Supplementary file 3: Mapping activities to MRC Framework

1.1 Ide	evelopment of the intervention entifying evidence base entifying/developing theory	i. ii. iii. iii.	 Feasibility of self-monitoring in the target population Systematic review of interventions using activity trackers during and/or after an inpatient period Barriers and facilitators to the targeted behavior 	Methods Leeuwerk et al., 2022 [26] Leeuwerk et al., 2021 [21] Unpublished	Results Leeuwerk et al., 2022 [26] Leeuwerk et al., 2021 [21]	
		ii. iii.	Systematic review of interventions using activity trackers during and/or after an inpatient period	al., 2022 [26] Leeuwerk et al., 2021 [21] Unpublished	al., 2022 [26] Leeuwerk et al., 2021 [21]	
1.2 Ide	entifying/developing theory	iii.	and/or after an inpatient period	al., 2021 [21] Unpublished	al., 2021 [21]	
1.2 Ide	entifying/developing theory		Barriers and facilitators to the targeted behavior		Uppubliched	
1.2 Ide	entifying/developing theory	i.		work	Unpublished work	
			Literature review and meeting with expert group to decide on theory, behavioral change techniques and intervention strategies		\checkmark	
		ii.	Expert meetings with stakeholders to refine content and delivery mode		\checkmark	
1.3 Mc	odelling process and outcomes	i.	Used behavioral change wheel to identify behavioral change techniques and mode of delivery that target the desired behavior.	√	\checkmark	
		ii.	Evaluation with stakeholders to optimize practical effectiveness	\checkmark	\checkmark	
2 Fea	Feasibility					
fea	esting the procedures for asibility, compliance and tervention delivery	i.	Testing intervention on feasibility and compliance over 6-week post discharge intervention	Manuscript in preparation	Manuscript in preparation	
		ii.	Evaluation with stakeholders to optimize practical effectiveness	Manuscript in preparation	Manuscript in preparation	
	timating recruitment and tention	i.	Test recruitment and retention from Amsterdam UMC	Manuscript in preparation	Manuscript in preparation	
2.3 Det	etermining sample size RCT	i.	Calculating sample size for the RCT with data from other comparable intervention trials	~	✓	

3	Evaluation	lation					
3.1	Assessing effectiveness	i.	Set up a randomized controlled trial with recovery in patient reported physical functioning as primary outcome. Control group receives usual care.	✓			
3.2	Understanding change processes	i.	Assessing treatment fidelity by analyzing the recorded coaching sessions by the physiotherapist and dietician.	√			
		ii.	Assessing treatment adherence by recording the use of the app by the patient.	✓			
		iii.	Mediation analysis to determine if the relationship between the intervention and the primary outcome can be explained by improvement of physical activity and protein intake				
3.3	Assessing cost-effectiveness	i.	Analyzing the cost-effectiveness of the intervention.				
4	Implementation						
4.1	Dissemination	i.	Developing implementation tools, conference presentations, peer review publications				
4.2	Surveillance and monitoring	i.	If the intervention is shown to be effective, implementation could be surveilled and monitored.				
4.3	Long term follow-up	i.	If the intervention is shown to be effective, process and outcome data could inform additional trials				