

TeleFFIT Study

Participant ID Number

Participant Initials

Site

TeleFFIT Week 8: 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 3 – Week 8

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 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 the last 4 weeks of the TeleFFIT program has gone for you. We will also discuss some of your goals and strategies to help you meet those goals.”

3. How have you found the last 4 weeks 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. 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 TeleFFIT program that **you're not enjoying**? Have you faced **any specific issues** with the program so far?

9. **Remind client that they should aim to watch all educational videos (13 in total – most 5-8 minutes in duration) in the next 4 weeks (if they haven't already).**

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

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

11b. Check in on activity snacks

<p>How are you going with your daily bone loading activity snacks? Are you completing your calendar?</p>	<p>Notes:</p>
<p>Any further comments</p>	<p>Notes:</p>

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Part 3 - Goals

12. Would you like to review your goals that you set previously?

<<EP to highlight main goals >>.

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

	ORIGINAL GOALS	REVISED GOALS (IF RELEVANT)	COMMENT
1			
2			
3			
4			
5			
6			

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Part 4

Barriers to exercise (if relevant based on discussion above – Q8). If they answered NO, progress to Part 5.

13. 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. **Make sure you email the updated Action Plan to client after consultation.***

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.

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

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Part 5

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

15. 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?

16. 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?

17. 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*

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

Part 7

19. 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): _____