**Content Validity**

Content validity reflects the extent to which the domain of interest is comprehensively

sampled by the items in the questionnaire. Content validity was quantitatively assessed via the method described in Lawshe (1975) by 5 expert raters.1 Each had a minimum of one year of experience administering the MAL in an outpatient or laboratory setting, had undergone supervised training prior to their first independent MAL administration, and had administered it at least 10 times to individuals with neurologic impairment. As such, they had all received feedback from those being examined that certain items did not apply to them. For example, newly available security technologies have largely replaced traditional locks (key-pad/security-system to enter the home, key-fob/push-start for cars) and many rural-dwelling individuals did not lock their homes, so the “turn key in lock” item did not apply to many people’s daily routine. The formula in Lawshe (1975) for content validity ratio is CVR=(Ne - N/2)/(N/2), in which the Ne is the number of raters providing a rating of "essential" and N is the total number of raters.1 As this study employed fewer than 8 raters, agreement had to be unanimous (CVR = 1.0) for the item to have sufficient content validity for inclusion in the revised scale.

According to Gagnier et al. (2017), based on COSMIN criteria, the qualitative appraisal of content validity additionally requires that the questionnaire is viewed by the experts as complete. After refining the scale based on consensus and Rasch methods, the expert raters were re-surveyed as to whether the revised scale was sufficiently inclusive of a variety of daily activities.2 Items that were retained had unanimous ratings as to their utility (see above description of CVR ratio). Those that were excluded had CVR ranging from -1 (take off shoes; put on shoes; get out of car) to .6 (carry object). Preference for the shorter version of the instrument was unanimous, as a shorter administration time conforms better with the time constraints of both clinical and research settings and the shorter form excludes many of the items that the expert MAL-administrators viewed as problematic.