Supplementary Material

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

Meghan L. Wilson1\*, M.S., Thomas E. Strayer III2, M.S., Rebecca Davis3 M.S., Samantha M. Harden1, Ph.D

**\* Correspondence:** Meghan L. Wilson meghan13@vt.edu

# 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 asdescribed 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 inthe 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 CurlKnee ExtensionSide Hip RaiseBiceps CurlsOverhead PressSeated RowToe 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 2Yes 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 orchanges were made? |  |  |
| Was the cool-down completed as described in themanual? | 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 homeworkand reminders? | Circle: Yes No | Circle: Yes No |
| If no, why? |  |  |
| Did participants engage indiscussion 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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