Supplementary Material

**Informed adaptations of a strength-training program through a research-practice partnership**

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# Supplementary Table: Example weekly process evaluation completed by Extension health educators

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|  | **Week:** | **Week:** |
| Date: |  |  |
| Agent ID: |  |  |
| Temperature: |  |  |
| # Of Participants Registered: |  |  |
| # Of Participants Present: |  |  |
| Scheduled Start Time: | \_\_\_\_\_\_\_AM or \_\_\_\_\_\_\_PM | \_\_\_\_\_\_\_AM or \_\_\_\_\_\_\_PM |
| Actual Start Time: | \_\_\_\_\_\_\_AM or \_\_\_\_\_\_\_PM | \_\_\_\_\_\_\_AM or \_\_\_\_\_\_\_PM |
| Were session materials  set-up prior to start time? | Circle: Yes No | Circle: Yes No |
| Was warm-up completed as  described in manual? | Circle: Yes No | Circle: Yes No |
| If no, what was different? |  |  |
| How many participants  completed the warm-up? |  |  |
| Was the group activity  completed as described  in manual? | Circle: Yes No | Circle: Yes No |
| If no, what changes were  made? |  |  |
| Did participants engage in  the group activity? | Circle: Yes No | Circle: Yes No |
| If no, what were they doing? |  |  |
| How did you cope with  participant behavior? |  |  |
| Did you use the correct count  for the 8 core exercises? | Circle: Yes No | Circle: Yes No |
| Did you complete all 8  exercises?  Wide Leg Squat  Leg Curl  Knee Extension  Side Hip Raise  Biceps Curls  Overhead Press  Seated Row  Toe Stand | Circle Yes or No and fill in # of  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_ | repetitions for set 1 & set 2  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_  Yes or No 1)\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_ |
| If no, what adaptations or  changes were made? |  |  |
| Was the cool-down  completed as described in the  manual? | Circle: Yes No | Circle: Yes No |
| If no, what changes were  made? |  |  |
| Did participants complete  the cool-down? | Circle: Yes No | Circle: Yes No |
| If no, what were they doing? |  |  |
| If no, how did you cope with  participant behavior? |  |  |
| Did you review homework  and reminders? | Circle: Yes No | Circle: Yes No |
| If no, why? |  |  |
| Did participants engage in  discussion or ask questions? | Circle: Yes No | Circle: Yes No |
| If so, were you able to  answer questions? | Circle: Yes No | Circle: Yes No |
| Overall, was the session  completed as intended? | Circle: Yes No | Circle: Yes No |

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