

## Process Evaluation Plan

### SWiM (Supporting Weight Management) Feasibility Study

Scientific title: Acceptability and feasibility of an acceptance-based guided self-help programme for weight loss maintenance in adults who have previously completed a behavioural weight loss programme: the SWiM feasibility study.

Trial registration number: ISRCTN 12107048

#### Revision history


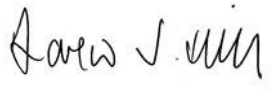
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## **1 Introduction**

### **1.1 Background and rationale**

The cost-effectiveness and long-term impact of behavioural weight management programmes depends on post-treatment weight loss maintenance (Brown et al. 2013). Systematic reviews show that most weight is regained for most people within 3-5 years, even after specialist-led behavioural programmes (Barte et al. 2010; Kwasnicka et al. 2016). Extended use of traditional behavioural strategies (such as self-monitoring, problem solving, action planning) can improve weight loss maintenance to some extent, but new approaches are needed to maximise the benefits of behavioural weight management programmes. There is growing evidence to suggest that interventions based on acceptance and commitment therapy may be more effective for longer-term weight control and can improve some psychological determinants of weight loss maintenance (Forman et al. 2015; Lawlor et al. 2020). However, to date most studies have been conducted in a US setting and the cost-effectiveness of this type of intervention has not been evaluated. Acceptance-based programmes are usually psychologist-led and the cost and scarcity of psychologists specialising in obesity could limit their use in countries with a national health care system. There is currently insufficient evidence on cost-effectiveness or the importance of facilitator expertise and mode of delivery to recommend scalable implementation of acceptance-based interventions, particularly in the context of weight loss maintenance.

We developed the SWiM (Supporting Weight Management) programme as a guided self-help programme that uses acceptance-based treatment and specifically focuses on supporting post-treatment weight loss maintenance. SWiM uses digital technology and non-specialist coaches to act as guides. This should minimise resources needed to deliver an acceptance-based programme at scale. SWiM is intended to be used after someone has completed a standard behavioural weight management programme, and seeks to reinforce what helped people to lose weight and teach new skills and strategies for the longer term.

The present study is a pragmatic, randomised, single-blind, parallel group, two-arm feasibility trial designed to assess the feasibility and acceptability of the SWiM intervention and to inform the development of a protocol for a full scale trial examining its cost-effectiveness compared to standard care. This protocol outlines the plan for an embedded process evaluation that aims to interpret and understand the main feasibility findings by identifying potential causal mechanisms and contextual factors that may be associated with variations in implementation and outcomes. The process evaluation will also explore the experiences of participants and SWiM coaches and identify whether their needs were met. In addition, these findings will enable us to identify and implement further refinements needed to improve the intervention for a future trial.

## 1.2 Study objectives

The main aim of the process evaluation is to assess the feasibility and acceptability of the SWiM intervention and the study methods by identifying what worked, what didn't and why. We will do this by answering the following research questions:

- i) What is implemented and how?
- ii) How does the intervention produce change?
- iii) How does context affect implementation and outcomes?

The objectives of this process evaluation are to:

1. Assess the implementation of the intervention in terms of reach, fidelity and dose.
2. Explore how contextual factors might influence variations in implementation and outcomes, and identify barriers and facilitators to delivery.
3. Explore participants' experiences of the intervention, including their views on acceptability, their patterns of use, and facilitators and barriers to use.
4. Explore the SWiM coaches' experiences of delivering the support.
5. Qualitatively explore the hypothesised causal mechanisms of SWiM and any unexpected mechanisms.
6. Identify ways to further develop and optimise the content and delivery of the SWiM intervention and the study methods for a future trial.

## 2 Methods

### 2.1 Design

We will conduct a mixed-methods process evaluation, following MRC guidance (Craig et al. 2008) outlined in section 2.2 below. We will use quantitative data to describe factors such as reach, fidelity, and dose. We will use qualitative methods to understand how SWiM was implemented and experienced by participants and coaches, and to explore any unanticipated impacts of the intervention. It may also generate explanatory theory, for example, through identification of unrecognised contextual factors acting as moderators and how change is achieved and maintained. As such, quantitative and qualitative analyses will be interactive; qualitative findings may suggest post-hoc quantitative analyses, and quantitative analyses may suggest further exploration of certain topics in the qualitative dataset.

### 2.2 Framework

Analysis will be guided by the MRC framework for process evaluations of complex interventions (Moore et al. 2015). This framework outlines three key components of a process evaluation to inform interpretation of outcomes: i) implementation, ii) mechanisms of impact, and iii) context. Each component and key corresponding research questions to be answered are described below.

#### *Implementation: What is implemented, and how?*

An assessment will be carried out to determine whether SWiM was delivered as intended (fidelity). This will include examining the quantity of the intervention delivered (dose) and whether any adaptations were made to the intervention during the feasibility trial. The “reach” of SWiM will also be investigated to determine whether the intervention was delivered to the intended audience, and how this was achieved.

#### *Mechanisms of impact: How does the delivered intervention produce change?*

The causal mechanisms through which SWiM is hypothesised to produce change will be explored qualitatively to identify any unexpected mechanisms. This will also include an exploration of how participants responded to and interacted with SWiM. Determining how any effects of the intervention may have occurred will enhance understanding of how these effects could be replicated by similar interventions in future.

#### *Context: How does context affect implementation and outcomes?*

The context within which SWiM is delivered will be explored, including identification of barriers to, and facilitators of, the intervention, and how these may have interacted with the delivery and receipt of the intervention, and the hypothesised mechanisms of action. This will help inform consideration of the implementation of SWiM in practice and wider roll-out.

### **2.3 Theoretical framework of SWiM**

A logic model for SWiM (Figure 1) outlines the hypothesised mechanisms of action of the intervention and the outcomes it aims to achieve.

### **2.4 Study setting**

See the study protocol for full details on the physical and temporal details of the study setting (Ahern et al. 2022).

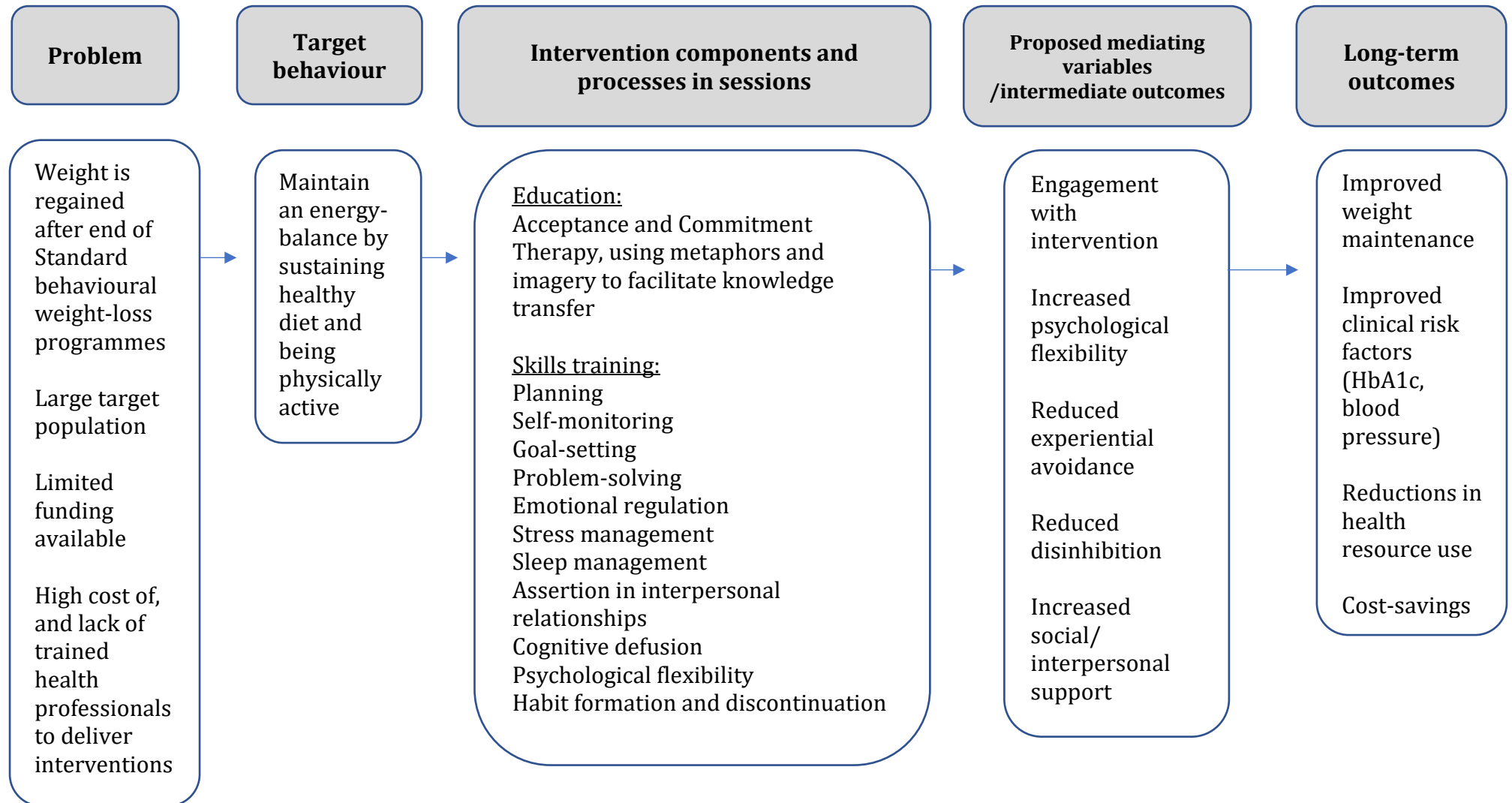
### **2.5 Data collection**

We will analyse quantitative data from the following data sources: Participant questionnaires, website analytics, SWiM session feedback questionnaires (from the website), coach telephone call reports (completed by coaches), and study coordination records (e.g. recruitment data).

We will analyse qualitative data from the following data sources: Semi-structured telephone interviews at mid- (3 months) and post-intervention (6 months), and coach telephone call reports.

The specific quantitative and qualitative data to be analysed in the process evaluation from each data source is detailed in the following sections. Table 3 provides an overview of data sources in relation to the key components of the MRC framework for process evaluations.

Figure 1. Logic model for SWiM



### *2.5.1 Questionnaires*

We will analyse data on the following variables from the baseline questionnaire: age, sex, ethnicity, highest educational qualification, usual occupation, marital status, and cost of living situation.

We will analyse data on the following measures which were collected at baseline (0 months) and post-intervention (6 months) by questionnaire:

- Weight (kg)
- Health related quality of life and wellbeing (EQ-5D-L; ICECAP-A)
- Acceptance and Action Questionnaire Weight Related (Revised) (AAQW-R)
- Three-Factor Eating Questionnaire (TFEQ-R21)
- Patient Health Questionnaire 8-item (PHQ-8)
- Generalized Anxiety Disorder 7-item (GAD-7) scale
- Perceived Stress Scale (PSS-4)
- Health/social care use (bespoke resources use questionnaire)
- Habits (two items from the Self-Report Habit Index for five affective states)

We will analyse the data on usefulness and acceptability of the intervention, and how participants used the intervention (e.g., device use) from the post-intervention questionnaire (6 months).

### *2.5.2 Website analytics*

We will analyse the following website usage data:

- Number of sessions completed by each participant
- Whether participants accessed each individual SWiM Aid
- Duration of time between first and last login to the intervention platform

### *2.5.3 SWiM session feedback questionnaires*

We will analyse the following data collected after each SWiM Session on participants' perceptions of the content (collected using questionnaires):

- How easy the session was to understand (on a scale of 1 to 5, where 1= "Not at all easy" and 5= "Very easy")
- How useful the session was (on a scale of 1 to 5, where 1= "Not at all useful" and 5= "Very useful")
- How relevant the session was to their weight management (on a scale of 1 to 5, where 1= "Not at all relevant" and 5= "Very relevant")

### *2.5.4 Coach telephone call reports*

We will analyse the following data which was collected from coaches after completion of each telephone call with a participant:

- Total number of calls (including number of scheduled and additional) per participant and per coach
- Call duration (minutes)
- Summary of call content (open-text response)



- Open-text responses (e.g. explanations from coaches regarding why they were unable to deliver calls as intended; any additional notes)

#### *2.5.5 Study coordination records*

We will analyse the number of people who were sent a secure webform to consent.

#### *2.5.6 Qualitative interviews*

Qualitative interviews were conducted with all SWiM coaches (n=2) and a subsample of intervention (n=18) and control (n=10) participants at mid-intervention (3 months). Conducting interviews at mid-intervention helps to overcome some of the inherent memory bias limitations of retrospective interviews that are typically conducted following study completion. The SWiM coaches and subsample of intervention participants interviewed at mid-intervention were invited to participate in a further interview at post intervention (6 months). At post-intervention interviews, 15 out of 18 intervention participants and all SWiM coaches (n=2) participated in the further qualitative interview. In addition, we conducted a small number of interviews with a sample of participants who enrolled in the SWiM programme but withdrew from the study (n=2). The aim of this was to provide further insight into the enrolment process, the intervention, and barriers to engagement for participants who did not complete the study.

Data were collected through semi-structured telephone interviews, carried out by researchers (Rebecca Richards (RR) and Laura Kudlek (LK)) trained in qualitative methods and with expertise in weight management research. Interview schedules were developed by RR with support from Rebecca Jones, Robbie Duschinsky, and the wider research team, and were based on previous literature and investigator expertise. The interview schedules were piloted and revised accordingly. The interview schedules for intervention and control participants explored participants' motivations for joining the SWiM study and their hopes for the programme, previous weight management experiences, the acceptability of the intervention they were assigned to, any benefits and/or difficulties experienced, and whether the interventions met their weight management. The interview schedule for participants who withdrew from the study explored their motivation for joining the SWiM study and their hopes for the programme, their experience of enrolment and reasons for withdrawing, including any barriers to their participation in the study and assigned group. The interview schedules for coaches explored their experiences of preparing for and delivering the coach support, perceived acceptability of the programme, including the barriers and facilitators of delivering the coach support, and their training and support needs. The interview schedules are presented in Appendices 1-6.

Interviews were recorded with participants' permission using an audio-recorder and transcribed verbatim by an experienced external transcription agency. Transcripts were quality checked against audio files for accuracy by the research team prior to analysis. RR and LK kept field notes through the data collection process to facilitate reflexivity and aid analysis.

## 2.6 Timing of data collection

The data collection schedule is shown in Table 1.

Table 1. Schedule of data collection relevant to the process evaluation.

	0 months (baseline)	During the intervention	3 months (mid- intervention)	6 months (post- intervention)
Questionnaires	X			X
Website analytics				X
SWiM session feedback questionnaires		X		
Coach call reports		X		
Interviews			X	X
Study coordination records	◆			◆

## 2.7 Timing of data analysis

All analyses will be undertaken following completion of the study (when the database is closed for 6 month follow up data).

## 2.8 Sampling and recruitment

For details on sampling and recruitment for the main study questionnaires, please see the protocol (Ahern et al. 2022).

### *Eligibility criteria*

To be eligible for participation in the embedded qualitative study, participants were required to provide informed consent to be contacted and invited to interview at the beginning of the main feasibility study. For further details regarding eligibility criteria, please see the study protocol (Ahern et al. 2022).

### *Sampling*

Recent guidance from experts in qualitative research suggest estimating a provisional sample size for interviews based on factors such as the breadth and focus of the research questions, identity-based diversity within the population or the desired diversity of the sample, likely experiential or perspectival diversity in the data, the pragmatic constraints of the project, and the analytic goals and purpose of the study (Braun and Clarke, 2021). In the context of this qualitative arm of the process evaluation, we expected that more interviews would be required to capture the potential experiential and perspectival diversity of the SWiM programme, in comparison to the control group, and that the sample may lack diversity in ethnicity due to practical constraints on the recruitment strategy for the main

feasibility study due to COVID-19 (i.e. no specific in-person contact of hard-to-reach groups). As a result of these factors, we aimed to purposively sample 15 participants from the intervention group (15 to be interviewed at 3 and 6 months), and up to 5 participants who withdrew from the intervention arm. We aimed to purposively sample 10 participants from the control group (10 to be interviewed at 3 months only), and all (n=2) SWiM coaches (2 to be interviewed at 3 and 6 months). Purposive sampling sought maximum variation in age, gender, ethnicity, education level, and occupation. Upon completion of the target number of participant interviews, researchers (RR and LK) considered whether the richness of the data, in consultation with the wider research team, was sufficient to address the research questions and whether further interviews were required (Braun and Clarke, 2021). By doing so, the researchers identified that the richness of the data from the intervention group interviews would benefit from a small number of additional interviews. After conducting three further interviews, researchers considered the data to be sufficient to address the research questions. We invited all eligible participants who withdrew from the intervention arm (n=9) and obtained informed consent to participant in a qualitative interview from two participants.

#### *Recruitment and consent*

All participants and coaches were invited to interview by email and/or telephone and were provided with a study information sheet. All participants and coaches were given a minimum of 48 hours to read and consider the study information sheet, and were given ample opportunity to ask questions. Interviews were arranged over email or telephone. Informed consent was obtained prior to any study activities. Participants received a £10 gift voucher as an honorarium for completing each interview.

#### *Data management, ethics, and research government*

For full details, please see the study protocol (Ahern et al. 2022).

### **3 Analysis**

The following sections describe the quantitative analysis plans, qualitative analysis plans, and the plans to integrate the quantitative and qualitative findings.

#### **3.1 Quantitative analysis**

Quantitative analyses will be descriptive as this is a small feasibility study that is not designed for inferential statistical analyses. For continuous variables, means and standard deviations (SDs) will be presented, unless the variable has a skewed distribution, in which case medians, 25th and 75th percentiles will be presented. For categorical variables, the number and percentage of individuals within each category will be presented. For each variable (continuous or categorical), the percent of missing values will be calculated. For the categorical variables, percentages within sub-categories will be calculated using the number of non-missing values as the denominator.

Table 2 provides an overview of the measures we will use for the quantitative analysis and what statistics we will report.

**Uptake of the intervention:** We will report uptake of the SWiM intervention (number and proportion of participants who take up the intervention out of those who consented). Uptake of the intervention will be defined as completing at least the first SWiM session. We will report descriptive baseline characteristics for those who take up the intervention (to assess reach) and those who do not take up the intervention (unless the number of participants who do not take up the intervention is <10).

**Uptake of the study:** We will report uptake of the study (number and proportion of participants who consent out of those who were sent a secure webform).

**Recruitment:** We will report recruitment rates (number of recruited participants per month per site) as well as Average Recruitment Rate (sum of all recruited participants divided by the number of sites).

**Retention:** We will report the number of participants who withdraw, with reasons, and the number and proportion of participants with missing data at follow-up. We will report retention separately within each study group to investigate descriptively whether the groups differ in their dropout rate (i.e., differential dropout). We will also report missing data separately for each questionnaire to assess if any particular measures have higher dropout rates than other and to help us decide which measures to include in the definitive trial.

**Sample size calculation:** Since this is a feasibility study, it is not powered to detect differences between randomised groups. We will calculate an estimate of the change in the primary outcome (weight) and the variance to inform the sample size calculation for the full trial. Linear regression will estimate the difference (intervention minus standard care) in mean change in weight from baseline to 6 months, adjusted for baseline weight and the randomisation stratifiers (diabetes status and sex). We will also calculate estimates of the standard deviation of weight at follow-up and the correlation between weight at baseline and weight at follow-up. To reflect imprecision in the effect size due to the small sample of this feasibility trial, we will do a range of sample size calculations based on not just the point estimate of the effect size but also its lower and upper confidence limits (as well as estimates from other similar studies), to explore how sensitive the sample size is to the choice of effect size.

*Table 2. Overview of the measures we will use for the quantitative analysis and what statistics we will report.*

Measure	What we will report
Baseline questionnaire	Sex, ethnicity, educational qualification, usual occupation, marital status, cost of living situation: Number and proportion of participants in each category, separately for each study group and for the total sample  Age: Mean, standard deviation (SD)*,

	separately for each study group and for the total sample
Weight (kg) **	Mean, SD, separately for each study group and for the total sample Completion rate (number and proportion of participants with missing data), separately for each study group and for the total sample
BMI **	Mean, SD, separately for each study group and for the total sample Number and proportion of participants in each BMI category (<25, 25-29.9, >30), separately for each study group and for the total sample
Self-report questionnaires (EQ5D-L, ICECAP-A, AAQW-R, TFEQ-R21, PHQ-8, GAD-7, PSS-4, Habits) **	Means, SDs* for overall questionnaire score, separately for each study group and for the total sample  Completion rates (number and proportion of participants with missing data), separately for each study group and for the total sample
Post-intervention questionnaire	Number and proportion of participants in each response category (for questions with fixed response categories only; open-ended questions will not be included)
Website analytics	Average number of sessions per participant  Number and proportion of participants that completed at least 1, 3, 8 and 14 sessions  For each SWiM Aid separately: Number and proportion of participants that accessed the SWiM Aid at least once  Average duration of time between first and last login to intervention platform per participant
SWiM session feedback questionnaires	For each session, number and proportion of participants in each response category, most likely in the form of bar charts to allow easy comparison between sessions
Coach telephone call reports	Total number of calls (including number of scheduled and additional) per participant

	and per coach
	Average call duration (minutes)

\* Or, if data are non-normally distributed: Median and interquartile range

\*\* At baseline and 6 months

### 3.2 Qualitative analysis

Data analysis and management will be supported by use of NVivo 12 (QSR International). Data analysis will be conducted by RAJ and a second researcher – both researchers have experience in qualitative methods and weight management research. RAJ will analyse all qualitative data, whilst one or more second researchers will analyse a subset. The aim is not to achieve consensus, but instead the aim is to develop richer insights by challenging one another's interpretations and critically reflecting on how our positionality may influence the analysis.

Researchers will use reflexive thematic analysis to identify patterns of meaning across the dataset; this method of analysis is ideal for exploring individuals' experiences, behaviours, thoughts, feelings, and the influential and underpinning factors (Braun & Clarke, 2021). Researchers will follow the phases of analysis as described by Braun and Clarke: 1) Familiarisation with the data, 2) Coding, 3) Generating initial themes, 4) Developing and reviewing themes, 5) Refining, defining, and naming themes, and 6) Writing up (Braun & Clarke, 2021). The analysis will be conducted using a blend of both inductive and deductive approaches; we will be guided by the MRC framework for process evaluations, yet will remain open to exploring relevant and important aspects that are beyond the scope of the MRC framework.

Mid-intervention (3 months) interviews with intervention participants will be analysed first. The thematic framework developed through the analysis of the 3 months intervention interviews will be used to guide the analysis of the post-intervention (6 month) interviews. Next, the mid-intervention (3 months) interviews with control participants will be analysed. Finally, the mid-intervention (3 months) interviews with SWiM coaches will be analysed, with the thematic framework generated used to guide the analysis of the post-intervention (6 months) interviews. The thematic framework developed from the analysis of the SWiM coach interviews will then be used to analyse the coach call reports (completed by coaches). The thematic frameworks for all groups will remain iterative and flexible throughout the research process.

The findings pertinent to the intervention and control groups will be compared to explore similarities and differences in the experiences, views, and opinions of the participants from each group. The findings from the analysis of the coach interviews will be compared with the participant interviews to explore similarities and differences in the experiences, views, and opinions.

At regular intervals throughout the research process, RAJ will share the progress and updates with the wider research team (including a patient representative) for feedback and discussion. Throughout the research process, researchers will refer to the field notes made

during data collection to aid reflexivity and analysis, and will make efforts to remain conscious of how their own positionality, experiences and assumptions may influence their interpretation of the data.

### 3.3 Integration of quantitative and qualitative findings

Once the quantitative and qualitative datasets have been analysed separately, RAJ will meet with JM (quantitative researcher) to collaboratively integrate the findings. In the integration of the findings, we will consider the following four key components as described by Creswell and Clark (2017) (Creswell and Clark, 2017):

1. **Level of integration:** Initially, quantitative and qualitative data will be analysed separately to avoid one biasing the other (by JM and RAJ, respectively). Further qualitative and/or *post hoc* quantitative analyses may be conducted based on hypotheses emerging from the primary quantitative/qualitative analyses.
2. **Priority of quantitative and qualitative strands:** While the quantitative and qualitative datasets will contribute equally to the process evaluation, the assessment of intervention implementation draws more heavily on the quantitative data, whereas assessment of context draws more heavily on the qualitative data.
3. **Timing:** Despite the quantitative and qualitative data collection differing in timing (e.g., interviews are conducted mid-intervention whilst no quantitative data is collected mid-intervention), the analysis of both quantitative and qualitative data will be conducted concurrently post-intervention.
4. **Where and how the quantitative and qualitative strands will be combined:** We will thoroughly compare the findings to assess the following : 1) agreement (convergence), 2) the extent to which findings offer complementary information on the same issue (complementarity), or 3) appear to contradict one another (dissonance), as well as identify areas of “silence”, where a theme may be generated from one dataset but not another (Morgan, 2019). We will use a joint display table which displays findings from both quantitative and qualitative analyses to thoroughly compare and integrate the findings. This process will primarily be conducted by JM and RAJ, with the wider research team consulted for input and discussion. This process will lead to the generation of meta-themes that cut across the datasets (Farmer et al. 2006). This approach is informed and influenced by Maxwell (2015), as well as the MRC process evaluation guidance (Moore et al. 2015). Findings will then be summarised in a table (Figure 2) in line with the MRC framework (Morgan, 2019), which will be shared with the wider research team, and the patient user and stakeholder panels, for feedback.

Figure 2. A system for comparing quantitative and qualitative findings, taken from Morgan (2019).

	Convergent results	Complementary qualitative results	Complementary quantitative results	Divergent results
Qualitative results	<hr/> <hr/>	<hr/> <hr/>		<hr/> <hr/>
Quantitative results	<hr/> <hr/>		<hr/> <hr/>	<hr/> <hr/>



Table 3. Key components of the MRC framework for process evaluations of complex interventions in healthcare and corresponding key questions.

Components	Key questions	Data source to answer questions
<b><u>1. Implementation:</u></b> What is implemented, and how?	<b><u>Fidelity:</u></b> Assess the <i>quality</i> of what was delivered: <ul style="list-style-type: none"> <li>• What was delivered?</li> <li>• How was it delivered?</li> <li>• Were there any unexpected changes in implementation?</li> </ul>	<ul style="list-style-type: none"> <li>• Website analytics</li> <li>• Coach call reports</li> <li>• Questionnaires (perceived ease of use, usefulness and enjoyment; technical issues; patterns of use; device/s)</li> <li>• Interviews with participants and coaches</li> <li>• Study coordination records</li> </ul>
	<b><u>Dose:</u></b> Assess the <i>quantity</i> of intervention delivered.	<ul style="list-style-type: none"> <li>• Website analytics</li> <li>• Coach call reports (call completion and duration data)</li> <li>• Interviews with participants and coaches</li> <li>• SWiM Session feedback questionnaires</li> </ul>
	<b><u>Adaptations:</u></b> Assess whether there were adaptations to make the intervention fit different contexts: <ul style="list-style-type: none"> <li>• Did these undermine fidelity?</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with participants and coaches</li> <li>• Coach call reports</li> <li>• Study coordination records</li> </ul>
	<b><u>Reach:</u></b> <ul style="list-style-type: none"> <li>• Did the intended audience come into contact with the interventions? How?</li> </ul>	<ul style="list-style-type: none"> <li>• Study coordination records</li> <li>• Demographic data</li> <li>• Website analytics</li> </ul>

<b><u>2. Mechanisms of impact</u></b> How does the delivered intervention produce change?	<ul style="list-style-type: none"><li>• How did the effects occur? (Explore hypothesised causal pathways from the logic model)</li><li>• Were there any unexpected mechanisms of action?</li></ul>	<ul style="list-style-type: none"><li>• Interviews with participants and coaches</li><li>• Coach call reports</li></ul>
<b><u>3. Context</u></b> How does context affect implementation and outcomes?	<ul style="list-style-type: none"><li>• Are there contextual factors that affect (and may be affected by) implementation, intervention mechanisms and outcomes?</li><li>• Assess the generalisability of potential effectiveness by understanding the role of context</li></ul>	<ul style="list-style-type: none"><li>• Interviews with participants and coaches</li><li>• Coach call reports</li></ul>

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### **3 Appendices**

#### **3.1 Appendix 1: Intervention Group Interview Schedule (3 months)**

##### **SWiM-Original (SWiM-O) Intervention Group Interview Schedule (3 months)**

###### **Preamble**

*[Read participant ID number]*

*We would like to learn more about your experience of receiving the standard care leaflet to help us to improve care in the future. Helping with this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative experiences will help us to learn what does and doesn't work. If you do not feel comfortable answering any of the questions, that is ok, and we can stop at any time or just skip to the next question.*

*The interview should last about an hour and will be audio recorded with your permission. Thank you for your time to take part in this interview. Are you happy for me to continue and begin the interview? Do you have any questions before we start?*

###### **1. Motivation for joining the study, and randomisation**

- 1. People join these studies for different reasons. Can you tell me what your main motivations were for joining the SWiM study?**
- 2. What were your hopes or expectations for taking part in the study?**
  - a. To what extent do you feel your hopes/expectations were met?
- 3. How did you feel about being allocated to the SWiM intervention group?**

###### **2. Past experiences of weight management**

- 4. Before we talk about the study, can you briefly describe your weight management journey before the study began?**
  - a. Have you attended a weight loss programme before? (If yes, ask if they continued to receive support from programme during the study)
  - b. Have you attended an online programme before? (If yes, ask about their experience)

###### **3. Acceptability of the SWiM programme**

- 5. You were allocated to the SWiM programme and so you received access to the SWiM website. Can you briefly describe what was involved?**

###### **Website**

- 6. How have you found the SWiM website so far?**
  - a. How do you find navigating the website?

- b. Have you experienced any technical issues so far? What were they?  
How did you resolve them?
- c. Do you have any concerns about the privacy or security of your information at all? Why/why not?
- d. Is there anything we could do to improve the website?

### SWiM sessions

#### **7. How easy or difficult have you found it to understand the information in the SWiM sessions so far?**

- a. Could you talk me through a session that you found easy to understand?
- b. Could you talk me through a session that you found more difficult to understand?
- c. Has anything helped or hindered your understanding of the SWiM sessions so far? (Prompt: language, images, metaphors, coach support)
- d. Is there anything we could do to make the SWiM sessions easier to understand?

### Coach support

#### **8. How have you found the telephone calls with your coach so far?**

- a. Could you talk me through an example of a call that you found [as described by the participant]?
- b. How many calls have you had? Have you used any of the optional calls? Why/why not?

#### **9. How do you feel about the person delivering your coach support?**

- a. Could you give me an example of a time when they were [as described by participant]?
- b. Did you feel comfortable talking about your weight with your coach? Why/why not?

#### **10. In what ways, if any, do you think the coach support could be improved?**

### **4. Effectiveness and outcomes**

#### **11. To what extent do you feel the SWiM programme has met your weight management needs so far?**

- a. What have you found most useful about the SWiM programme so far?
- b. What have you found least useful about the SWiM programme so far?
- c. The programme provided information on skills and strategies for weight management (e.g. SWiM Aids such as urge surfing, goal setting, plans, willingness, defusion). Which strategies, exercises or SWiM Aids have you found most useful so far?
- d. Which strategies, exercises or SWiM Aids have you found least useful so far?
- e. Is there anything you would have liked to have more support with up to this point? Why?

**12. Thinking about your telephone calls with your coach so far, how useful have they been for you?**

- Is there anything you would have liked to have more support with from your coach up to this point?

**13. Can you tell me about any ways that the SWiM programme has changed the way you do things so far? For example, have you put any of the information into practice?**

- a. Prompt: Diet, physical activity

**14. Can you tell me about any ways that the SWiM programme has resulted in any benefits or positive changes for you so far?**

- a. Prompt: Diet, physical activity, mood, relationships

**15. In what ways, if any, do you feel that the SWiM programme has resulted in negative experiences or difficulties for you so far?**

- a. Prompt: Diet, physical activity, mood, relationships

**5. Context****16. What has been your experience of trying to manage your weight during the study so far?**

- a. What things have made it more difficult to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)
- b. What things have made it easier to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)

**17. Can you tell me a little bit more about what has been going on in your life during the study so far?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- b. Has this influenced how you engage with the leaflet and your weight management? How? (Prompt: Use of the leaflet, impact on diet and exercise)
- c. In the past, have you ever felt that any of these types of events have had any impact on your weight management? How? (Prompt: impact on diet and exercise)

**Social support**

In this final section of questions, we are going to talk a little bit about the people around you. For example, they might be family, friends, colleagues or housemates.

**18. How do those around you feel about you taking part in a weight management programme?**

- a. Can you talk me through an example of a reaction you have had?
- b. How did this make you feel?
- c. Why do you think they feel like this?

**19. To what extent do you think the people around you have an impact on your weight management?**

- a. Have those around you done anything to encourage you or support you in managing your weight? Could you give me some examples?
- b. Has anyone around you done anything to discourage you or make more it more difficult for you to manage you weight? Could you give me some examples?

**Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? (*Probe if any topics not addressed sufficiently*)
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*

### 3.2 Appendix 2: Intervention Group Interview Schedule (6 months)

#### **SWiM-Original (SWiM-O) Intervention Group Interview Schedule (6 months)**

##### **Preamble**

*[Read participant ID number]*

*We would like to learn more about your experience of receiving the standard care leaflet to help us to improve care in the future. Helping with this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative experiences will help us to learn what does and doesn't work. If you do not feel comfortable answering any of the questions, that is ok, and we can stop at any time or just skip to the next question.*

*The interview should last about an hour and will be audio recorded with your permission. Thank you for your time to take part in this interview. Are you happy for me to continue and begin the interview? Do you have any questions before we start?*

#### **1. Personal hopes/expectations**

- 1. Could you remind me of your hopes or expectations for taking part in the SWiM study?**
  - a. Have your personal hopes have changed at all since we last spoke? How? Why?
  - b. Now that the study has come to an end, to what extent do you feel your hopes/expectations were met?

#### **2. Acceptability of the SWiM programme**

You were allocated to the SWiM programme and so you received access to the SWiM website.

Website and SWiM sessions

- 2. Since we last spoke, how have you found the SWiM website?**
  - a. Have you experienced any technical issues? What were they? How did you resolve them?
  - b. Is there anything we could do to improve the website?
- 3. Since we last spoke, how easy or difficult have you found it to understand the information in the remaining SWiM sessions? Why?**
  - a. Could you talk me through a session that you found easy to understand?
  - b. Could you talk me through a session that you found more difficult to understand?
  - c. Has anything helped or hindered your understanding of the SWiM sessions so far? (Prompt: language, images, metaphors, coach support)
  - d. Is there anything we could do to make the SWiM sessions easier to understand?



Coach support

- 4. Since we last spoke, how have you found the telephone calls with your coach?**
  - a. Could you talk me through an example of a call that you found [as described by the participant]?
  - b. How many calls have you had? Have you used any of the optional calls? Why/why not?
- 5. Now that you've finished the programme, how do you feel about the person delivering your coach support?**
  - a. Could you give me an example of a time when they were [as described by participant]?
- 6. In what ways, if any, do you think the coach support could be improved?**

**3. Effectiveness and outcomes**

- 7. Now that you've come to the end of the study, to what extent do you feel the SWiM programme has met your weight management needs?**
  - a. What have you found most useful about the SWiM programme since we last spoke? Why?
  - b. What have you found least useful about the SWiM programme since we last spoke? Why?
  - c. The programme provided information on skills and strategies for weight management (e.g. SWiM Aids such as urge surfing, goal setting, plans, willingness, defusion). Which strategies, exercises or SWiM Aids have you found most useful?
  - d. Which strategies, exercises or SWiM Aids have you found least useful?
  - e. Is there anything you would have liked to have more support with up to this point? Why?
- 8. Thinking about your telephone calls with your coach, how useful have they been for you since we last spoke?**
  - Is there anything you would have liked to have more support with from your coach?
- 9. Can you tell me about any ways that the SWiM programme has changed the way you do things since we last spoke? For example, have you put any of information into practice?**
  - a. Prompt: Diet, physical activity
- 10. Can you tell me about any ways that the SWiM programme has resulted in any benefits or positive changes for you since we last spoke?**
  - a. Prompt: Diet, physical activity, mood, relationships
- 11. In what ways, if any, do you feel that the SWiM programme has resulted in negative experiences or difficulties for you since last spoke?**
  - b. Prompt: Diet, physical activity, mood, relationships

#### **4. Context**

**12. What has been your experience of trying to manage your weight during the study so far?**

- c. What things have made it more difficult to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)
- d. What things have made it easier to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)

**13. Can you tell me a little bit more about what has been going on in your life during the study so far?**

- d. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- e. Has this influenced how you engage with the leaflet and your weight management? How? (Prompt: Use of the leaflet, impact on diet and exercise)
- f. In the past, have you ever felt that any of these types of events have had any impact on your weight management? How? (Prompt: impact on diet and exercise)

#### **Social support**

In this final section of questions, we are going to talk a little bit about the people around you. For example, they might be family, friends, colleagues or housemates.

**14. How do those around you feel about you taking part in a weight management programme?**

- d. Can you talk me through an example of a reaction you have had?
- e. How did this make you feel?
- f. Why do you think they feel like this?

**15. To what extent do you think the people around you have an impact on your weight management?**

- c. Have those around you done anything to encourage you or support you in managing your weight? Could you give me some examples?
- d. Has anyone around you done anything to discourage you or make more it more difficult for you to manage you weight? Could you give me some examples?

#### **5. Transition and intentions**

**16. Going forwards, how are you feeling about managing your weight?**

- a. Are you planning on maintaining or making any changes to your diet or physical activity?
- b. What do you foresee as being the biggest challenges to managing your weight in the future?
- c. How do you plan to overcome these challenges?

**17. How do you feel now that the study has come to an end?**

- a. Is there anything you learned from the study that you have found to be helpful during this transition?
- b. Is there anything else you think would help to better support you during this transition?
- c. Do you plan to use the SWiM programme going forward? Why/why not? How?

**Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? (*Probe if any topics not addressed sufficiently*)
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*

### 3.3 Appendix 3: Control Group Interview Schedule (3 months)

#### **SWiM-Original (SWiM-O) Control Group Interview Schedule – Mid-Intervention (3 months)**

##### **Preamble**

*[Read participant ID number]*

*We would like to learn more about your experience of receiving the standard care leaflet to help us to improve care in the future. Helping with this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative experiences will help us to learn what does and doesn't work. If you do not feel comfortable answering any of the questions, that is ok, and we can stop at any time or just skip to the next question.*

*The interview should last about an hour and will be audio recorded with your permission. Thank you for your time to take part in this interview. Are you happy for me to continue and begin the interview? Do you have any questions before we start?*

##### **Opening question**

- Could you tell me how you found out about this study?

#### **1. Motivation for joining the study, and randomisation**

**11. People join these studies for different reasons. Can you tell me what your main motivations were for joining the SWiM study?**

**12. What were your hopes or expectations for taking part in the study?**

- a. To what extent do you feel your hopes/expectations were met?

**13. How did you feel about being allocated to the standard advice group?**

#### **2. Past experiences of weight management**

**14. Before we talk about the study, can you briefly describe your weight management journey before the study began?**

- a. Have you attended a weight loss programme before? (If yes, ask if they continued to receive support from programme during the study)
- b. Have you attended an online programme before? (If yes, ask about their experience)

#### **3. Acceptability of standard advice leaflet**

**15. You were allocated to the standard advice group of the study and you received a Weight Maintenance Plan leaflet. Can you describe the information in leaflet?**

- a. How easy or difficult did you find it to understand the information?

- b. Did anything help or hinder your understanding?
- c. Is there anything you feel shouldn't be included in the leaflet?

#### **4. Effectiveness and outcomes**

**6. To what extent do you feel the leaflet has met your weight management needs so far?**

- a. What have you found most useful about the leaflet so far?
- b. What have you found least useful about the leaflet so far?
- c. Is there anything you would like to have more support with?

**7. Can you tell me about any ways that the information in the leaflet has changed the way you do things so far? For example, have you put any of the information into practice?**

- b. Prompt: Diet, physical activity

**8. Can you tell me about any ways that using the leaflet has resulted in any benefits or positive changes for you so far?**

- b. Prompt: Diet, physical activity, mood, relationships

**9. In what ways, if any, do you feel that using the leaflet has resulted in negative experiences or difficulties for you so far?**

- c. Prompt: Diet, physical activity, mood, relationships

#### **5. Context**

**10. What has been your experience of trying to manage your weight during the study so far?**

- e. What things have made it more difficult to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)
- f. What things have made it easier to manage your weight? (Prompt: mental health, stress (e.g. covid-19, life events, financial concerns), relationships)

**11. Can you tell me a little bit more about what has been going on in your life during the study so far?**

- g. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- h. Has this influenced how you engage with the leaflet and your weight management? How? (Prompt: Use of the leaflet, impact on diet and exercise)
- i. In the past, have you ever felt that any of these types of events have had any impact on your weight management? How? (Prompt: impact on diet and exercise)

#### **Social support**

In this final section of questions, we are going to talk a little bit about the people around you. For example, they might be family, friends, colleagues or housemates.

**12. How do those around you feel about you taking part in a weight management programme?**

- g. Can you talk me through an example of a reaction you have had?
- h. How did this make you feel?
- i. Why do you think they feel like this?

**13. To what extent do you think the people around you have an impact on your weight management?**

- e. Have those around you done anything to encourage you or support you in managing your weight? Could you give me some examples?
- f. Has anyone around you done anything to discourage you or make more it more difficult for you to manage your weight? Could you give me some examples?

**Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? *(Probe if any topics not addressed sufficiently)*
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*

### 3.4 Appendix 4: Coach Interview Schedule (3 months)

#### **SWiM-Original (SWiM-O) Coach Interview Schedule (3 months)**

##### **Preamble**

*[Read participant ID number]*

*We are looking at ways that we could improve weight-management programmes to better support participants. We would like to learn more about your experience as a coach as part of the SWiM programme. This will help us to improve SWiM and inform the development of future weight-management programmes.*

*Taking part in this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative thoughts or experiences will help us to understand what does and doesn't work. If you do not feel comfortable answering any of the questions, that is ok; we can stop at any time or just skip to the next question.*

*The interview should last about an hour, and will be audio recorded with your permission. Thank you for your time to take part in this interview. Do you have any questions before we start? Are you happy for me to start recording and begin the interview?*

##### **Opening question**

**To start, can you briefly describe your role in the SWiM programme?**

- How have you found it so far?

##### **1. Training and support needs**

**1. Can you talk me through the training for your role? What was involved?**

**2. To what extent did you feel prepared to start coaching following the training?**

- a. Was there anything missing from the training? What impact did this have?
- b. In what ways, if any, could the coach training could be improved?

**3. What was your experience when you first started coaching participants?**

- a. Was it easy or difficult? Why?
- b. Was there anything that made it easier?
- c. Was there anything that made it more difficult?

**5. To what extent have you felt supported during your time as a coach so far?**

- a. What kind of support has been available to you? What impact has this had?
- b. Have your support needs been met?

- c. In what ways, if any, could you be better supported as a coach?

**6. What topics or conversations with participants have you found most challenging so far? Why?**

- a. Can you talk me through an example of this?
- b. What impact did this have on you? How did you cope with this?
- c. How did you handle these conversations?
- d. Is there anything in particular you found helpful in handling these conversations?
- e. If you were to advise future SWiM coaches on how to handle these conversations, what would you say?

**7. Thinking about the coach role so far, which skills and attributes do you consider to be necessary for the role of SWiM coach?**

- a. Why do you think these are necessary skills and attributes?

**2. Acceptability of delivering the coach support**

**8. How have you found using the IT systems to manage the participants so far? (SWiM website, EZbook, Klowdphone, SRD)**

- a. Has it been easy or difficult? Can you give me an example?
- b. Have you experienced any technical issues on your side? How did you resolve them? Did they impact the study? How?
- c. Could anything be done to improve this experience for you?

**9. You have also been tracking participants' progress and conducting engagement calls. How have you found this aspect of the coach role so far?**

- a. Has it been easy or difficult?
- b. To what extent have you been able to re-engage participants in the programme? How?

**10. How have you found the telephone calls with the participants so far?**

- a. How easy or difficult have they been?
- b. Can you give me an example of a call that has been [as described by the coach]?
- c. Have you been able to deliver the calls as intended? Why/why not?
- d. Can you tell me about any barriers to delivering the coach support as intended so far?
- e. What things have made it easier for you to deliver the coach support as intended so far?

**11. Overall, how do you feel about your role as the coach so far?**

- a. What have you personally found most challenging about the SWiM coach role so far? Why?
- b. What have you found most rewarding about the SWiM coach role so far? Why?



### **3. Effectiveness and outcomes**

**12. To what extent do you think the SWiM programme has met participants' weight management needs so far?**

- a. What aspects of the intervention do you think your participants found most useful so far? Why?
- b. What aspects of the intervention do you think your participants found least useful so far? Why?
- c. Is there anything that you think they would like more support with?

**13. Have your participants found any parts of the intervention challenging or difficult so far?**

- a. Could you elaborate on this?
- b. What impact do you think this has had on them?
- c. How have you managed this?

### **4. Context**

**14. What do you think have been the main barriers to participants' engagement in the programme so far?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- b. What impact has this had on their engagement of the programme?
- c. What impact do you think this has on the effectiveness of the programme?
- d. How have you managed this?

**15. What things do you think have made it easier for participants to engage in the programme so far?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships

**16. Based on your experience as a coach so far, do you think there are qualities or circumstances that make a person more or less suitable for this type of intervention?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships, SES, age, gender

### **Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? (*Probe if any topics not addressed sufficiently*)
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*

### 3.5 Appendix 5: Coach Interview Schedule (6 months)

#### **SWiM-Original (SWiM-O) Coach Interview Schedule (6 months)**

##### **Preamble**

*[Read participant ID number]*

*We are looking at ways that we could improve weight-management programmes to better support participants. We would like to learn more about your experience as a coach as part of the SWiM programme. This will help us to improve SWiM and inform the development of future weight-management programmes.*

*Taking part in this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative thoughts or experiences will help us to understand what does and doesn't work. If you do not feel comfortable answering any of the questions, that is ok; we can stop at any time or just skip to the next question.*

*The interview should last about an hour, and will be audio recorded with your permission. Thank you for your time to take part in this interview. Do you have any questions before we start? Are you happy for me to start recording and begin the interview?*

#### **1. Training and support needs**

- 1. Reflecting back on your time as a coach, to what extent to you feel the training was sufficient for the role?**
  - a. Did your training needs change throughout the course of the study?  
How?
  - b. Overall, were your training needs met?
  - c. Was there anything missing from the training you received?
  - d. In what ways, if any, could the coach training could be improved?
- 2. Overall, to what extent did you feel supported in your role as a coach?**
  - a. Did your support needs change throughout the course of the study?  
How?
  - b. Overall, were your support needs met?
  - c. Was there anything missing from the support you received?
  - d. In what ways, if any, could you have been better supported as a coach?
  - e. Was there anything missing from the support you received?
- 3. Overall, what topics or conversations with participants did you find most challenging?**
  - a. Did this change over the course of the study? How?
  - b. How did you handle these conversations?

- c. What impact did they have on you? Did this change over the course of the study?
  - d. Is there anything in particular you found helpful in handling these conversations?
  - e. If you were to advise future SWiM coaches on how to handle these conversations, what would you say? Anything else?
- 4. Reflecting back on the coach role, which skills and attributes do you consider to be necessary for the role of SWiM coach?**
- a. Why do you think these are necessary skills and attributes?

## **2. Acceptability of delivering the coach support**

- 5. Overall, how did you find managing the participants using the IT systems? (SWiM website, EZbook, Klowdphone, SRD)**
- a. Was it easy or difficult? Did your experience change over the course of the study? How?
  - b. What were the main technical issues that you experienced on your side? Did this change over the course of the study?
  - c. Could anything be done to improve this experience for you?
- 6. Overall, how did you find tracking participants' progress and conducting engagement calls?**
- a. Was it easy or difficult? Did your experience change over the course of the study? How?
  - b. Could anything be done to improve this experience for you?
- 7. Overall, how have you found the telephone calls with the participants?**
- a. How easy or difficult have they been?
  - b. Can you give me an example of a call that has been [as described by the coach]?
  - c. Did your experience of the calls change over the course of the study? How?
  - d. Have you been able to deliver the calls as intended? Why/why not?
- 8. Overall, what were the main barriers to delivering the coach support as intended?**
- a. Did these change over the course of the study? How?
  - b. To what extent do you think this affected the participants' experience? How?
  - c. To what extent do you think this affected the effectiveness of the programme? Why?
  - d. Were you able to overcome these barriers? How?
- 9. Overall, what things made it easier to deliver the coach support as intended?**

- a. To what extent do you think this affects the participants' experience? How?
- b. To what extent do you think this affects the effectiveness of the programme? Why?

**10. Overall, how do you feel about your time as a coach as part of the SWiM study?**

- a. What did you personally find most challenging about the SWiM coach role?
- b. What did you find most rewarding about the SWiM coach role?

### **3. Effectiveness and outcomes**

**11. Overall, to what extent do you think the SWiM programme has met participants' weight management needs?**

- a. What aspects of the intervention do you think your participants found most useful overall? Why? Do you think this changed over the course of the study? How?
- b. What aspects of the intervention do you think your participants found least useful overall? Why? Do you think this changed over the course of the study? How?
- c. Is there anything that you think they would like more support with?

**12. Overall, what parts of the intervention, if any, do you think participants found most challenging or difficult? Why?**

- a. Do you think this changed over the course of the study? How? Why?
- b. What impact do you think this had on their experience?
- c. What impact do you think this had on the effectiveness of the programme?

### **4. Context**

**13. Overall, what do you think have been the main barriers to participants' engagement in the programme?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- b. Do you think this changed over the course of the study? How? Why?
- c. What impact do you think this had on their engagement of the programme?
- d. What impact do you think this had on the effectiveness of the programme?

**14. Overall, what things do you think made it easier for participants to engage in the programme?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships
- b. Do you think this changed over the course of the study? How? Why?

- c. What impact do you think this had on their engagement of the programme?
- d. What impact do you think this had on the effectiveness of the programme?

**15. Based on your experience as a coach so far, do you think there are qualities or circumstances that make a person more or less suitable for this type of intervention?**

- a. Prompt: Mental health, stress (e.g. covid-19, life events, financial concerns), relationships, SES, age, gender

**Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? (*Probe if any topics not addressed sufficiently*)
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*

**3.6 Appendix 6: Interview schedule for those who withdrew from the intervention arm****SWiM-Original (SWiM-O)  
Coach Interview Schedule (6 months)****Preamble**

*[Read participant ID number]*

*We would like to learn more about your experience of the SWiM study to help us to improve care in the future. Helping with this interview is voluntary and everything you say will be anonymised and treated with confidentiality. There are no right or wrong answers, and both positive and negative experiences will help us to improve the study for the future. If you do not feel comfortable answering any of the questions, that is ok, and we can stop at any time or just skip to the next question.*

*The interview should last about an hour and will be audio recorded with your permission. Thank you for your time to take part in this interview. Are you happy for me to continue and begin the interview? Do you have any questions before we start?*

**1. Experiences of recruitment and enrolment**

The reason we are interviewing you today is because you withdrew from the study, so we would like to find out more about your experience of the study, so that we can improve it for others in future. Let's start by talking about when you first found out about the study.

- 1. People join these studies for different reasons. Can you tell me what your main motivations were for joining the SWiM study?**
- 2. What were your hopes or expectations for taking part in the study?**
  - a. To what extent do you feel your hopes/expectations were met?
  - b. Were there any aspects of the study that you were looking forward to or seemed particularly appealing? Why?
  - c. Were there any aspects of the study that you weren't looking forward to or were particularly off-putting? Why?
- 3. How did you find the enrolment process?** (By this, I mean being screened for the study, filling in the consent form and questionnaire pack, and being allocated to the [standard advice/intervention] group)
  - a. Was the information easy or difficult to understand?
  - b. Was there anything that you found difficult or inconvenient? Why?
  - c. What was your experience of doing all of this online?
  - d. In what ways, if any, could the enrolment process be improved?
- 4. How did you feel about being allocated to [standard advice/intervention] group?**

## **2. Reasons for withdrawal**

- 5. Why did you decide that the study wasn't for you?**
  - a. What aspects of the study were particularly off-putting?
  - b. How could this be improved for the future?
- 6. How did you feel about withdrawing from the study?**

## **3. Acceptability of the intervention**

SWiM programme

- 7. You were allocated to the SWiM intervention group and you received access to the SWiM website. Can you tell me what was involved in the programme?**
  - a. How easy or difficult was the SWiM programme to understand?
  - b. Was there anything about the SWiM programme that was particularly off-putting?
  - c. Was there anything about the SWiM programme that was appealing?

## **4. Effectiveness and anticipated outcomes**

SWiM programme

- 8. To what extent do you feel the SWiM programme met your weight management needs?**
  - a. What did you find most useful about the SWiM programme?
  - b. What did you find least useful about the SWiM programme?
  - c. Is there anything you would have liked to have more support with?
  - d. Do you feel anything was missing from the SWiM programme?
  - e. How do you feel the SWiM programme could be improved?
- 9. Can you tell me about any ways that the [leaflet/SWiM programme] has changed the way you do things so far? For example, have you put any of the information into practice?**
  - a. Prompt: Diet, physical activity
- 10. What do you think the benefits of participating in this study would have been?**
  - a. Prompt: Diet, physical activity, mood, relationships
- 11. What do you think the negatives of participating in this study would have been?**
  - a. Prompt: Diet, physical activity, mood, relationships

## **5. Previous and current experience of weight management programmes/studies**

**12. Have you been referred to any other weight management/health promotion programmes or studies in the past?**

- a. Why was that programme more suited to your needs?

**13. Are you currently attending any other weight management/health promotion programmes or studies?**

- a. Why is this programme more suited to your needs?

**6. Plans for weight management**

**14. Are you actively trying to manage your weight at the moment? Why/why not? How?**

- If yes, are you currently using any other means to support your weight management? (e.g. app, books, counselling)? Why? What is your experience of this?

**Closing questions**

- Do you have any other comments or anything you would like to add that I've not covered? (*Probe if any topics not addressed sufficiently*)
- Do you have any questions for me?

*This is the end of my questions. Do you have anything further you would like to add? Or any questions you would like to revisit? Do you have any other questions? Thank you again for your time to take part in this interview. I will now stop the recorder.*