

Patient ID:
Date:

Satisfaction questionnaire

The following questions ask you to describe your thoughts on the app-based exercise program during preoperative chemotherapy

The following questions ask about your thoughts on the EXERCISE PROGRAM							
	Not at all		Some-what		A fair bit		Very much
1. Did you enjoy the exercise program?	1	2	3	4	5	6	7
2. Do you believe the exercise program improved your physical wellbeing?	1	2	3	4	5	6	7
3. Do you believe the exercise program improved your mental wellbeing?	1	2	3	4	5	6	7
4. Did you like that you could schedule the exercise sessions in your own time?	1	2	3	4	5	6	7
5. Did you like that the exercise sessions could be performed at home?	1	2	3	4	5	6	7
If 1,2,3 → Which location would you have preferred?	<input type="checkbox"/> In a public gym/fitness center <input type="checkbox"/> At a physiotherapist/exercise physiologist clinic <input type="checkbox"/> Other: _____						
6. Did you experience technical or practical difficulties exercising at home?	1	2	3	4	5	6	7
If 5,6,7 → Why was it difficult for you to perform the sessions at home? <i>(Multiple answers possible)</i>	<input type="checkbox"/> Lack of exercise equipment <input type="checkbox"/> Difficulties operating the computer/tablet/phone <input type="checkbox"/> Problems with the app <input type="checkbox"/> Not enough space <input type="checkbox"/> Distraction e.g., by partner/children, phone, pets etc. <input type="checkbox"/> Other: _____						
How would you rate the volume of the exercise program (120min of exercise/week)?	<input type="checkbox"/> much too high <input type="checkbox"/> somewhat too high <input type="checkbox"/> adequate <input type="checkbox"/> somewhat too low <input type="checkbox"/> much too low						
How would you rate the intensity of the exercise program?	<input type="checkbox"/> much too light <input type="checkbox"/> somewhat too strenuous <input type="checkbox"/> adequate <input type="checkbox"/> somewhat too light <input type="checkbox"/> much too strenuous						
The following questions ask about the EXERCISE SUPPORT							
	Not at all		Some-what		A fair bit		Very much
7. How important was it to get occasional support from the exercise trainer?	1	2	3	4	5	6	7
8. Did you feel like you received enough support from the exercise trainer throughout the program?	1	2	3	4	5	6	7
9. Did you feel comfortable to contact the trainer if you had any questions or concerns?	1	2	3	4	5	6	7
10. Did you feel confident about the correct execution of the exercises?	1	2	3	4	5	6	7

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11. Would you have preferred an in-person supervised exercise program instead of an app-based based program?	1	2	3	4	5	6	7
<i>If 5,6,7</i> → Which frequency of in-person supervision would you have preferred?	<input type="checkbox"/> 2x per week <input type="checkbox"/> 1x per week <input type="checkbox"/> 1x per month <input type="checkbox"/> Other						
12. Would you have preferred exercising with other participants?	1	2	3	4	5	6	7

The following questions ask you to describe your thoughts on the Vitala App							
	Not at all		Somewhat		A fair bit		Very much
13. Was the App easy to navigate?	1	2	3	4	5	6	7
14. Did you experience technical problems using the App?	1	2	3	4	5	6	7
15. Did you enjoy using the App?	1	2	3	4	5	6	7
16. Did the App motivate you to exercise?	1	2	3	4	5	6	7
17. Did you like the exercise selection in the App?	1	2	3	4	5	6	7
<i>If 1,2,3</i> → Please describe what exercises you did not like or what exercises you would have preferred							
18. Did you experience any health problems when following the exercises provided by the App (e.g., muscle strains, pain, dizziness)	1	2	3	4	5	6	7
<i>If 5,6,7</i> → Please describe the problems							

19. Do you think the **app-based exercise program** should be offered as a standard component of care during preoperative chemotherapy?

Strongly oppose	Somewhat oppose	Neutral	Somewhat favour	Strongly favour
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20. Do you have suggestions for improvement of the exercise program?

21. Are there any other comments you would like to make about your experience in the Neo-ACT study?
