

Supplementary material I: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

<i>Item category</i>	<i>Checklist Item</i>	<i>Explanation</i>	<i>Comments</i>
Design	Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.)	p.3-4
IRB (Institutional Review Board) approval and informed consent process	IRB approval	Mention whether the study has been approved by an IRB.	p.3
	Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	p.3 + supplementary file (questionnaire)
	Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	p.3
Development and pre-testing	Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	p.4
Recruitment process and description of the sample having access to the questionnaire	Open survey versus closed survey	An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).	p.3
	Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	p.4
	Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	p.4

Survey administration	Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	p.4
	Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site	p.4
	Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?	p.3
	Incentives	Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	p.3
	Time/Date	In what timeframe were the data collected?	p.3
	Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.	Not performed
	Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.	p.3
	Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	p.4 (number of items in total) + supplementary file (questionnaire)
	Number of screens (pages)	Over how many pages was the questionnaire distributed? The number	supplementary file (questionnaire)

	<p>Completeness check</p> <p>Review step</p>	<p>of items is an important factor for the completion rate.</p> <p>It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if “yes”, how (usually JAVAScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as “not applicable” or “rather not say”, and selection of one response option should be enforced.</p> <p>State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).</p>	<p>p.4</p> <p>p.4</p>
Response rates	<p>Unique site visitor</p> <p>View rate (Ratio of unique survey visitors/unique site visitors)</p> <p>Participation rate (Ratio of unique visitors who agreed to participate/unique first survey page visitors)</p> <p>Completion rate (Ratio of users who finished the survey/users who agreed to participate)</p>	<p>If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.</p> <p>Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.</p> <p>Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called “recruitment” rate.</p> <p>The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate “informed consent” page or if the survey goes over several pages. This is a measure for attrition. Note that “completion” can involve leaving</p>	<p>p.6</p> <p>Not performed</p> <p>p6</p> <p>p6</p>

		questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word “completeness rate”.)	
Preventing multiple entries from the same individual	Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	not performed
	IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	p.3
	Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	p.3
	Registration	In “closed” (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	not performed
Analysis	Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which	p.5

	<p>Questionnaires submitted with an atypical timestamp</p> <p>Statistical correction</p>	<p>terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?</p> <p>Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.</p> <p>Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.</p>	<p>not performed</p> <p>p.5</p>
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Checklist by Eysenbach Gunther³⁰

Supplementary Material II: Questionnaire used for the survey (translated from French to English)

FIRST SECTION

Questionnaire for physical therapists practicing in the private practice and/or at home:

Physical therapy practices for people with physical disabilities
following neurological impairment

As part of a thesis project addressing physical therapy, adapted physical activity and adaptive sports for adults with physical disabilities resulting from neurological impairment, we are conducting a survey among physical therapist practicing in community settings, Wallonia and Brussels.

The questionnaire below pertains to physical therapy sessions organized in community settings (home and/or private practice) of your adult patients with physical disabilities due to neurological conditions.

This survey should take between 10 and 15 minutes to complete.

The questionnaire is anonymous, and the data will be processed in compliance with the General Data Protection Regulation (Directive 94/46/EC). Please answer the questions as accurately as possible, and please answer all questions. There are no right or wrong answers. All questions marked by a star (*) are mandatory.

SECOND SECTION

1. *Among the patients you are currently treating, are there individuals with a disability resulting from a neurological condition?
 - Yes
 - No

2. *Do you practice in Wallonia or Brussels?
 - Yes
 - No

3. *In what context(s) do you practice physical therapy?
 - Only in the hospital
 - Only in private practice
 - Only in patients' homes
 - In private practice and in patients' homes
 - In private practice and in hospital
 - In patients' homes and hospitals
 - In patients' homes, hospitals and private practices

4. *What proportion of your patients at home and/or in the private practice present with a disability resulting from a neurological condition?
 - None
 - <25%
 - 25-50%
 - 50-75%
 - 75-100%
 - 100%

5. *Among the patients with a disability resulting from a neurological condition you treat at home and/or in the private practice, what percentage has a severe level of impairment (completely dependent on a third person to perform activities of daily living)?
 - 0-25%
 - 25-50%
 - 50-75%
 - 75-100%

6. *Among the patients with a disability resulting from a neurological condition you treat at home and/or in the private practice, what percentage has a **moderate** level of impairment (partially dependent on a third person to perform activities of daily living)?
 - 0-25%
 - 25-50%
 - 50-75%
 - 75-100%

7. *Among the patients with a disability resulting from a neurological condition you treat at home and/or in the private practice, what percentage has a **mild** level of impairment (independent of performing activities of daily living)?
 - 0-25%
 - 25-50%
 - 50-75%
 - 75-100%

8. *What types of neurological pathologies are present in your patients at home and/or in the private practice? (multiple answers possible)
 - Traumatic brain lesion (brain injury, cerebellar ataxia...)
 - Non-traumatic brain lesion (stroke, cerebral palsy, cerebellar ataxia...)
 - Spinal cord injury – Paraplegic
 - Spinal Cord Injury – Tetraplegic
 - Lesion of the peripheral nervous system
 - Parkinson
 - Multiple sclerosis
 - Spina bifida
 - Neuromuscular diseases
 - Other: _____

THIRD SECTION

The following question relates to the sessions of physical therapy given to your patients with a disability resulting from a neurological condition

9. *During a session at home or in the private practice with a patient with a disability resulting from a neurological condition, what types of treatments do you give?

	0: never	1: Infrequent	2: frequently	3: very frequently
Massages				
Active mobilizations				
Passive mobilizations				
Stretching				
Strength training				
Endurance exercises or cardio-training				
Functional tasks				
Walking exercises				
Exercises on the stairs				
Specific neuro techniques (Bobath, PNF, Perfetti, Picard,...)				
Electrostimulation				

FOURTH SECTION

The following questions relate to adapted physical activity (APA) and/or adaptive sport (AS) includes all sports and physical activities opportunities adapted for people with disabilities (performed outside of the conventional physical therapy session).

10. *In your opinion, how important is APA and AS's practice on the **physical health** of your patients with a disability resulting from a neurological condition?

- 0: not important
- 1: unimportant
- 2: Fairly important
- 3: very important

11. *In your opinion, how important is APA and AS's practice on the **mental health** of your patients with a disability resulting from a neurological condition?

- 0: not important
- 1: unimportant
- 2: Fairly important
- 3: very important

12. *In your opinion, how effective is APA and AS's practice in improving and maintaining the **motor function** of your patients with a disability resulting from a neurological condition?

- 0: not effective
- 1: Not very effective
- 2: Fairly effective
- 3: very effective

13. *In your opinion, how effective is APA and AS's practice in improving and maintaining the **autonomy** of your patients with a disability resulting from a neurological condition?

- 0: not effective
- 1: Not very effective
- 2: Fairly effective
- 3: very effective

14. *Do you carry out APA or AS sessions with your patients with a disability resulting from a neurological condition at home and/or in the private practice?

- Yes
- No

15. *What equipment do you have available at home and/or in the private practice?

	Home	Cabinet	I don't have this material
Treadmill			
Bicycle			
Cyclo-ergometer			
Weight machine(s)			
Individual weights, resistance elastics			
Parallel bars			
Airex mats			
Swiss Balls			

Small equipment (ball, cushion, cone,...)			
Stairs			

16. *Do you receive requests from your patients with a disability resulting from a neurological condition regarding the possibility of performing APA or AS?

- 0: no, never
- 1: Yes, rarely
- 2: Yes, frequently
- 3: Yes, very frequently

17. *Do you discuss the subject of APA or AS with your patients with a disability resulting from a neurological condition?

- 0: no, never
- 1: Yes, rarely
- 2: Yes, frequently
- 3: Yes, very frequently

18. *Do you encourage your patients with a disability resulting from a neurological condition to partake in APA or AS (that is, outside of the physical therapy sessions)?

- 0: no, never
- 1: Yes, rarely
- 2: Yes, frequently
- 3: Yes, very frequently

19. *Do you help your patients with a disability resulting from a neurological condition through the necessary steps to participate in APA or AS sessions (finding a suitable activity, registering for it or referring the patient to people who can help them with these steps)?

- 0: no, never
- 1: Yes, rarely
- 2: Yes, frequently
- 3: Yes, very frequently

20. *What are the reasons that limit you / that could limit you in guiding your patients with a disability resulting from a neurological condition towards practicing APA or AS in the community?

	Yes, this a barrier	No, this is not a barrier
Lack of time available		
Insufficient knowledge on APA or AS		
Lack of accessibility to information regarding the		

availability of APA or AS sessions		
Lack of demand for such activities coming from the patients		

21. *Do you inquire into the APA or AS habits of your patients with a disability resulting from a neurological condition?
- 0: no, never
 - 1: Yes, rarely
 - 2: Yes, frequently
 - 3: Yes, very frequently
22. *Do you assess the amount of physical activity undertaken by your patients with a disability resulting from a neurological condition with physical disabilities?
- 0: no, never
 - 1: Yes, rarely
 - 2: Yes, frequently
 - 3: Yes, very frequently
23. *What tools do you use to assess your patients' PA levels? _____

FIFTH SECTION

24. How many years have you been practicing physical therapy with patients with a disability resulting from a neurological condition? _____
25. How physically active are you in your daily life?
- 0: not at all active
 - 1: not very active
 - 2: Fairly active
 - 3: very active
26. Have you received specific training in neurologic physical therapy?
- Yes
 - No

LAST SECTION

Thank you for your participation. If you want to receive more information on the subject, please contact (insert email of corresponding author).