Supplementary file 1: Topic guides (staff and patients) for intervention and control sites

1. Topic guide for staff - intervention

The purpose of this interview is to hear about your experiences with Get Set Go.

	NPT/TDF/ Sekhon
1. What is your usual role?	
○ Tell me briefly about your role in the stroke service? ○ How long have you been working in stroke care? ○ Does Get Set Go fit with your usual role?	n/a: contextual information
2. Tell me about how you got involved in Get Set Go?	
○ How did your involvement in Get Set Go begin? Attend training or discuss with colleagues? ○ How was the training? What do you remember about it? ○ Was the format OK (in person/ online)? ○ Was it applicable to you and your role? Did it change anything for you? ○ What do you understand about the purpose of Get Set Go? ○ How does Get Set Go differ from the usual care you provide? ○ Was it clear from the training what you needed to do yourself and as a team? ○ Did you have any questions/concerns in the beginning? Did you feel ready/confident to deliver the intervention? ○ Did anything help you make sense of Get Set Go before delivering it?	**Sekhon:** Affective attitude, ethicality, intervention coherence, self-efficacy **NPT:** Differentiation, individual specification
3. How was Get Set Go used on your ward?	
○ Did your team deliver all the intervention components? (go through each). ○ Do you feel your team have a good understand of Get Set Go and their roles? ○ What did you do as a team to ensure a shared understanding of what you want to achieve? ○ Overall, which parts worked well / not so well? ○ To what extent do you feel your team value Get Set Go? ○ Who is responsible for leading/driving Get Set Go forward? Who else was involved?	**Sekhon:** Intervention coherence **NPT:** Communal specification , initiation, enrolment, legitimation
4. Tell me about your experience of using Get Set Go?	
○ What was your role or involvement with Get Set Go? ○ Tell me about your experiences of using each of the intervention components. ○ What parts were the easiest or hardest to use? ○ Did you feel able to help patients understand the purpose and what they needed to do? ○ Were you aware of/ did you use the website? Champions: Can you describe your experiences of being a lead for Get Set Go?	**Sekhon:** Affective attitude, self-efficacy

(Was your role clear? Did you have enough support? What was difficult or negative? What went well or was enjoyable? Did you feel suggestions were acted upon?) Trainers: Can you describe your experiences of delivering the training? How was it received? What were the challenges? Did you feel prepared?	

5. Has Get Set Go helped patients? (has it increased standing and moving)

o What are your views on encouraging patients to stand and move more (e.g. benefits, values placed on this) o Have patients/ family benefited from Get Set Go? Did it change anything for them? (e.g. prompting standing & moving, health, skills, confidence, mood, motivation, empowerment) o What do patients/families think of the recommendations about how much they should stand and move? o How do patients respond to the information guide? Where do you think they use it most? (hospital or home) o Do they understand the purpose? Are they willing to engage? o Is there anything they particularly like or dislike?	**Sekhon:** Perceived effectiveness **NPT:** Internalization

6. Has Get Set Go changed anything for staff/service?

o Overall, what have been the positives of using Get Set Go? (what went well) o Overall, what have been the negatives of using Get Set Go? (what went not so well) o Has it changed the way staff work? Has increased standing and moving become habit? o Has it changed the way staff think about sedentary behaviour/standing and moving? (e.g. knowledge, skills confidence, role, routines, risk) o Have there been any environmental changes? (e.g. posters, decluttering, influences on standing and moving) o Did anyone introduce new ideas? How were these received? Did you share ideas/learning?	**Sekhon:** Affective attitude, perceived effectiveness

7. What were the challenges or things that helped?

o What made it difficult/easier to use Get Set Go or to amend practice? o Was the delivery sustained over time? (what factors influenced this) (e.g. priorities, workload, cost, space, training, resource, patient ability/willingness, risk, skills/confidence, perceived patient benefit, clear understanding) o How was Get Set Go received by the team/service? o Was there sufficient time / staff availability? o Was there sufficient senior / wider team support? o Was there sufficient communication between services? o Were there any unplanned events which affected Get Set Go? (e.g. infection, staffing, crises) o Would greater involvement of different staff groups have helped? o Did everyone know who was responsible for doing what? How did you allocate roles? o Did Get Set Go fit into usual routines / roles, or was it too separate? o How did you prepare practically for delivering Get Set Go? (managing resources etc)	**Sekhon:** Burden, opportunity costs **NPT:** Activation, interactional workability, relational integration, skill set workability, contextual integration

8. What could we have done better?

o Do you have any other feedback or suggested changes? o Most and least valued parts?	**Sekhon:**

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o What could we have done to help you use GSG? What would you do differently next time? o Does Get Set Go meet its purpose to help stroke survivors recover?	Affective attitude, perceived effectiveness
9. The impacts of the COVID pandemic	
o Has the COVID pandemic influenced your engagement with the Get Set Go intervention? o Has the COVID pandemic had an influence on how much you have been able to support/encourage standing and moving?	
10. Is there anything else you would like to ask or mention?	

2. Topic guide for staff control

This topic guide is to gain insights into staff's perceptions and views related to the provision of usual care to stroke survivors- related to standing and moving/mobilising after stroke.

	NPT/TDF/ Sekhon
1. What is your role?	
- Tell me briefly about your role in the stroke service? - How long have you been working in stroke care?	n/a contextual information
2. Perceptions/ thoughts about standing and moving?	
- What do you think about encouraging patients to stand and move more? (including benefits, how much this is valued) - What sort of time in their care pathway do you think it is most important? (Throughout/inpatient/community). - What do you think it is beneficial for patients to know about standing and moving?	**Sekhon:** Affective attitude, ethicality, perceived effectiveness
3. Experiences of supporting standing and moving more? (Individual and as a team)	
- To what extent does your role involve supporting patients to stand and move? - Tell me about your experiences of supporting standing and moving? (as an individual/team- how this is managed at a ward/community service level) - Is this something that is routinely encouraged? - Which staff are most commonly responsible for encouraging/supporting standing and moving? - Are you/ your team aware of any specific initiatives/ tools to support practices related to standing and moving? - To what extent do you feel adequately equipped to support patients to stand and move?	**Sekhon:** Self-efficacy
4. Challenges or things that help supporting standing and moving?	
- What is your view on your team's willingness/ability/capability to support standing and moving? - What is your view on the patient/carer's willingness/ability to practice standing and moving? - What responses have you had from patients and their carers? - Are there any factors that influence whether you would encourage patients to stand and move more? (e.g. priorities, staffing, workload, cost, space, training, resource specific processes, leadership patient ability/willingness, risk, skills/confidence, perceived patient benefit, clear understanding, environment)? - Any other particular things that work particularly well or not so well that might affect standing and moving	**Sekhon:** Burden, opportunity costs

5. Could anything be better?	
o Could you or your team do anything more to support/encourage patients to stand or move more? o How could current practice be further developed?	
6. The impacts of the COVID pandemic	
- Has the COVID pandemic had an influence on how much you have been able to support/encourage standing and moving?	
7. Is there anything else that you would like to ask or mention?	

3. **Topic guide for stroke survivors and carers – intervention**

All questions are for stroke survivor and/or carer, except where "(C)" marks them as for carer only.

	NPT/TDF/ Sekhon
1. You & your stroke	
- Could you tell me a bit about you? (Hobbies, interests pre and post stroke?) - What were the impacts of your stroke? (symptoms, usual activities, changes over time) - How long has it been since you had your stroke? - How long did you spend in hospital? - Could you describe your experiences of your hospital stroke care? (positives/negatives) - Could you describe your experiences of the stroke care you received since coming home? (positives/negatives, waiting, still receiving, how long) - Have you experienced any other difficulties alongside your stroke that required additional care?	n/a contextual information
2. What are you experiences and thoughts about standing and moving more?	
- How much standing and moving do you do at the moment? Tell me about your daily routines? (types of activities where might be standing and moving, times of day when more likely) - **(C)** Do you play a role in supporting standing and moving? (if yes, explore how) **-** What do you think about trying to/encouraging stand and move more after stroke? (benefits, fears, in hospital, at home, is this valued) - Do you feel confident/capable to stand and move/encourage standing and moving? - At what time after stroke do you think it's most important? (throughout/inpatient/community) - Have you received any support or tools for standing and moving? (e.g. groups, therapy)	**Sekhon:** Affective attitude, ethicality, perceived effectiveness, self-efficacy **NPT:** n/a
3. What are your experiences of Get Set Go? (show examples of the intervention components)	
- Did **staff talk to you** about/ prompting standing and moving more (in hospital or at home)? • Who was it? Were family/friends involved? • How did you feel about it? • Did it make sense? Did you have any questions? Did they give examples of what to do/ when? - In hospital, did you receive an information guide or see anything about GSG on the ward? - What do you think about this? Was it appropriate for you? - Did staff regularly update the recommendations about standing and moving? - Did you record your standing and moving? (reasons why not if not) Will you keep recording? - What did you think of the GSG materials? Were they useful? *[this section includes a breakdown of all intervention components not listed for publication purposes]* - How could the above materials be improved? (format, content, ease of use, social acceptability) - Have you received any follow up contact since returning home?	**Sekhon:** Intervention coherence, Affective attitude, Perceived effectiveness, Self- efficacy, Ethicality **NPT:** Interactional workability
4. Has Get Set Go helped you? (has it increased standing and moving)	

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- What did you think about GSG overall?
- Which parts worked well / not so well? Is there anything you particularly like or dislike?
- Did it make you want to stand and move more? Did you?
  • Did you benefit in any other way?
  • Has it helped or hindered your recovery from stroke? Or influenced your life more broadly?
  • Did it make you do anything differently or change anything? (e.g. Did it affect your: motivation, goals, mood, remembering to stand and move, confidence, activities, health, conversations)
  • Was your time spent using the guide beneficial?
  • Have you incorporated new activity into your daily life? Do you feel you will maintain it?
- Have your family and friends used the guide and benefitted, or changed anything as a result?
- Has engaging with the Get Set Go intervention been worthwhile?
- Do you think Get Set Go can help other people?
- Does it help recovery after stroke?
	Sekhon:
	Burden,
	Self-efficacy,
	Opportunity costs,
	Affective attitudes,
	Perceived effectiveness
	
	NPT:
	n/a

5. What were the challenges or things that helped?	

- Did anything make it difficult to use Get Set Go / to stand and move? (fears, impact of stroke, motivation, unexpected events, confidence, opportunities, environment, forgetting, mood, other responsibilities/ lack of time, not knowing what to do, seeing the benefit, equipment)
  • Is there anything you struggle with/ have concerns/ uncertainties about in terms of Get Set Go/standing and moving?
  • Did you feel confident you could ask for help?
  • Did staff talk to you about GSG (or did it feel like something to do on your own)?
- Did anything make it easier to use Get Set Go / to stand and move? (staff, family, confidence, opportunities, environment, motivation, mood, timing after stroke, knowing what to do, seeing the benefit, equipment)
  • Did you make any changes to your surroundings to make it easier for you to move around (in hospital or at home)? Was it easy or difficult to make these changes?
  • Is there anything else that could be better to help you use Get Set Go/stand and move more?
- Has anything else influenced your behaviour/affected your standing and moving alongside the programme?
	Sekhon:
	Burden,
	Opportunity costs,
	Affective attitude,
	Self-efficacy
	
	NPT:
	Interactional workability

6. Could anything be better?	
- Is there anything else you would like to say about your experience / other feedback? - What might you do differently next time?	**Sekhon:** Affective attitude **NPT:** n/a
7. The impacts of the COVID pandemic	
- What impact has the COVID pandemic and the associated restrictions had on your day-to-day life? (health, physical, social, emotional) - Could you describe any changes in your activities as a result of the COVID pandemic? (e.g. physical, social, day-to-day- explore if doing any activities less or more) - Has the COVID pandemic influenced your standing and moving? - Has the COVID pandemic influenced your engagement with the Get Set Go intervention? - (C) Has the COVID pandemic had an influence on how much you have been able to support/encourage standing and moving?	
8. Is there anything else you would like to ask or mention?	

4. Topic guide for stroke survivors and carers – control

All questions are for stroke survivor and/or carer, except where "(C)" marks them as for carer only.

	NPT/TDF/ Sekhon
1. About you (stroke survivor)	
- Could you tell me a bit about you? (Hobbies, interests pre and post stroke?	n/a contextual information
2. Your stroke (stroke survivor)	
- How long has it been since you had your stroke? - What were the impacts of your stroke? (symptoms and how they may have changed over time) - How long did you spend in hospital? - Could you describe your experiences of the stroke care you received? (inpatient/community care/any additional support/positives/negatives) - Have you experienced any other difficulties alongside your stroke that have required additional care?	n/a contextual information
3. Perceptions/ thoughts about standing and moving? (stroke survivor and carer)	
- **(SS)** What do you thinking about trying to stand and move more after stroke? (benefits, fears) - **(SS and C)** To what extent do you feel confident/capable to stand and move/encourage standing and moving? - **(C)** What do you think about encouraging people who have had a stroke to stand and move more? (including benefits, how much this is valued) -**(SS and C)** What sort of time in their care pathway do you think it is most important? (Throughout/inpatient/community). - **(SS and C)** Do you feel as though you could benefit from learning more about standing and moving after stroke? (what could be helpful?)	**Sekhon:** Affective attitude, ethicality, perceived effectiveness, self-efficacy
3. Standing and moving more- your experiences	
- **(SS)** Could you tell me a little about your day-to-day routines? - **(SS)** How much standing and moving would you tend to do each day? (discuss types of activities where might be standing and moving, or times of day when more likely) - **(C)** Do you play a role in supporting standing and moving? (is yes, explore how they provide support) - **(SS and C)** What do you remember about being encouraged to stand and move in hospital/by community teams? (SS and C) Have you received any support about standing and moving (e.g. from therapists, groups). - **(SS and C)** Are you aware of any specific initiatives/ tools to support standing and moving?	
4. Challenges or things that help supporting standing and moving?	
- **(SS)** Tell me about any challenges you may face in standing and moving? (physical, cognitive, fears of falls, confidence, opportunities, environmental factors, motivation) - **(C)** Tell me about any challenges you may face in supporting standing and moving? (same prompts as above) - **(SS and C)** Any other particular things that work particularly well or not so well that might affect standing and moving?	**Sekhon:** Burden, opportunity costs
5. Could anything be better?	
- **(SS and C)** Is there anything that could facilitate standing and moving more? **(SS)** Could you benefit from more support to encourage you to stand and move more?	

6. The impacts of the COVID pandemic	
- What impact has COVID and the associated restrictions had on your day-to-day life? (health, physical, social, emotional) - Could you describe any changes in your activities as a result of the COVID pandemic? (e.g. physical, social, day-to-day- explore if doing any activities less or more) - Has the COVID pandemic influenced your standing and moving? - (C) Has the COVID pandemic had an influence on how much you have been able to support/encourage standing and moving?	
7. Is there anything else that you would like to ask or mention?	