

<p>Primary outcome measure</p> <p>1. Recruitment rate and retention to the intervention and study, measured using records of how many patients received the information sheet, how many subsequently consented and the attendance of those who had baseline assessments completed will be kept (PARIS recruitment log) at recruitment, consent, baseline, each weekly session, post-intervention and follow up</p> <p>2. Attendance recorded via the attendance log at each weekly session</p> <p>3. Participant engagement, acceptability of the intervention and receipt (fidelity) assessed with semi-structured interviews within 8 weeks of the final follow up measures</p> <p>4. Intervention fidelity assessed with facilitator self-assessment tool at the end of every intervention session for one group of participants in the intervention</p> <p>5. Rate of completion of outcome measures and accelerometer wear time assessed by reviewing questionnaires and accelerometer data at baseline, post-intervention and follow up</p>	<p>Out of 18 participants who consented into the study, complete data was available for 15, representing a retention rate of approximately 83%. See figure 1 below for further details.</p> <p>See table 1 below for attendance data for each group.</p> <p>Post-intervention qualitative data suggested that participants engaged well with the intervention. They were able to independently recall parts of the intervention, and how they had applied parts of the intervention to their lives in terms of the two target behaviours, physical activity and sedentary behaviour. Acceptability of the intervention was explored in the qualitative research conducted with six purposively sampled participants following the feasibility study. All participants found the site visits acceptable, and there were no suggestions for future changes despite some participants travelling significant distances</p> <p>Intervention fidelity (delivery) was self-assessed and found to be 100% for the one group that was assessed.</p> <p>There were four outcome measures used in this study: International Physical Activity Questionnaire – Long Form [IPAQ-LF], SF-36, objectively measured physical activity and sedentary behaviour, and DEXA.</p> <p>The IPAQ-LF was not always completed as instructed; questions were missed and it was shown to have a poor correlation with the accelerometer data in this study. Follow up interviews identified that IPAQ-LF was not well received by participants. The SF-36 was completed by all participants for whom there was follow up data (n=15). Accelerometer data was available for (n=15) participants at follow up. Participants were instructed to wear the accelerometer at all times, and remove it only when showering or bathing. During the study, none of the participants reported any difficulties with wearing the accelerometer as instructed. However, in a follow up interview, one participant reported that they had not worn it on their wrist due to their workplace uniform policy, which may have affected the validity of their data.</p>
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<p>6. Sample size for a future study calculated by analysing the accelerometer data collected at baseline, post-intervention and follow up. The analysis will be conducted after follow up</p> <p>Secondary outcome measures</p> <p>1. Self-reported levels of physical activity measured using the International Physical Activity Questionnaire - Long Form (IPAQ-LF) and objectively using a wrist-worn accelerometer (ActiGraph GT9X Link) at pre-intervention, post-intervention and follow up</p> <p>2. Self-reported health status assessed using the SF-36 (RAND 36-Item Health Survey 1.0) at pre-intervention, post-intervention and follow up</p> <p>3. Body composition assessed using DEXA scan at pre-intervention and follow up</p>	<p>DEXA was well tolerated by all participants, all of whom were able to transfer independently onto the plinth to have their scan. The was baseline data for 18 participants, and follow up data for 15.</p> <p>The sample size calculations for moderate to vigorous activity as the primary outcome measure identified that either a total of 226 or 284 participants would be required (depending upon whether the hypothesis is one or two tailed), accounting for a dropout rate of 17%.</p> <p>Self-reported PA/SB IPAQ-LF: Post-intervention, self-reported PA increased from baseline in two domains; work and total moderate physical activity, when measured post-intervention. It was unchanged in self-reported vigorous activity and reduced in the remaining five domains. Self-reported SB reduced from baseline at both post-intervention and follow up, indicating that participants perceived that they were less sedentary following the intervention.</p> <p>Objectively measured PA: Steps increased from a mean baseline value of 73728 by 2780 (3.8%, and 5426 (7.4%) at post-intervention and follow up respectively; this was the only activity domain to continue to improve after a period of no input. Light PA reduced at post-intervention and follow up by an average of 79.3 (0.8% and 7.5 (0.1%) minutes respectively, and moderate PA increased by an average of 171.8 (1.7%) and 84.5 (0.8%) minutes respectively.</p> <p>Post-intervention the average sedentary time reduced by 92.5 minutes compared to baseline, the magnitude of this reduced so that the difference from baseline was 76.9 minutes. Additional sedentary analysis identified that total time in sedentary bouts (a minimum period of 10 minutes) reduced, and was the product of a reduced number of sedentary bouts that had increased in length from baseline. At follow up, the total time spent in sedentary bouts had increased from baseline. Thus, participants were less sedentary overall, but when they were sedentary they were sedentary for longer.</p> <p>Self-reported health status measured via the SF-36: At post-intervention, and follow-up all means scores were greater than at baseline. Domains with the greatest improvement at post-intervention, which were maintained at follow up were role limitations due to emotional health and emotional well-being.</p> <p>DEXA identified a mean reduction in BMI of approximately 3.2kg and 3.2% from baseline, which was the result of a</p>
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	reduction in fat mass and lean mass. Overall, fat mass reduced to a greater extent, but proportionally lean mass reduced the most
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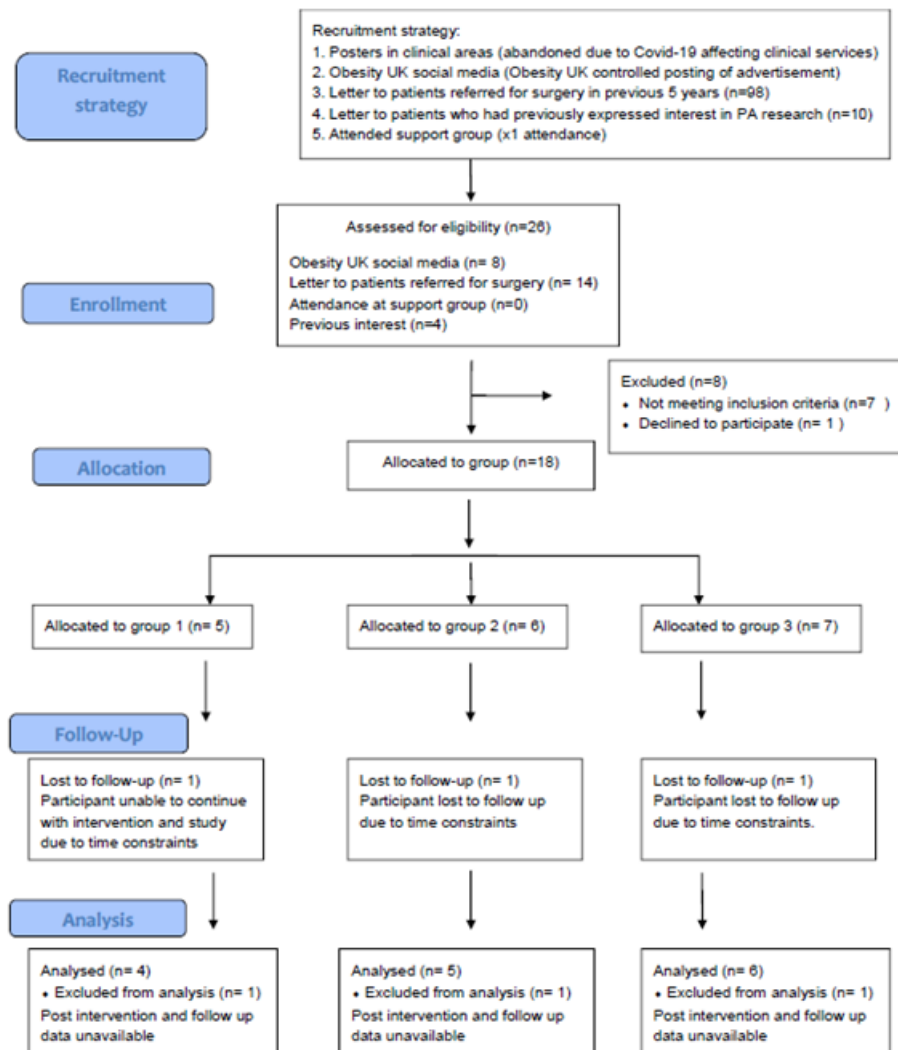


Figure 1 Flow chart of recruitment and retention to the study

Sessions attended	Number of participants
1	1
2	1
3	1
4	6
5	2
6	7

Table 1 Participant attendance data