

# TeleFFIT Study

Participant ID  
Number

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Participant  
Initials

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Site

Deakin University

## TeleFFIT study: Video Consultation Instructions

- Estimated time: 20 min
- To be conducted in a private space to maintain participant confidentiality
- Coding: **Black – key points**; **Blue – example conversation**; *Italics – notes to EP*

### Important note about video consultation script

Below is the structure for the first video consultation, including a suggested script. EPs will need to balance intervention fidelity (following the structure) with a participant-centred approach. For example, at the start of the session, if the participant starts to discuss barriers to the TeleFFIT program that have emerged (e.g., I forget to perform it; I feel uncomfortable exercising; I'm not enjoying the program...), it will be important to acknowledge these, noting that later in the session, they will be collectively addressed with solutions.

## VIDEO CONSULTATION 1 – Week 2

Exercise practitioner initials: \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD / MMM / YYYY)

Date of call

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD / MMM / YYYY)

Time of call

Start: \_\_\_\_ : \_\_\_\_ (HH : MM)

Finish: \_\_\_\_ : \_\_\_\_ (HH : MM)

To be completed by EP prior to each video consultation

<p><b>EP notes regarding client's progression based on TeleHab</b> (e.g. adherence to training, adverse events/issues)</p>	
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Completed by (initials): \_\_\_\_\_

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## Part 1

1. EP ensures client is ready/comfortable to chat about their involvement in the study via Zoom.
2. EP ensures client has their TeleFFIT Agreement (with goals and action plan) with them.
3. EP explains the purpose of today’s health coaching session.

“Today we are going to touch base about how your first 2 weeks of the TeleFFIT program have gone for you.”

“I will take some notes on my computer throughout the conversation so I can keep track of what we discuss. I’ll also book in your next consultation for 2 weeks’ time.”

4. Explain the main study goals briefly.

“Over the next 12 months we’re going to work together for you to get the most out of the TeleFFIT program, to improve your bone and muscle health and optimise your mobility and function and reduce your risk of future falls and fractures.”

“My role in the TeleFFIT program is to guide you through the exercise program, which involves participating in the ‘Strong, Steady and Straight’ exercises 3 times a week and daily bone loading ‘activity snack’ exercises.”

5. On a scale of 1 to 5, how are you enjoying the TeleFFIT exercise program so far? (Ensure to clearly read out to participants what 1, 2, 3, 4 and 5 represent).

Not enjoying it at all	Somewhat unenjoyable	Neutral	Somewhat enjoyable	Extremely enjoyable
1	2	3	4	5

6. On a scale of 1 to 5, how confident are you in performing the TeleFFIT exercises? (Ensure to clearly read out to participants what 1, 2, 3, 4 and 5 represent).

Not confident at all	Slightly confident	Somewhat confident	Quite confident	Completely confident
1	2	3	4	5

7. What are you enjoying most about the program?

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8. Are there any aspects of the program that you are **finding challenging or not enjoying?**


9. Is there anything you want to bring up or discuss about the study before we review your progress on the TeleHab platform?


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## Part 2

**10a. Provide feedback/guidance as required based on their performance on TeleHab. Review adherence, RPE, pain rating, progression etc..**

<p><b>Show client how to review their performance on TeleHab app</b></p>	<p>Notes:</p>
<p><b>Strong (Resistance) exercises</b></p>	<p>Notes:</p>
<p><b>Steady exercises</b></p>	<p>Notes:</p>
<p><b>Straight exercise</b></p>	<p>Notes:</p>
<p><b>Any further comments</b></p>	

## 10b. Check in on daily activity snacks

<p><b>How are you going with completing the daily bone loading activity snacks?</b></p>	<p>Notes:</p>
<p><b>Provide feedback /guidance as required</b></p>	<p>Notes:</p>
<p><b>Any further comments</b></p>	<p>Notes:</p>

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## Part 3

**Barriers to exercise (if relevant based on discussion above – Q9). If they answered NO, progress to Part 4.**

**11. Refer to question 9 above. If the client has indicated they have experienced some challenges with the program to date or are not enjoying certain aspects, this needs to be discussed in more detail to identify specific barriers to help inform an action plan to overcome these issues. *\*\*\*Make sure you email client updated Action Plan***

**So, earlier you indicated that you << reiterate any challenges / issues from Q9 above >>. Can we discuss these in more detail so that we can help you form an action plan to help you overcome some of these challenges/barriers.**

<p><b>Barriers</b></p>	
<p><b>Action Plan(s)</b></p> <p><b>What strategies do you think can help you overcome these barriers? How do you wish to proceed over the next 2 weeks?</b></p>	

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**12. Is there anything else you could change about your program to make it easier for you to participate? What can I do to help?**

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## Part 4

**Review readiness.** It is very important here to get a sense of the participant's level of interest and motivation to engage in the TeleFFIT program. Are they taking part simply because they have to? Or because it's free, for example. Are they actually keen to participate to improve their health/well-being? Refer to their answers in Q 5.

**13. On a scale of 1-5, how confident do you feel that you could continue (or increase) your adherence to the 3 times weekly TeleFFIT exercise program? (Ensure to clearly read out to participants what 1, 2, 3, 4 and 5 represent).**

Not confident at all	Slightly confident	Somewhat confident	Quite confident	Completely confident
1	2	3	4	5

*Notes/Discussion: If less than 5, need to explore/discuss potential barriers and strategies to increase confidence. They might answer that they are nervous about exercising at home by themselves and are concerned about injury. In this case, the EP should reinforce that they are available to provide support etc.*

**14. On a scale of 1-5, how confident do you feel that you could continue (or increase) your adherence to your daily activity snacking exercises? (Ensure to clearly read out to participants what 1, 2, 3, 4 and 5 represent).**

Not confident at all	Slightly confident	Somewhat confident	Quite confident	Completely confident
1	2	3	4	5

*Notes/Discussion: If less than 5, need to explore/discuss potential barriers and strategies to increase confidence.*

Completed by (initials): \_\_\_\_\_

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<b>15.</b>	<p><b>Encourage client to stick to their goals but listen to their body.</b></p> <p>Over the next 2 weeks, try to use your strategies to complete your TeleFFIT Strong, Steady &amp; Straight exercises 3 times per week and bone loading activity snacks daily. But remember that you are about to change an exercise habit you might have had for quite some time. It's normal to feel some muscular fatigue or even generalized muscle discomfort (DOMS) after exercising, but this should dissipate with time. Listen to your body and let me know if you feel any pain or discomfort other than DOMS – for example pain in a specific muscle, on one side of your body.</p>
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**Part 5**

<b>16.</b>	<p><b>Is there anything else you would like to discuss before we end our session?</b></p>
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Notes:

**Next consultation date / time:** *(book for 2 weeks' time)*

\_\_\_/\_\_\_/\_\_\_  
(DD / MMM / YYYY)

Start: \_\_\_:\_\_\_ (HH : MM)

**Other comments**

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Time call finished: \_\_\_:\_\_\_ (HH : MM)

Completed by (initials): \_\_\_\_\_