Supplemental File 3

1. List of semi-structured questions for telephone support interviews once weekly during the intervention period

| No | Question |
|----|---|
| 1 | Please tell me how often you practice music-supported walking / motor imagery |
| | per week. |
| | [If not 4x a week:] |
| | Who or what keeps you from attending the walking training programme? |
| | Who or what supports you in attending the walking training programme? |
| 2 | Tell me how long you practice music-supported walking / motor imagery per |
| | session? |
| | [If not 30 minutes per session:] |
| | Who or what keeps you from practicing for 30 minutes per session? |
| | Who or what would support you in practising 30 minutes per session? |
| 3 | Could you please share your experiences with the music-supported walking / |
| | motor imagery? |
| | [If the participant reports any problems:] |
| | Can you explain this in more detail for me? |
| | Can you give me reasons for that? |
| | What do you feel as the easiest part about the music-supported walking / motor |
| | imagery? |
| | What do you feel as the most difficult part about the music-supported walking / |
| | motor imagery? |
| 4 | Are you using the compliance checklist for documentation (practiced / not |
| | practiced)? |
| | [If not:] Can you give me reasons for that? |
| | Who or what could support you in completing the checklist? |
| | |

| 5 | Did you experience a fall within the study period? |
|-------|--|
| | [If so:] How often did you fall? |
| | Could you please describe under what circumstances the fall(s) occurred? |
| | Are you using the fall protocol? |
| | [If not:] Can you give me reasons for that? |
| | Who or what could support you in completing the checklist? |
| Thank | l you for the interview! |

2. List of semi-structured questions for follow-up telephone interviews at 4-weeks post-intervention

| No | Question |
|----|--|
| 1 | Could you please describe your health since the end of the music-supported |
| | walking / motor imagery practice? |
| 2 | Tell me about how your walking has been in the last few weeks compared to |
| | before the music-supported walking / motor imagery practice. |
| 3 | How did you experience your fatigue / tiredness in the last few weeks compared |
| | to before the music-supported walking / motor imagery practice? |
| 4 | Please describe your present health as compared to before the music-supported |
| | walking / motor imagery practice. |
| 5 | How should the homebased music-supported walking / motor imagery programme |
| | be for you to recommend it to others? |
| 6 | Can you please share your thoughts on how we could improve the music- |
| | supported walking / motor imagery programme? |
| 7 | What should the homebased music-supported walking / motor imagery |
| | programme be like that you would carry it out for a longer period of time? |
| 8 | Did you fall in the past 4 weeks? |

[If so:] How often did you fall?

Could you please describe under what circumstances the fall(s) occurred?

Are you using the fall protocol?

[If not:] Can you give me reasons for that?

Who or what could support you in completing the checklist?

Thank you for the interview!