speech & language therapy, physiotherapy, and occupational therapy teams (total staff group population size n=299). Therapies teams at UHMBT work in both acute and community therapy services covering a variety of clinical services. The survey was open to accept responses from 07.09.2020 – 28.09.2020. The survey tool is shown in text box 1. The survey was largely quantitative with multiple choice options available for respondents to select, apart from question 8 which allowed respondents the option to complete a free text box with additional comments.

Text box 1: Survey Questions

- 1) Which outcome measures have you used within the past 6 months at UHMBT?
- 2) How often do you use outcome measures with service users? (Always [with all patients]; Mostly [with at least one patient per day]; Sometimes [with at least one patient per week]; Rarely [less than once per week]; Never)
- 3) How confident do you feel that you are scoring outcome measures accurately? (rated from 1-10; 1=not at all confident, 10=very confident)
- 4) Which Prediction Tools do you use within your clinical practice at UHMBT?
- 5) What is your profession?
- 6) Which Care Group do you work in?
- 7) What is your current clinical speciality?
- 8) Comments on outcome measures (optional)

The survey was designed to collect data on which outcome measures are used at present by AHPs within the therapies departments at UHMBT. Staff confidence in using outcome measures was also investigated, as lack of confidence in using outcome measures has been cited as a key barrier to outcome measure use in multiple previous studies.^{17,14}

The survey was approved to be a service evaluation by the head of UHMBT Research and Development therefore did not require review by the Health Research Authority. The survey was designed to collect non-identifiable data and data was stored in line with NHS data protection guidance.

Results were analysed using descriptive analysis in Microsoft Excel. No further statistical analysis was completed as the purpose of the survey was to provide a descriptive overview of current practice. Quasi-qualitative comments from question 8 were analysed using basic thematic analysis to identify themes¹⁸ by AM & AOD.

RESULTS

Demographics

Fifty-one participants, from a variety of professions, completed the survey (table 1), a total response rate of 17% (51/299).

Table 1: Demographics of Respondents

Profession	Frequency
Dietitian	10
Occupational Therapist	11
Physiotherapist	21
Speech and Language Therapist	6
Therapy Assistant / TI / AP	3
Care Group	
Core Clinical	26
Medicine	1
Women and Children's	1
Integrated Community	23

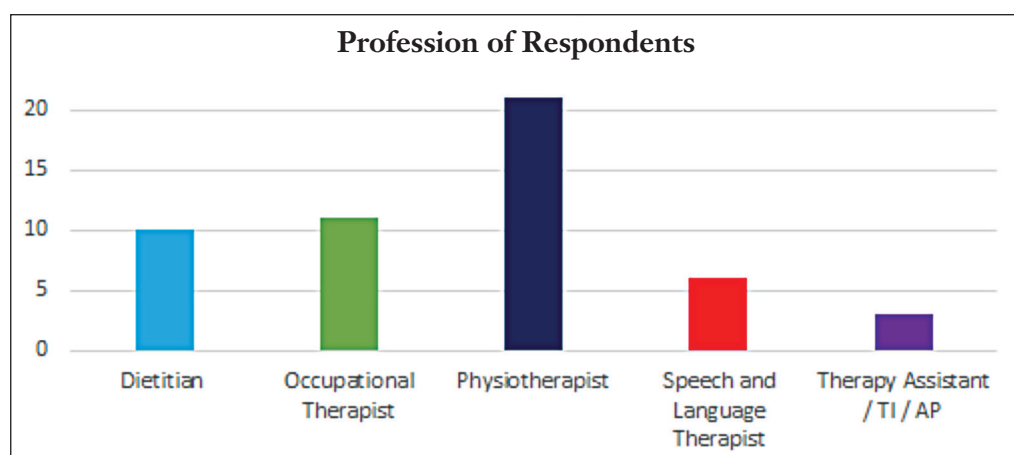


Figure 1: Profession of Respondents

Utilisation of Outcome Measures by Therapy Teams in an NHS Trust

Alison McCracken, Annette O'Donoghue, Rosemary Peel

Outcome Measures Used

53 different outcome measures were cited as being used by 40 respondents. 11 respondents stated that they used no outcome measures. Outcome measures which were only cited by 1 participant each were collated under the category

of 'other', amounting to 33 different outcome measures under this one category. The number of respondents reporting current use of each outcome measure is shown in Fig. 2. A full list of all outcome measures cited as being used by respondents is available in Appendix 1.

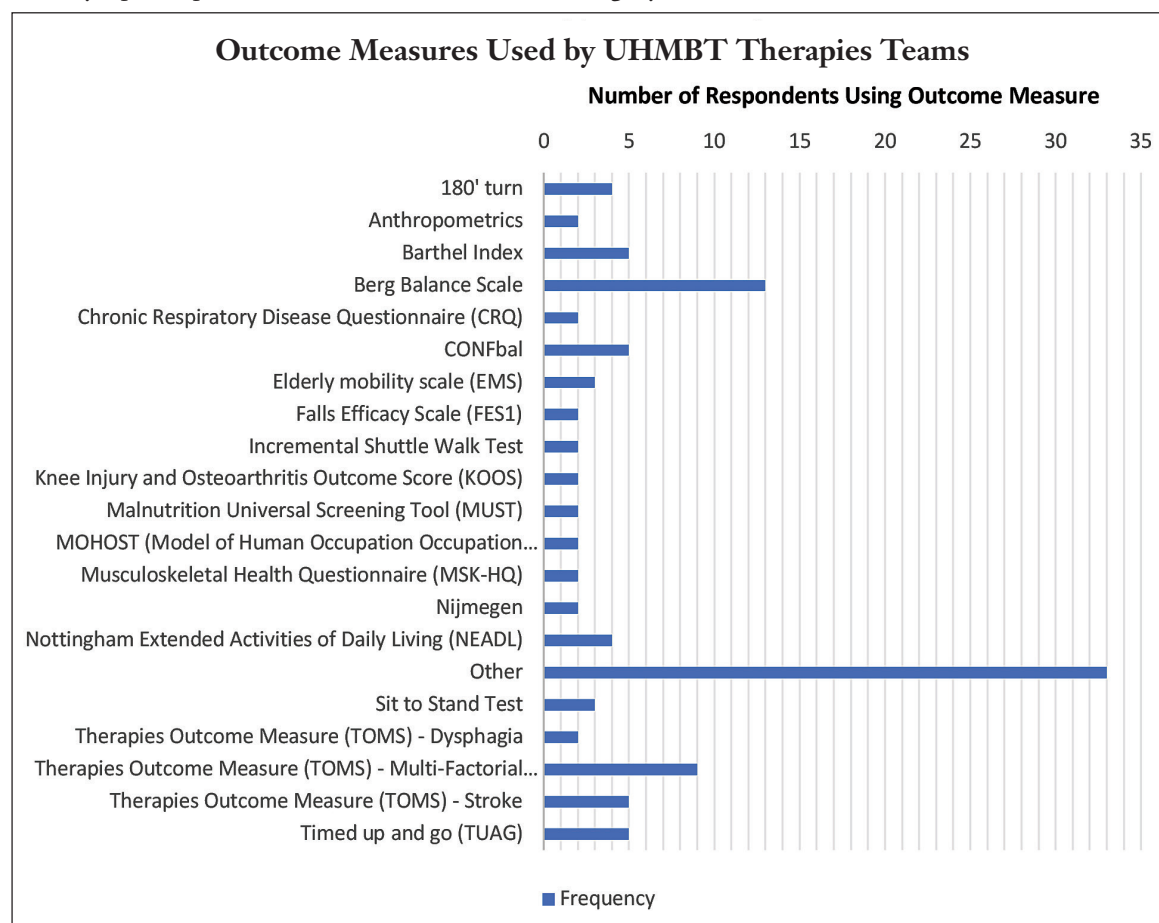


Figure 2: Outcome Measures Used by UHMBT Therapies Teams

Table 2: Experience of Using Outcome Measures

Item	N	%
Frequency of Using Outcome Measures		
Always (with all patients)	13	25.49
Mostly (with at least one patient per day)	12	23.53
Sometimes (with at least one patient per week)	11	21.57
Rarely (less than once per week)	8	15.69
Never	7	13.73
Confidence with Using Outcome Measures		
10 (very confident)	2	3.92
9	9	17.65
8	14	27.45
7	9	17.65
6	7	13.73
5	4	7.84
4	1	1.96
3	0	0.00
2	1	1.96
1 (not at all confident)	4	7.84

Utilisation of Outcome Measures by Therapy Teams in an NHS Trust

Alison McCracken, Annette O'Donoghue, Rosemary Peel

Experience of Using Outcome Measures

A quarter of therapists (n=13) reported using outcome measures with all patients. A further 23.5% reported using outcome measures with at least one patient per day, while

21.6% used outcome measures at least once per week. This left 15.7% of respondents stating that they rarely used outcome measures and a further 13.7% never used them (Table 2).

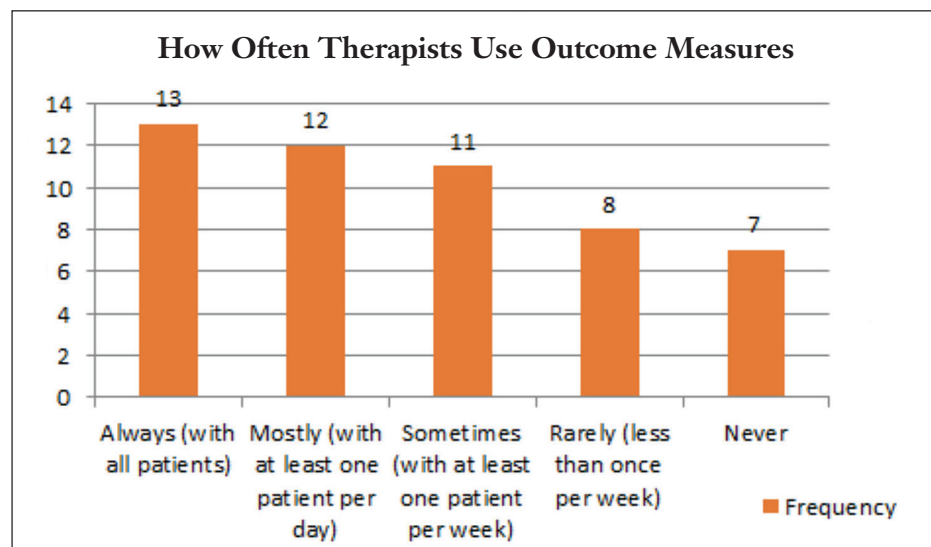


Figure 3: How often therapists use outcome measures

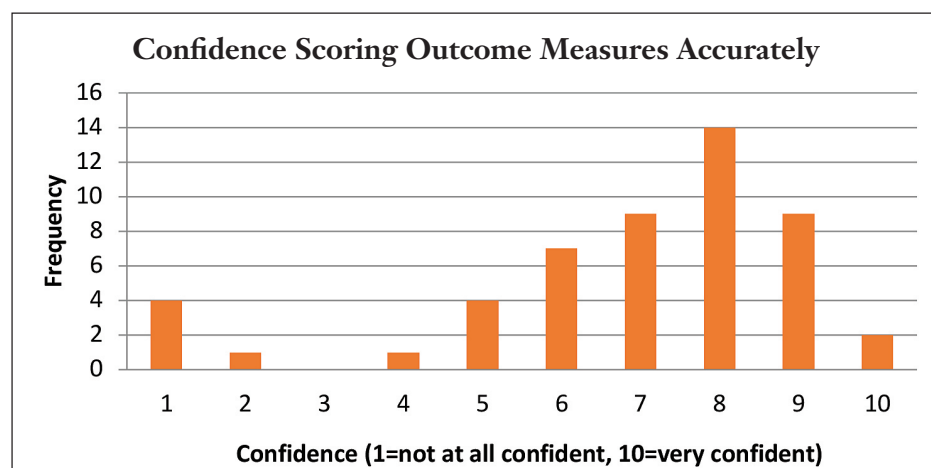


Figure 4: Confidence Scoring Outcome Measures Accurately

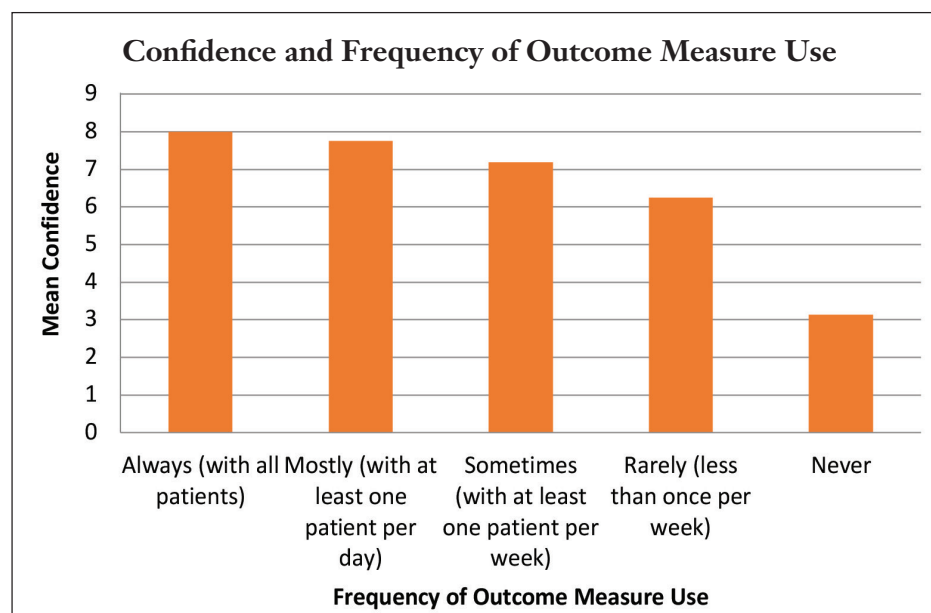


Figure 5: Association between Frequency of Outcome Measure Use and Levels of Confidence

Most respondents reported feeling reasonably confident that they were scoring outcome measures accurately, with most scoring 8/10 in confidence. However around 1 in 5 therapists (n=10) rated their confidence as 5 or lower on a scale of 1-10.

Mean confidence in scoring outcome measures was calculated based on how frequently respondents reported using outcome measures. Mean self-reported confidence (out of a maximum of 10) in using outcome measures was found to be different among the different categories of how frequently outcome measures were used. Mean confidence in using outcome measures was 8/10 among those who reported 'always' using outcome measures, 7.75/10 among those who 'mostly', 7.18/10 among those who 'sometimes', 6.25 among those who 'rarely', and 3.14 for those who 'never' use outcome measures.

Quasi-Qualitative Comments

Twenty-one participants chose to write open text comments on the use of outcome measures. The key themes of the comments focused around 'Considering Change' and 'Barriers to Using Outcome Measures' which had subthemes of 'COVID-19 impact', 'Brief-intervention services', and 'Short-Staffing'.

CONSIDERING CHANGE

Many respondents spoke about considering changing their current practice around outcome measures.

"[We] need to use more clinical outcome measures" (Respondent 34)

Some respondents had considered changing their practice around outcome measures but so far not having implemented change.

"We have discussed using outcome measure over past years. Keen to look at using a simple easy to use tool" (Respondent 9)

BARRIERS TO USING OUTCOME MEASURES

The most common theme among responses was 'barriers to using outcome measures' routinely. Barriers included 'Impact of COVID-19', 'Short-Staffing' and 'Brief-intervention Services'.

Impact of COVID-19

Changes in delivery of therapy services due to COVID-19 were described as being a key barrier to using outcome measures routinely.

"I haven't actually used the outcome measures in last 6 months due to covid" (Respondent 20)

Consultations changing from face-to-face to remote delivery meant that some therapists no longer used outcome measures.

"During Covid we have not been using outcome measures for tel consultations" (Respondent 3)

While for another respondent it was the desire to reduce duration of face-to-face time with patients which prevented

the use of outcome measures.

"It has been challenging completing these during the covid-19 pandemic as we do try and spend less time with patients" (Respondent 31)

Short-Staffing

Staffing pressures were cited by a number of participants as being the key reason for not using outcome measures routinely.

"In our department, we used to use TOMS ... for all of our patients, but stopped a little while ago due to reduced staffing and not enough time!" (Respondent 6)

Brief Intervention Services

Multiple respondents spoke of the challenge of collecting the 'outcome' assessment where many acute therapy services involve a short time frame.

"Current outcome measures we use in acute OT are difficult to use at times as patients can be seen and discharged on the same day, therefore no progression is recorded" (Respondent 42)

This perspective was shared by therapists working in Discharge to Assess (D2A) teams, where only one assessment is carried out, on discharge.

"I use TOMS outcome measure on every D2A assessment but as it's a stand-alone assessment, I'm not sure if there's ever a follow up or comparison as I'm only doing ... a one off assessment" (Respondent 11)

DISCUSSION

This survey aimed to explore the current use of outcome measures by AHPs working in therapies teams at UHMBT.

We found that 25% of AHPs report 'always' using outcome measures, and 24% report 'mostly' using them. In other words, nearly half of the AHPs surveyed report fairly consistent use of outcome measures in practice. Previous studies of outcome measure use among AHPs have used varying methodologies, and no studies were found which surveyed a whole AHP workforce, making comparisons challenging. Previous surveys of physiotherapy or occupational therapy teams found self-reported outcome measure use to be in the range of 1-65%,^{2,15,16} meaning that the 49% of AHPs at UHMBT currently using outcome measures is towards the middle/higher end of this range.

While current use of outcome measures at UHMBT appears to be similar to other AHP services, this still leaves over half of AHPs not currently using outcome measures in routine practice. This poses key challenges to fostering therapeutic relationships, goal setting and monitoring effectiveness of rehabilitation services, as well as not meeting current national guidelines.^{1,4}

Respondents also highlighted the challenges of using outcome measures in services which are delivered in a single intervention, such as Discharge to Assess services. This appears to be an under-researched barrier to outcome measure use and was not reported by previous studies, possibly as few were conducted in the UK where this service model is common practice.

Utilisation of Outcome Measures by Therapy Teams in an NHS Trust

Alison McCracken, Annette O'Donoghue, Rosemary Peel

The results of this survey must be interpreted within the context of the COVID-19 pandemic. Respondents were asked to self-report their use of outcome measures in the 6 month period of March-September 2020. The global COVID-19 pandemic will have impacted on the clinical services of all AHPs.¹⁹ Respondents highlighted that COVID-19 had reduced the practice of using outcome measures either due to reductions in session time, or due to the implementation of remote consultations which do not currently use outcome measures.

This is an important point, as remote consultations have been implemented rapidly across the NHS to respond to the COVID-19 pandemic.²⁰ However if outcome measures are not used in remote consultations it will limit our ability to understand the effectiveness of remote treatment compared to traditional face-to-face interventions.²⁰ Many of the outcome measures cited by respondents as being in use currently require clinician observation and some, such as the Timed Up and Go, are not validated for remote consultations.²¹ However over 50 outcome measures have been used by researchers previously investigating tele-rehabilitation, indicating that there is a wide range of valid outcome measures available.²²

There was a large range of outcome measure tools used (over 50), with many outcome measures cited by only one respondent. It is acknowledged that there is a wide variety of outcome measures available for use in therapies services and that there remains no consensus about the best outcome measures for each specialist service.²² Due to the variety of clinical services covered by this survey it is likely that the same outcome measures would not be suitable across all settings. However, it was notable that the measure preferred by the National Institute for Health and Care Excellence (NICE) for measurements of health-related quality of life – the EQ-5D – was not reported as being used by any AHP within the Trust.²³

The vast majority of the outcome measures cited in this survey, as having been used by AHPs in the past 6 months, were clinician-reported rather than patient-reported outcomes. It is worth reflecting on whether a greater use of patient reported outcome measures would be of benefit for the therapies services as patient reported outcome measures (PROMS) have been shown to increase patient satisfaction and foster better communication between patients and healthcare providers.²⁴ Additionally, outcome measures must be reliable, sensitive and valid. However, due to the scope of this paper, no investigation has been completed into the appropriateness or validity of the outcome measures being used among AHPs at UHMBT.³ The next stage of this project should aim to investigate the most appropriate outcome measures for use within the therapies services and then establish these within routine practice.

The huge variety of outcome measures available has been said to pose a barrier to use, as the choice can be overwhelming.²⁵ Overcoming this barrier was part of the focus of Swinkels *et al*'s¹⁶ intervention aiming to increase the use of outcome measures among physiotherapists. A 'toolkit' of easy to use outcome measures was provided to participants and delivered together with an educational programme, achieving an increase in the use of outcome measures among physiotherapists after intervention.¹⁶

The educational component of this intervention may also have been key to the change seen, as multiple authors have cited that lack of confidence, knowledge or education in outcome measures is a barrier to their use.^{2,5,6,24} This may be an area for potential intervention at UHMBT as 1/5 respondents described low levels of confidence in using outcome measures.

LIMITATIONS

The survey may have experienced selection bias where AHPs more interested or practiced in outcome measures may have elected to complete this survey. While a 17% response rate to a survey of this nature is reasonable, it does not mean that the responses are representative of the wider AHP workforce. A previous study of physiotherapists' use of outcome measures found that participants overestimated their use of outcome measures in comparison with observational findings.¹⁴ It is therefore probable that the actual use of outcome measures at UHMBT is lower than that reported within this survey.

CONCLUSION

This survey has provided a baseline measure of the range and frequency of outcome measure use in therapies departments at UHMBT. Nearly half of AHPs surveyed use outcome measures most of the time, using a wide variety of different tools. However there remained a majority of AHPs who do not currently use outcome measures in routine practice. This will provide a starting point against which to measure any future quality improvement initiatives aimed at increasing use of outcome measures among therapies teams at UHMBT. Future improvement initiatives could draw on the work of previous researchers to provide educational and organisational support as well as paying attention to outcome measures suitable for use within newer remote consultations.

ACKNOWLEDGEMENTS

With thanks to all the Allied Health Professionals who took the time to complete this survey at a challenging time for clinical services.

Correspondence to:
alison.mccracken@mbht.nhs.uk

REFERENCES

1. Chief Allied Health Professions Officer's Team. (2017). Allied Health Professions into Action: Using Allied Health Professionals to transform health, care and wellbeing. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf> (accessed 28.01.2021).
2. Colquhoun HL, Islam R, Sullivan KJ, Sandercock J, Steinwender S, Grimshaw JM. Behaviour change domains likely to influence occupational therapist use of the Canadian Occupational Performance Measure. Occupational Therapy International 2020. Available at: <https://doi.org/10.1155/2020/3549835> (accessed 28.01.2021).

3. Hammond R. Evaluation of physiotherapy by measuring the outcome. *Physiotherapy* 2000;86(4):170–172. Available at: [https://doi.org/10.1016/S0031-9406\(05\)60959-5](https://doi.org/10.1016/S0031-9406(05)60959-5) (accessed 28.01.2021).
4. NHS England. (2016). Commissioning guidance for rehabilitation. Available at: <https://www.england.nhs.uk/publication/commissioning-guidance-for-rehabilitation/> (accessed 28.01.2021).
5. Duncan EAS, Murray J. The barriers and facilitators to routine outcome measurement by allied health professionals in practice: a systematic review. *BMC Health Services Research* 2012;12(1). Available at: <https://doi.org/10.1186/1472-6963-12-96> (accessed 28.01.2021).
6. Copeland J. Outcome measures: why physiotherapists must use them. *Physical Therapy Reviews* 2009;14(6):367–368. Available at: <https://doi.org/10.1179/108331909X12488667117131> (accessed 28.01.2021).
7. Gondek D, Edbrooke-Childs J, Fink E, Deighton J, Wolpert, M. Feedback from outcome measures and treatment effectiveness, treatment efficiency, and collaborative practice: a systematic review. *Administration and Policy in Mental Health and Mental Health Services Research* 2016;43(3):325–343. Available at: <https://doi.org/10.1007/s10488-015-0710-5> (accessed 28.01.2021).
8. The Kings Fund. (2010). Getting the most out of PROMS. Putting health outcomes at the heart of NHS decision making. Available at: <https://www.kingsfund.org.uk/publications/getting-most-out-proms> (accessed 28.01.2021).
9. World Health Organization. (2002). Towards a common language for functioning, disability and health ICF. *International Classification*, 1149, 1–22. <https://doi.org/WHO/EIP/GPE/CAS/01.3>.
10. London School of Hygiene and Tropical Medicine, & CBM. (2010). Evaluating the impact of rehabilitation in the lives of people with disabilities and their families in low and middle income countries – a review of tools.
11. Unsworth CA. Evidence-based practice depends on the routine use of outcome measures. *British Journal of Occupational Therapy* 2011;74(5), 209. Available at: <https://doi.org/10.4276/030802211X13046730116371> (accessed 28.01.2021).
12. World Health Organization. (2011). World Report on Disability. Available at: <https://www.who.int/teams/noncommunicable-diseases/disability-and-rehabilitation/world-report-on-disability> (accessed 28.01.2021).
13. Enderby PM, John A. Therapy outcome measures in speech and language therapy: comparing performance between different providers. *International Journal of Language and Communication Disorders* 1999; 34(4):417–429. Available at: <https://doi.org/10.1080/136828299247360> (accessed 28.01.2021).
14. Van Peppen RPS, Schuurmans MJ, Stutterheim EC, Lindeman E, Van Meeteren NLU. Promoting the use of outcome measures by an educational programme for physiotherapists in stroke rehabilitation: a pilot randomized controlled trial. *Clinical Rehabilitation* 2009;23(11):1005–1017. Available at: <https://doi.org/10.1177/0269215509338999> (accessed 28.01.2021).
15. Co C, McCluskey A, Bowman J. Use of outcome measures after participation in an education programme. *British Journal of Occupational Therapy* 2007;70(November):487–492.
16. Swinkels RAHM, Meerhoff GM, Custers JWH, van Peppen RPS, Beurskens AJHM, Wittin, H. Using outcome measures in daily practice: development and evaluation of an implementation strategy for physiotherapists in the Netherlands. *Physiotherapy Canada* 2015;67(4):357–364. Available at: <https://doi.org/10.3138/ptc.2014-28> (accessed 28.01.2021).
17. Unsworth CA, Duncombe D. A comparison of client outcomes from two acute care neurological services using self-care data from the Australian Therapy Outcome Measures for Occupational Therapy (AusTOMs – OT). *British Journal of Occupational Therapy* 2005;68(10):477–481. Available at: <https://doi.org/10.1177/030802260506801007> (accessed 28.01.2021).
18. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3(2):77–101. Available at: <https://doi.org/10.1191/1478088706qp063oa> (accessed 28.01.2021).
19. Rastrick S. (2020). Capturing the impact of new ways of working for Allied Health Professionals arising from the COVID-19 response. Retrieved November 11, 2020, from <https://www.england.nhs.uk/blog/capturing-the-impact-of-new-ways-of-working-for-allied-health-professionals-arising-from-the-covid-19-response/>
20. Hutchings R. (2020). The impact of Covid-19 on the use of digital technology in the NHS. Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/research/the-impact-of-covid-19-on-the-use-of-digital-technology-in-the-nhs> (accessed 28.01.2021).
21. Lein DH, Willig JH, Smith CR, Curtis JR, Westfall AO, Hurt CP. Assessing a novel way to measure three common rehabilitation outcome measures using a custom mobile phone application. *Gait and Posture* 2019;73(July):246–250. Available at: <https://doi.org/10.1016/j.gaitpost.2019.07.251> (accessed 28.01.2021).
22. Veras M, Kairy D, Rogante M, Giacomozzi, Saraiva S. Scoping review of outcome measures used for telerehabilitation and virtual reality for post-stroke rehabilitation. *Journal of Telemedicine and Telecare* 2017;23(6): 527–587.
23. NICE (2019). Position statement on use of the EQ-5D-5L value set for England (updated October 2019). Available at: <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/technology-appraisal-guidance/eq-5d-5l> (accessed 28.01.2021).
24. Foster A, Croot L, Brazier J, Harris J, O'Cathain A. The facilitators and barriers to implementing patient reported outcome measures in organisations delivering health related services: a systematic review of reviews. *Journal of Patient-Reported Outcomes* 2018;2:1–16. Available at: <https://doi.org/10.1186/s41687-018-0072-3> (accessed 28.01.2021).
25. Chiarotto A. Patient-reported outcome measures: best is the enemy of good (but what if good is not good enough?). *Journal of Orthopaedic and Sports Physical Therapy* 2019;49(2):39–42. Available at: <https://doi.org/10.2519/jospt.2019.0602> (accessed 28.01.2021).

APPENDIX 1: TABLE OF ALL OUTCOMES MEASURES CITED BY RESPONDENTS AS HAVING BEEN USED IN PAST 6 MONTHS AT UHMBT

Outcome Measure	Number of Respondents Reporting Using in Past 6 Months
180° turn	4
4 Point Balance Score	1
6 Minute Walking Distance Test (6MWD)	1
Anthropometrics	2
Asthma Control Test	1
Barthel Index	5
Bath Indices	1
Berg Balance Scale	13
Bloods and lipid profile	1
Borg rating of perceived exertion (RPE)	1
Breathing Pattern Assessment Tool	1
Breathing Pattern Assessment Tool (BPAT)	1
British Measure of Activity Performance of the Hand (MAP-Hand)	1
Chelsea Critical Care Assessment Tool (CPAx)	1
Chronic Respiratory Disease Questionnaire (CRQ)	2
CONFbal Scale	5
Dermatome / Myotome Assessment	1
Disease Activity Score (DAS28)	1
Elderly mobility scale (EMS)	3
Falls Efficacy Scale International (FES-I)	3
Fibromyalgia Impact Questionnaire Revised	1
General Anxiety Disorder-7 (GAD-7)	1
Grade, Roughness, Breathiness, Asthenia, Strain Scale (GRBAS)	1
Incremental Shuttle Walk Test	2
International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF)	1
Knee Injury and Osteoarthritis Outcome Score(KOOS)	2
Leicester Cough Questionnaire	1
Malnutrition Universal Screening Tool (MUST)	2
MOHOST (Model of Human Occupation Screening Tool)	2
Musculoskeletal Health Questionnaire (MSK-HQ)	2

Outcome Measure	Number of Respondents Reporting Using in Past 6 Months
Nijmegen Questionnaire (NQ)	2
Nottingham Extended Activities of Daily Living (NEADL)	4
Numeric Pain Rating Scale (NPRS)	1
Oxford Strength Scale	1
Patient Activation Measure (PAM®)	1
Patient Health Questionnaire-9 (PHQ-9)	1
Patient Specific Functional scale	1
Revised Fibromyalgia Impact Questionnaire (FIQR)	1
Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	1
Sit to Stand Test	3
The COPD assessment test (CAT)	1
The Hip Disability and Osteoarthritis Outcome Score (HOOS)	1
The Quality of Life-Bronchiectasis (QOL-B)	1
Therapies Outcome Measure (TOMS) - Dysarthria	1
Therapies Outcome Measure (TOMS) - Dysphagia	2
Therapies Outcome Measure (TOMS) - Dysphasia / Aphasia	1
Therapies Outcome Measure (TOMS) - Multi-Factorial Conditions	9
Therapies Outcome Measure (TOMS) - Stroke	5
Therapies Outcome Measure (TOMS) - Voice	1
Timed Unsupported Stand (TUSS)	1
Timed up and go (TUAG)	5
Tinetti Balance Assessment	1
Voice Symptom Scale (VoiSS)	1