

Table S1: Data collection form used by research assistants to label and time activities during the experimental protocol.

Test Date			
Accelerometer #			
Participant ID ID Format: NZE_Facility_Participant ID_OBS NZE_XX_XXX_OBS			
Walking aid used (tick which applies)		<input type="checkbox"/> Walking frame <input type="checkbox"/> High walking frame <input type="checkbox"/> Walking stick right hand <input type="checkbox"/> Walking stick left hand <input type="checkbox"/> None	
Date of Birth			
Accelerometer height (metres)			
Participant height			
Participant weight			
Test Start time (Hr:mm:ss) – from the video	Start time for each <u>item</u>	Activity – (number the activity in order e.g.,1,2,3) . Not all activities need to occur in each area of the home	Notes- tick any item that applies
BEDROOM		<input type="checkbox"/> Transition – stand to sit <input type="checkbox"/> Transition – sit to stand <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Moving in bedroom/ confined space <input type="checkbox"/> Transition – stand to lying <input type="checkbox"/> Transition- lying to sit <input type="checkbox"/> Transition – sit to stand	<input type="checkbox"/> Had additional help from a person <input type="checkbox"/> Stopped during walking <input type="checkbox"/> Stopped during transfer <input type="checkbox"/> Negotiating an object while walking <input type="checkbox"/> Picking something off a table or similar <input type="checkbox"/> Other (state)_____
CORRIDOR		<input type="checkbox"/> Moving in corridor <input type="checkbox"/> Transition – stand to sit <input type="checkbox"/> Sitting <input type="checkbox"/> Transition- sit to stand <input type="checkbox"/> Moving in corridor	<input type="checkbox"/> Had additional help from a person <input type="checkbox"/> Stopped during walking 3s <input type="checkbox"/> Stopped during transfer <input type="checkbox"/> Negotiating an object while walking

			<input type="checkbox"/> <i>Picking something off a table or similar</i> <input type="checkbox"/> <i>Other (state)_____</i>
LOUNGE/DINING		<input type="checkbox"/> Moving around lounge/dining area <input type="checkbox"/> Transition – stand to sit <input type="checkbox"/> Sitting <input type="checkbox"/> Transition – sit to stand <input type="checkbox"/> Standing still <input type="checkbox"/> Moving around lounge/dining area	<input type="checkbox"/> <i>Had additional help from a person</i> <input type="checkbox"/> <i>Stopped during walking</i> <input type="checkbox"/> <i>Stopped during transfer</i> <input type="checkbox"/> <i>Negotiating an object while walking</i> <input type="checkbox"/> <i>Picking something off a table or similar</i> <i>Other (state)_____</i>
CORRIDOR		<input type="checkbox"/> Moving in corridor <input type="checkbox"/> Transition – stand to sit <input type="checkbox"/> Sitting <input type="checkbox"/> Transition- sit to stand <input type="checkbox"/> Moving in corridor	<input type="checkbox"/> <i>Had additional help from a person</i> <input type="checkbox"/> <i>Stopped during walking</i> <input type="checkbox"/> <i>Stopped during transfer</i> <input type="checkbox"/> <i>Negotiating an object while walking</i> <input type="checkbox"/> <i>Picking something off a table or similar</i> <input type="checkbox"/> <i>Other (state)_____</i>
BEDROOM		<input type="checkbox"/> Transition – moving in bedroom/ confined space <input type="checkbox"/> Standing still <input type="checkbox"/> Transition – stand to sit <input type="checkbox"/> Sitting FINISH TIME	<input type="checkbox"/> <i>Had additional help from a person</i> <input type="checkbox"/> <i>Stopped during walking</i> <input type="checkbox"/> <i>Stopped during transfer</i> <input type="checkbox"/> <i>Negotiating an object while walking</i> <input type="checkbox"/> <i>Picking something off a table or similar</i> <input type="checkbox"/> <i>Other (state)_____</i>