

## **Appendix 1**

### **Telephone Questionnaire**

1. How many days per week did you achieve your daily step target?

0   1-2   3-4   5-7

**If 5-7 please proceed to question 3**

2. What prevented you from achieving your daily step target more frequently?

3. How many times did you complete the functional resistance exercise session this week?

None   1   2   3   >3

**If >1 please go to question 5**

4. What prevented you from completing the functional resistance exercise sessions?

5. Did you experience any of the following symptoms during or after your exercise?

- a. **Muscular pain**
- b. **Wheeziness**
- c. **Shortness of breath**
- d. **Light headedness**
- e. **Dizziness**
- f. **Headache**
- g. **Chest pain/discomfort**