

1 **SUPPLEMENTARY FILES**

- 2 Supplement 1. Study feedback questionnaire administered to participants, following 8-week
- 3 intervention.

SKYPE STUDY FEEDBACK QUESTIONNAIRE.

Thank you for taking part in this Research Study at the RD&E. We would be grateful if you would complete this questionnaire about your experience as a Research participant so that we can improve the service we provide.

The information you provide will be collected by the Research and Development team and will be treated in the strictest confidence. It will not affect any further treatment or participation in a Research Study.

Thank you.

<u>About Skype.</u>										
Did you use Skype or similar software before now?								<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES please state which software you used:										
How easy/difficult was it to set up Skype?								<input type="checkbox"/> EASY	<input type="checkbox"/> OK	<input type="checkbox"/> DIFFICULT
Which (if any) issues did you encounter?										
What device are you using for Skype?				<input type="checkbox"/> DESKTOP	<input type="checkbox"/> LAPTOP	<input type="checkbox"/> TABLET	<input type="checkbox"/> SMARTPHONE			
Have you had any connection issues?								<input type="checkbox"/> YES	<input type="checkbox"/> NO	
What internet connection are you using?				<input type="checkbox"/> 3G	<input type="checkbox"/> 4G	<input type="checkbox"/> BROADBAND	<input type="checkbox"/> FIBREBROADBAND	<input type="checkbox"/> WIFI		
How was the sound quality?						<input type="checkbox"/> GOOD	<input type="checkbox"/> OK	<input type="checkbox"/> BAD		
How was the video quality?						<input type="checkbox"/> GOOD	<input type="checkbox"/> OK	<input type="checkbox"/> BAD		
Did you find using Skype for an exercise session useful?										
Not at all 1 2 3 4 5 6 7 8 9 10 very useful										
How could this format of appointment be improved?										
Overall comments/opinions:										

<u>About the Study.</u>		YES	PARTLY	NO					
Was the study information sheet easy to understand?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Did the Research Team answer questions about the study in a way that you could understand?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Did you know what was expected of you when you agreed to take part in the study?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Do you feel it is important to take part in Research?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Would you be happy to take part in another Research Study?		<input type="checkbox"/>		<input type="checkbox"/>					
<u>General Satisfaction.</u>									
	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT				
My overall satisfaction with taking part in this Research Study is:-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Please add any further comments about your experience of taking part in this study:-</u> <hr/> <hr/>									
<u>Please tell us your reasons for taking part in this study. Circle all the options which apply.</u>									
1) To help others	2) Own benefit	3) Felt obliged	4) Other – please specify: _____						
ADDITIONAL INFORMATION – PLEASE CIRCLE									
AGE GROUP	11-16	17-21	22-30	31-40	41-50	51-60	61-70	71-80	80+
Thank you for your help.									
RESEARCH TRIAL INFORMATION TO BE COMPLETED BY STUDY TEAM									
Study Title:					R&D Number:				