

# TeleFFIT Study

Participant ID  
Number

--	--	--	--	--

Participant  
Initials

--	--

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 second 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 2 – Week 4

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

**EP notes regarding client's progression based on TeleHab** (e.g. adherence to training, adverse events/issues)

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

# TeleFFIT Study

Participant ID Number

Participant Initials

Site

## Part 1

1. EP ensures client has their TeleFFIT Agreement (with goals and action plan) with them.
2. EP explains the purpose of today’s health coaching session.

“Today we are going to talk about how your first month of the TeleFFIT program has gone for you. We will also discuss some of your goals and strategies to help you meet those goals.”

“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 4 weeks’ time.”

3. How have you found the first month of the TeleFFIT program?

-----

-----

-----

-----

-----

4. 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

5. 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

6. Are you enjoying any aspects of the TeleFFIT program?

-----

-----

-----

-----

-----

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

# TeleFFIT Study

Participant ID Number

Participant Initials

Site

Deakin University

7. Have you noticed **any benefits** from participating in the TeleFFIT program?

---

---

---

---

---

---

---

---

---

---

8. Are there any aspects of the TeleFFIT program that **you're not enjoying** ? Have you faced **any specific issues** with the program so far?

---

---

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

---

---

## Part 2

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

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

# TeleFFIT Study

Participant ID Number

Participant Initials

Site

Deakin University

<p><b>Remind 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>	<p>Notes</p>
<p><b>10b. Check in on activity snacks</b></p>	
<p><b>How are you going with your daily bone loading activity snacks? Are you completing your calendar?</b></p>	<p>Notes:</p>
<p><b>Any further comments</b></p>	<p>Notes:</p>

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

# TeleFFIT Study

Participant ID Number

Participant Initials

Site

Deakin University

## Part 3

### New activity snack exercise

**11. From next week you will perform a 2<sup>nd</sup> activity snacking exercise. I will now show you the new exercise in TeleHab.**

*Share your screen to show client their 2nd activity snack. After you have shown the exercise in TeleHab, unshare your screen and view your participant performing the exercise to ensure correct technique. You may need to demonstrate the exercise yourself to the participant.*

<p>Correct technique demonstrated <input type="checkbox"/></p>	<p>Notes:</p>
<p><b>When will you perform the 2<sup>nd</sup> activity snack exercise?</b></p>	

## Part 4 - Goals

**13. At the start of the study you outlined a number of key goals you wanted to achieve <<EP to highlight main goals >>. I understand it is only early in the program, but do you wish to reconsider or update any of your goals?**

*\*\*\*Make sure you email all updated goals to client after consultation.*

	ORIGINAL GOALS	REVISED GOALS (IF RELEVANT)	COMMENT
1			
2			

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

# TeleFFIT Study

Participant ID Number

Participant Initials

Site

3			
4			
5			
6			

<b>Part 5</b>
<b>Barriers to exercise (if relevant based on discussion above – Q8). If they answered NO, progress to Part 5.</b>
<p><b>14. Refer to question 8 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. <i>***Make sure you email the updated Action Plan to client after consultation.</i></b></p>
<p><b>So, earlier you indicated that you &lt;&lt; reiterate any challenges / issues from Q8 above &gt;&gt;. 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.</b></p>

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

# TeleFFIT Study

Participant ID  
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Participant  
Initials

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Site

Deakin University

<p><b>Barriers</b></p>	
<p><b>Action Plan(s)</b></p> <p>What strategies do you think can help you overcome these barriers? How do you wish to proceed over the next 4 weeks?</p>	

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

# TeleFFIT Study

Participant ID  
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Participant  
Initials

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Site

Deakin University

**15. Do you foresee anything that would get in the way of the goals you have set?**

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

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



# TeleFFIT Study

Participant ID Number

Participant Initials

Site

Deakin University

## Part 6

**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, for eg. It's free? Are they actually keen to participate to improve their health/well-being?*

**17. 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 important	Slightly Important	Neutral (50:50)	Somewhat Important	Very important
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 and that it will become easier over time once that adopt it as a habit etc.*

*Some questions you could ask to increase motivation/readiness to change: 1) Why might you decide to change and increase your adherence to the program? 2) What would be some good things about participating in the TeleFFIT program? 3) If you stopped participating in the program, what would be the undesired outcome/s do you think?*

**18. 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): \_\_\_\_\_

# TeleFFIT Study

Participant ID  
Number

--	--	--	--	--

Participant  
Initials

--	--

Site

Deakin University

**19. Summarize & encourage client to stick to your goals**  
**Over the next 4 weeks, try to use your strategies to...**

## Part 7

**20. Is there anything else you would like to discuss before we end our session?**

Notes:

**Next consultation date / time:** *(book for 4 weeks' time)*

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

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

**Other comments**

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

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