

## Semi-structured interview schedule

### For exercise referrers at month 1 of the program

#### Demographics of the staff member referring to the “Changing the Focus” program:

Date of interview:

Name:

Age:

Gender:

Health professional:

- Please state the profession \_\_\_\_\_
- Year of experience in the profession \_\_\_\_\_

Have they referred people with dementia to exercise programs in the last 12 months prior to the “Changing the Focus” physical activity program? Yes/No.

- If yes, please estimate how many? \_\_\_\_\_

What physical activity option(s) have they referred for the person with dementia? \_\_\_\_\_

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#### Interview schedule:

I would like to briefly mention the main components of the “Changing the Focus” physical activity program that may help you with the interview.

The “Changing the Focus” physical activity program is a joint clinician-community partnership research study to promote physical activity participation for people with mild dementia. This program has included development and delivery of a training program for exercise providers in Frankston/Mornington regions about the benefits of physical activity and evidence based approaches to increasing physical activity with people with dementia and their carers. Earlier in the study, the study therapist visited the person with mild dementia and their carer (if applicable). The study therapist engaged the person and their carer in a shared decision making process in which suitable physical activity options in the local area were identified and agreed upon, that they would take part in these options during the 12 month study. A physical activity goal was also set in this home visit. During the study, the study therapist provided the person and their carer with regular home visits and motivational support for ongoing participation in the chosen physical activity program(s). The study also aims to progress the physical activity level to 150 minutes/week by 12 months, where this is deemed appropriate.

- 1) Where have you heard about this “Changing the Focus” program?
- 2) What benefits do you think your patients will gain by attending this physical activity program?
- 3) What factors do you consider important in determining whether your patient with mild dementia may be suitable for this type of program?

- 4) Have you had any feedback from the person / people you have referred to the “Changing the Focus” program about aspects of the program that they are enjoying, or aspects they consider could be improved?
- 5) Would you recommend this program to future clients with mild dementia? Yes/No
  - If yes, give them the contacts of the project manager for their future referrals to the program
  - If no, why not?
- 6) Do you think it is possible for future programs like this to run in real-life (i.e. outside of a research study)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?
- 7) Do you think it is possible for future programs like this to run for a longer term (i.e. beyond the 12- month period)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?

**Semi-structured interview schedule**

**For exercise providers at month 6 of the program**

**Demographics of the staff member providing the exercises:**

Date of interview:

Name:

Age:

Gender:

Health professional: Yes/No

- If yes,
  - Please state the profession \_\_\_\_\_
  - Year of experience in providing physical activity programs \_\_\_\_\_
- If no,
  - Years of experience in providing physical activity programs \_\_\_\_\_

Have they conducted exercise programs for people with dementia in the last 12 months prior to the “Changing the Focus” physical activity program? Yes/No.

- If yes,
  - Please estimate how many, and nature of the physical activity programs conducted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What physical activity option(s) have they provided to the person with dementia in the “Changing the Focus” program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interview schedule:**

For the “Changing the Focus” study, we have designed a training program about the benefits of physical activity and evidence based approaches to increasing physical activity with people with dementia and their carers. This training program also included exercise considerations and safety precautions for people with dementia and practical tips to promote engagement in physical activity participation. The training was conducted in-person on XX (date) and is also available online.

1. Have you participated in the training program for “Changing the Focus” physical activity program? Yes/No
  - If yes,
    - Did you participate in the training program in-person or online or both?
    - Were you satisfied with the training program? Why or why not?
    - Do you think the training program was pitched at an appropriate knowledge level? Why or why not?

- Do you think the training program was relevant for delivering physical activity program to people with dementia? Why or why not?
- Do you feel prepared to deliver physical activity programs to people with dementia after the training program? Why or why not?
- Has the training program improved your confidence to deliver physical activity programs for people with dementia? Why or why not?
- Is there anything you would like to be included in the training program that we have not provided yet?
- If no, why not?

Earlier in the study, the study therapist visited the person with mild dementia and their carer (if applicable). The study therapist engaged the person and their carer in a shared decision making process in which suitable physical activity option/s in the local area were identified and agreed upon, that they would take part in these options during the 12 month study. During the study, the study therapist provided the person and their carer with regular motivational support for ongoing participation in the chosen physical activity program(s) through in-person and telephone contacts. Your program was one that one or more people with mild dementia from the Changing the Focus project selected to participate in (note – each participant may have chosen to be involved in one or multiple physical activity options).

2. Were there adjustments that you had to make in order to accommodate the person with dementia into your physical activity program? Yes/No
  - If yes, what were the adjustments?
3. Was there anything that worked well in having people with dementia participate in your program? Yes/No
  - If yes, what are they?
  - If no, was there anything that could have been modified to improve participation in the physical activity program by the person with mild dementia?
4. Do you think the “Changing the Focus” study (i.e. engaging the person / people with mild dementia in your and other physical activity programs) has helped your clients in achieving a good outcome so far? Yes /No
  - If yes, what were the good outcomes that you have noted with the clients?
  - If no, why not?
5. Would you consider including more people with mild dementia into the physical activity programs that you run? Yes/No
  - If no, why not?

The “Changing the Focus” physical activity program is a 12-month clinician-community partnership research study to promote physical activity for people with mild dementia that live in the Frankston/Mornington Peninsula region.

6. Do you think it is possible for future programs like this to run in real-life (i.e. outside of a research study)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?
7. Do you think it is possible for future programs like this to run for a longer term (i.e. beyond the 12- month period)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?

**Semi-structured interview schedule**

**For exercise providers at month 6 of the program**

**Demographics of the staff member providing the exercises:**

Date of interview:

Name:

Age:

Gender:

Health professional: Yes/No

- If yes,
  - Please state the profession\_\_\_\_\_
  - Year of experience in providing physical activity programs\_\_\_\_\_
- If no,
  - Years of experience in providing physical activity programs\_\_\_\_\_

Have they conducted exercise programs for people with dementia in the last 12 months prior to the “Changing the Focus” physical activity program? Yes/No.

- If yes,
  - Please estimate how many, and nature of the physical activity programs conducted?\_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

What physical activity option(s) have they provided to the person with dementia in the “Changing the Focus” program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interview schedule:**

For the “Changing the Focus” study, we have designed a training program about the benefits of physical activity and evidence based approaches to increasing physical activity with people with dementia and their carers. This training program also included exercise considerations and safety precautions for people with dementia and practical tips to promote engagement in physical activity participation. The training was conducted in-person on XX (date) and is also available online.

1. Have you participated in the training program for “Changing the Focus” physical activity program? Yes/No
  - If yes,
    - Did you participate in the training program in-person or online or both?
    - Were you satisfied with the training program? Why or why not?
    - Do you think the training program was pitched at an appropriate knowledge level? Why or why not?

- Do you think the training program was relevant for delivering physical activity program to people with dementia? Why or why not?
- Do you feel prepared to deliver physical activity programs to people with dementia after the training program? Why or why not?
- Has the training program improved your confidence to deliver physical activity programs for people with dementia? Why or why not?
- Is there anything you would like to be included in the training program that we have not provided yet?
- If no, why not?

Earlier in the study, the study therapist visited the person with mild dementia and their carer (if applicable). The study therapist engaged the person and their carer in a shared decision making process in which suitable physical activity option/s in the local area were identified and agreed upon, that they would take part in these options during the 12 month study. During the study, the study therapist provided the person and their carer with regular motivational support for ongoing participation in the chosen physical activity program(s) through in-person and telephone contacts. Your program was one that one or more people with mild dementia from the Changing the Focus project selected to participate in (note – each participant may have chosen to be involved in one or multiple physical activity options).

2. Were there adjustments that you had to make in order to accommodate the person with dementia into your physical activity program? Yes/No
  - If yes, what were the adjustments?
3. Was there anything that worked well in having people with dementia participate in your program? Yes/No
  - If yes, what are they?
  - If no, was there anything that could have been modified to improve participation in the physical activity program by the person with mild dementia?
4. Do you think the “Changing the Focus” study (i.e. engaging the person / people with mild dementia in your and other physical activity programs) has helped your clients in achieving a good outcome so far? Yes /No
  - If yes, what were the good outcomes that you have noted with the clients?
  - If no, why not?
5. Would you consider including more people with mild dementia into the physical activity programs that you run? Yes/No
  - If no, why not?

The “Changing the Focus” physical activity program is a 12-month clinician-community partnership research study to promote physical activity for people with mild dementia that live in the Frankston/Mornington Peninsula region.

6. Do you think it is possible for future programs like this to run in real-life (i.e. outside of a research study)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?
7. Do you think it is possible for future programs like this to run for a longer term (i.e. beyond the 12- month period)? Yes/No.
  - If yes, why? What do you think may be necessary for this to happen?
  - If no, why not?

## Semi-structured interview schedule

### Exit interviews for people with mild dementia and/or their carers

Provide the interviewer with a copy of the background information for what physical activity program(s) was tried, any problems identified etc, prior to the interview

#### Demographics of the person with mild dementia:

Date of interview:

Name:

ID code:

#### Demographics of the carer of the person with mild dementia (if applicable):

Date of interview:

Is the interview done with the person and their carer together? Yes or No (i.e. a separate interview with the carer)

#### Interview schedule:

During the first home visit by the study therapist, the study therapist had worked with you (and your carer if applicable) to identify and decide upon suitable options for physical activity programs that you would take part in during the 12 month study.

- Do you think this shared discussion was helpful for your participation in the program? Why or why not?
- Were you satisfied with the discussion and selection of the types of physical activity that were decided on? Why or why not?
- Is there anything you think should be included in this discussion process that we have not provided yet? Why?

During the study, the study therapist has provided you (and your carer if applicable) with motivational support for ongoing participation in the chosen physical activity program(s) through in-person and telephone contacts.

- Do you think this motivational support helped with your ongoing participation in the program before your withdrawal? Why or why not?
- Were you satisfied with the support provided? Why or why not?
- Has the support helped you with participating in the physical activity program as much as recommended? Why or why not?
- Is there anything you think should be included in the support that we have not provided yet? Why?

Do you think participation in this program has been beneficial to you for the time you were in the study? Yes/No

- If yes, what are the benefits?
- If no, why not?

How important do you think being physically active is for you? Can you rate it on a scale of 0-10?

- 0 to 10 (0 is extremely not important, 5 neutral, 10 is extremely important)\_\_\_\_\_
- Do you have comments for this rating?

How important do you think being physically active is for people with dementia? Can you rate it on a scale of 0-10?

- 0 to 10 (0 is extremely not important, 5 neutral, 10 is extremely important)\_\_\_\_\_
- Do you have comments for this rating?

Have you come across anything that affected your participation in the physical activity program? For example, things that have made participation easier or more difficult for you? Yes/No

- If yes, what are things that made participation easier for them?
- If yes, what are things that made participation more difficult for them?

What were the reasons for your withdrawal from the program?

In your opinion, could we make any changes to encourage you to keep going with the program?

The “Changing the Focus” physical activity program is a 12-month clinician-community partnership research study to promote physical activity for people with mild dementia that live in the Frankston/Mornington Peninsula region.

Do you think it is possible for future programs like this to run in real-life (i.e. outside of a research study)? Yes/No.

- If yes, why? What do you think may be necessary for this to happen?
- If no, why not?

Do you think it is possible for future programs like this to run for a longer term (i.e. beyond the 12-month period)? Yes/No.

- If yes, why? What do you think may be necessary for this to happen?
- If no, why not?