

TeleFFIT Study

Participant ID Number

Participant Initials

Site

TeleFFIT Week 34: 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 seventh video consultation, including a suggested script. As with all previous consultations, 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 8 – Week 34

Exercise practitioner initials: ____	Date: ___/___/_____ <small>(DD / MMM / YYYY)</small>
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Date of call	___/___/_____ <small>(DD / MMM / YYYY)</small>	Time of call	Start: ____ : ____ (HH : MM) Finish: ____ : ____ (HH : MM)
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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)	
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Part 1

1. EP ensures client has their TeleFFIT goals and action plan with them from the last consultation.
2. EP explains the purpose of today’s health coaching session.
“Today we are going to review how the last 6 weeks of the TeleFFIT program has gone for you. We will also discuss some of your goals and strategies to help you meet your goals.”

3. How have you found the last 6 weeks of the program?

4. How are you enjoying the TeleFFIT exercise program now (circle on a scale of 1 to 5)?
(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. How confident are you performing the TeleFFIT exercises now (circle on a scale of 1 to 5)?
(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. What aspects of the TeleFFIT program are you enjoying most?

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

8. Are there any aspects of the program that **you're not enjoying**? Have you faced **any new issues** with the program since we last spoke?

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

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Part 2

11a. Provide feedback/guidance as required based on their performance on TeleHab. Review adherence, RPE, pain rating, progression etc..

Strong (Resistance) exercises	Notes:
Steady exercises	Notes:
Straight exercise	Notes:
Any further comments	Notes

11b. Check in on activity snacks

How are you going with your daily bone loading activity snacks?	Notes:
How are you going with your aerobic exercise?	Notes:
Any further comments	Notes

Completed by (initials): _____

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Part 3 - Goals

12. Now that you are starting a new exercise let's review your goals. <<EP to highlight main goals >>. **Would you like to review any of your goals?**

****Make sure you email client any updated goals*

	ORIGINAL GOALS	REVISED GOALS (IF RELEVANT)	COMMENT
1			
2			
3			
4			

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5			
6			
7			
8			

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Part 4

Barriers to exercise (based on discussion above – Q8 AND Q11).

13. Refer to questions 8 and 11 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.

So, earlier you indicated that you << reiterate any challenges / issues from Q8 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.

Barriers

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Part 5

14. Action Plan

****Make sure you email client the updated Action Plan.*

14a. What strategies do you think can help you overcome these barriers? How do you wish to proceed over the next 6 weeks?

14b. 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 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 e.g. It's free? Are they actually keen to participate to improve their health/well-being?

15. 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 long-term? 3) What would be some good things about participating in the aerobic exercise?

If you stopped participating in the program, what would be the undesired outcome/s do you think?

16. 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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17. On a scale of 1-5, how confident do you feel that you could continue (or increase) your adherence to the aerobic activity as intended each week? (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:

18. Summarize & encourage client to stick to your goals
Over the next 6 weeks, try to use your strategies to....

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Part 7

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

Notes:

Next consultation date / time: *(book for 6 weeks' time)*

___/___/___
(DD / MMM / YYYY)

Start: ____ : ____ (HH : MM)

Other comments

Time call finished: ____ : ____ (HH : MM)

Completed by (initials): _____
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