Phase 1

Conceptual item reduction by 2 independent assessors
- Remove of item redundancy and duplication across item generation methods
- Application of clinically sensible a priori inclusion criteria

Item generation
Based on:
- the opinions of experts ($n = 97$ items)
- the existing literature ($n = 75$ items)
- the opinions of patients ($n = 1$ additional item)

Development of clearly defined item testing protocols ($n = 51$ items)
- Removal of items with practical limitations ($n = 9$ items)

Phase 2

Item testing ($n = 42$ items)
- $A$ priori inclusion criteria applied:
  - Removal of items with practical limitations ($n = 8$ items)
  - Equipment requirements minimised ($n = 4$ items)
  - Clinically relevant information obtained is maximised ($n = 8$ items)

- Reframing of questions to remove local item dependence ($n = 2$ items)
- Misfit to the Rasch model ($n = 3$ items)

Clinimetric evaluation of the reduced item set ($n = 17$ items)

Phase 3

Instrument refinement ($n = 17$ items)
Instrument refinement based on feedback from experts from across healthcare disciplines after administering the instrument

Phase 4

Validation in an independent sample by an independent assessor ($n = 15$ items)
- Testing of the refined instrument on an independent sample

Clinimetric evaluation of the final instrument ($n = 15$ items)