Supplementary File S1

Program Questionnaire

Question selection legend:

- o : only one answer possible
  : multiple answers possible

Display logic exists within this survey. Where display logic exists, an explanation is given.

Three groups of participants will be receiving this survey (MENTOR, GROWTH, State of Slim Everybody). It is possible that participant(s) could have completed only one or more than one program, which is why questions are repeated. Participants will ONLY receive questions for the program the select as having completed.

An IRB-approved information sheet is the first question. All participants must selected 'I understand and consent to participating in this survey' to continue to survey, implying consent.

A preview link of online survey: https://uab.co1.qualtrics.com/jfe5/preview/previewId/f387128c-217f-44be-b649-477c0d0329c1/SV_eX4k2NPr3NBKahw?Q_CHL=preview&Q_SurveyVersionID=current

START OF SURVEY.

Thank you for taking time to complete this survey. I am a graduate student at the University of Alabama at Birmingham and the survey is part of my dissertation. This introduction explains that you are participating in my research study. You will be able to start the survey once you select 'I understand and agree to participate in this survey' below.

Title of Research: Perceptions and Preferences of Virtual Health to Promote Exercise Among People with Physical Disabilities: An Exploratory Mixed Methods Study
UAB IRB Protocol #: IRB- 300010433 Principal Investigator: Madison Currie, Sponsor: UAB Department of Physical Therapy, Rehabilitation Sciences Ph.D. Program
SUPPORTED BY: National Center for Physical Activity, Disability, and Health (NCHPAD)
Sponsor: University of Alabama at Birmingham (UAB)

You are being asked to join this study because you are an individual between the ages of 18-75 with a physical disability or mobility interest, and expressed interest in participating in an online interview or online survey, or both. • The purpose of this study is to explore how people living with disabilities perceive virtual health participation and to gain a better understanding of preferences surrounding online participation and interaction. • This topic is being explored as a result of the Covid-19 pandemic, which caused a significant spike in online interaction between all people, specifically patients or participants and their healthcare teams and researchers. To

know how to best deliver research interventions, exercise information, and health-related communication, we need to first understand how participants feel and what your preferences are. • This is a research study. If you consent to participating, you will be participating in a research study. Your personal and private information will be kept in a secure online location that only I will have access to. No identifiable information that you share or do not share (such as your name, date of birth, geographical location) will be associated with your participation. You will be assigned a participant ID within the study.

Survey participation includes answering close-ended questions regarding information that was discovered from previous participant interviews. This data will be analyzed for research reporting purposes. In other words, we will use this data to publish results. • Surveys are expected to last no longer than thirty minutes. • Your participation in this study is completely voluntary. You may choose to not complete the survey, even if you have already received it and/or started it. At any point in time completing the survey, you may choose to opt-out of participating. This will not affect you as a participant in any way within the guidelines of the study. • All your data, including information collected in the interview and survey, will be kept confidential. I (the PI) am the only individual who will have immediate access to your data. Once all surveys have been completed, I will present this data to members of my research team, specifically my statistician, as a de-identified data set. In other words, they will be able to see your answers to your surveys, but will have no way to link your answers to you. You will be protected by your assigned study ID (for example- MM001, MM002,…).

• Madison Currie, Principle Investigatory: mrcurrie@uab.edu, (601) 695-7108 • If you have any questions, concerns, or complaints about the research please contact the Principal Investigator, Madison Currie, at (601) 695-7108. If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m., CT Monday through Friday.

- o I understand and consent to participating in this survey.

Please enter your first and last name.

- o _____

Do you consider yourself to be Hispanic, Latino, or of Spanish origin?

- o Yes
- o No
- o Prefer not to answer

What race or races do you consider yourself to be?

American Indian

Asian

Black or African American

Native Hawaiian

Islander

White

Multiracial

Other _____

Prefer not to answer

What is your primary disability or mobility limitation?

Spinal cord injury

Spinal bifida

Cerebral palsy

Parkinson

Multiple sclerosis

Stroke

Traumatic brain injury

Amputation

Arthritis (Osteo, Rheumatoid, Psoriatic, Gout, Childhood, Ankylosing spondylitis)

Osteoporosis or any other bone/joint-related disorders

Chronic pain

Peripheral neuropathy

Gene-related disorders (Ehlers-Danlos syndrome, Charcot-Marie tooth disease, Friedrich's ataxia)

Hearing impairment

Visual impairment

Muscular dystrophy

Obesity

Polio

Guillain-Barre syndrome

Huntington disease

Cancer

Myasthenia gravis

Lupus

Fibromyalgia

Other _____

Prefer not to answer

Do you use any assistive devices?

- Yes
- No

What type of mobility device(s) do you use?

Ankle foot orthosis

Cane

Crutches

Scooter

Rollator

Walker with front wheels
Walker
Manual wheelchair
Power wheelchair
A caregiver/personal assistance
Other _____

Please select one:
- Male
- Female

What is your date of birth?
- _____

What state do you currently live in?
- _____

What is the highest level of school you have completed or the highest degree you have received?
- Did not complete high school
- High school degree or equivalent (ex: GED)
- Some college or Associate's degree
- Bachelor's degree (ex: BA, AB, BS, BBA)
- Master's degree (ex: MA, MS, Med, MBA)
- Doctoral degree (ex: MD, DDS, DVM, JD, PhD, EdD)
- Prefer not to answer

Are you now married, widowed, divorced, separated, never married, or living with a partner?
- Married
- Widowed
- Divorced
- Separated
- Never married
- Domestic partnership
- Prefer not to answer

Are you currently employed?
- Yes
- No

Which NCHPAD programs have you completed? Please check program(s) you have completed. If you are currently in one of these programs please do not select it.

MENTOR
GROWTH
State of Slim Everybody

Participants who have completed the MENTOR program will receive the following questions.

1. Out of eight offered classes, how many MENTOR mindfulness classes did you attend?
   - _____
2. Out of eight offered classes, how many MENTOR nutrition classes did you attend?
   - _____
3. Out of sixteen offered classes, how many MENTOR exercise classes did you attend?
   - _____
4. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform strenuous exercise for more than 15 minutes during your free time? Strenuous exercise means your heart is beating rapidly.

   Two examples are running and vigorous bicycling.
   - _____
5. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform moderate exercise for more than 15 minutes during your free time? Moderate exercise means your heart is beating fast, but you are not exhausted.

   Two examples are easy bicycling and fast walking.
   - _____
6. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform mild/light exercise for more than 15 minutes during your free time? Light exercise takes minimal effort.

   Two examples are yoga and easy walking.
   - _____
7. Please check all that apply. I felt motivated to stay connected to the MENTOR classes because –

   I made a commitment to the program

   I made a commitment to myself

   I made a commitment to my fellow participants

   The class schedule was consistent

   It was disability friendly

Other _____

8. I enjoyed the virtual teaching component of MENTOR.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

9. I enjoyed the virtual participant interaction component of MENTOR.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree nor disagree
- o Somewhat agree
- o Strongly agree

10. I felt comfortable speaking up to ask a question or make a comment during the MENTOR classes.
- o Extremely uncomfortable
- o Somewhat uncomfortable
- o Neither comfortable nor uncomfortable
- o Somewhat comfortable
- o Extremely comfortable

11. I felt the lecture portion of the MENTOR mindfulness classes lasted an appropriate amount of time.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree not disagree
- o Somewhat agree
- o Strongly agree

12. I felt the lecture portion of the MENTOR exercise classes lasted an appropriate amount of time.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree not disagree
- o Somewhat agree
- o Strongly agree

13. I felt the lecture portion of the MENTOR nutrition classes lasted an appropriate amount of time.
- o Strongly disagree
- o Somewhat disagree
- o Neither agree not disagree
- o Somewhat agree
- o Strongly agree

Display logic for #14: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #11, #12, and/or #13 will participants receive the following question:

14. What would you change about the lecture portion? Were they too long or too short in your opinion?
    - _____

15. I felt my online group interacted well amongst ourselves.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

16. I felt the virtual environment was accessible. Accessibility refers to using Zoom to participate, virtual instruction, virtual interaction, and virtual communication with my instructors and fellow participants.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

Display logic for #17: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #16, will participants receive the following question:

17. What was inaccessible about the virtual environment?
    - _____

18. My participation in the MENTOR classes made me feel optimistic about my own health.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

19. I felt my MENTOR mindfulness instructor interacted with my class other than to give out class instruction or feedback.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Somewhat disagree

20. I felt my MENTOR exercise instructor interacted with my class other than to give out class instruction or feedback.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Somewhat disagree

21. I felt my MENTOR nutrition instructor interacted with my class other than to give out class instruction or feedback.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Somewhat disagree

22. I felt the MENTOR content was modified or adapted for my disability comfortability.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Somewhat disagree

Display logic for #23: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #22, will participants receive the following question:

23. Explain why the class content was not modifiable or adaptable to your disability or comfortability.
- _____

24. I enjoyed the MENTOR content.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #25: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #24, will participants receive the following question:

25. What did you NOT like about the MENTOR content?
- _____

26. I felt my MENTOR instructors were knowledgeable about disability.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree

- Somewhat agree
- Strongly agree

27. I had a positive relationship with my MENTOR instructors.
- Extremely negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Extremely positive

28. My MENTOR instructors used appropriate vocabulary and language when giving class instruction.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

29. My MENTOR instructors played videos during class instead of having live instruction.
- Never
- Sometimes
- Always

Display logic for #30: ONLY if participants selected 'Sometimes' or 'Always' in #29, will participants receive the following question:

30. Which classes were videos played in?
    MENTOR Mindfulness
    MENTOR Exercise
    MENTOR Nutrition
    MENTOR Health Coaching

Display logic for #31: ONLY if participants selected 'Sometimes' or 'Always' in #29, will participants receive the following question:

31. I was frustrated that my virtual health class instructor relied on playing videos during class rather than providing live instruction.
- No
- Neutral
- Yes

32. My MENTOR instructors made it very clear to me that I had access to them for a one-on-one session if I felt I wanted or needed one.
- False
- Neither true nor false
- True

33. I scheduled a one-on-one with my MENTOR instructor.
- No
- Yes

34. I did not feel like I needed a one-on-one session with my MENTOR instructors.
- False
- Neither true nor false
- True

35. What program components did you appreciate most about MENTOR? Please check all that apply.

Tailored curriculum

Virtual health instructor

Socialization

Virtual delivery

Other _____

None

36. What program components frustrated you the most about MENTOR? Please check all that apply.
- My own mindset
- My disability
- Personal appointments scheduled at the same time as class
- Other participants
- Other _____
- None

37. I would like my support network (i.e., friends, family, care team) to be involved in virtual health classes with me.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #38: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #37, will participants receive the following question:

38. Why would you NOT like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?
- _____

Display logic for #39: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #37, will participants receive the following question:

39. Why WOULD you like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?
    - _____

40. I often felt fatigued by the effort of participating in the Zoom meetings.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

41. I continue to use the knowledge I gained from MENTOR.
    - Strongly disagree
    - Somewhat agree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly disagree

Display logic for #42: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #41, will participants receive the following question:

42. What do you still practice that you learned from the MENTOR program?
    - _____

43. Please check all that apply. I feel I benefited from MENTOR –
    Physically; if so, how – _____
    Mentally; if so, how – _____
    Spiritually; if so, how – _____
    Other: _____
    None

44. How satisfied were you with the MENTOR program on a scale of 1 to 5, where 1 means 'very dissatisfied' and 5 means 'very satisfied'?
    - _____

45. I would recommend MENTOR to others.
    - No
    - Maybe
    - Yes

46. Is there anything else you would like to add about MENTOR?
    - _____

Participants who have completed the GROWTH program will receive the following questions.

1. Out of twelve offered classes, how many GROWTH classes did you attend?

- _____

2. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform strenuous exercise for more than 15 minutes during your free time? Strenuous exercise means your heart is beating rapidly.

   Two examples are running and vigorous bicycling.

- _____

3. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform moderate exercise for more than 15 minutes during your free time? Moderate exercise means your heart is beating fast, but you are not exhausted.

   Two examples are easy bicycling and fast walking.

- _____

4. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform mild/light exercise for more than 15 minutes during your free time? Light exercise takes minimal effort.

   Two examples are yoga and easy walking.

- _____

5. Please check all that apply. I felt motivated to stay connected to the GROWTH classes because –
   I made a commitment to the program
   I made a commitment to myself
   I made a commitment to my fellow participants
   The class schedule was consistent
   It was disability friendly
   Other _____

6. I enjoyed the virtual teaching component of GROWTH.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

7. I enjoyed the virtual participant interaction component of GROWTH.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

8. I felt comfortable speaking up to ask a question or make a comment during the GROWTH classes.
- Extremely uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Extremely comfortable

9. I felt the lecture portion of the GROWTH classes lasted an appropriate amount of time.
- Strongly disagree
- Somewhat disagree
- Neither agree not disagree
- Somewhat agree
- Strongly agree

Display logic for #10: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #9, participants will they receive the following question:

10. What would you change about the lecture portion? Were they too long or too short in your opinion?
- _____

11. I felt my online group interacted well amongst ourselves.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

12. I felt the virtual environment was accessible. Accessibility refers to using Zoom to participate, virtual instruction, virtual interaction, and virtual communication with my instructors and fellow participants.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #13: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #12, will participants receive the following question:

13. What was inaccessible about the virtual environment?
    - _____

14. My participation in the GROWTH classes made me feel optimistic about my own health.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

15. I felt my GROWTH instructors interacted with my class other than to give out class instruction or feedback.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Somewhat disagree

16. I felt the GROWTH content was modified or adapted for my disability comfortability.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Somewhat disagree

Display logic for #17: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #16, will participants receive the following question:

17. Explain why the class content was not modifiable or adaptable to your disability or comfortability.
    - _____

18. I enjoyed the GROWTH content.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

Display logic for #21: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #18, will participants receive the following question:

19. What did you NOT like about the GROWTH content?
    - _____

20. I felt my GROWTH instructors were knowledgeable about disability.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

21. I had a positive relationship with my GROWTH instructors.
- Extremely negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Extremely positive

22. My GROWTH instructors used appropriate vocabulary and language when giving class instruction.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

23. My GROWTH instructors played videos during class instead of having live instruction.
- Never
- Sometimes
- Always

Display logic for #24: ONLY if participants selected 'Sometimes' or 'Always' in #23, will participants receive the following question:

24. I was frustrated that my virtual health class instructor relied on playing videos during class rather than providing live instruction.
- No
- Neutral
- Yes

25. My GROWTH instructors made it very clear to me that I had access to them for a one-on-one session if I felt I wanted or needed one.
- False
- Neither true nor false
- True

26. I scheduled a one-on-one with my GROWTH instructor.
- No
- Yes

27. I did not feel like I needed a one-on-one session with my GROWTH instructors.

- False
- Neither true nor false
- True

28. What program components did you appreciate most about GROWTH? Please check all that apply.

    Tailored curriculum

    Virtual health instructor

    Socialization

    Virtual delivery

    Other _____

    None

29. What program components frustrated you the most about GROWTH? Please check all that apply.

- My own mindset
- My disability
- Personal appointments scheduled at the same time as class
- Other participants
- Other _____
- None

30. I would like my support network (i.e., friends, family, care team) to be involved in virtual health classes with me.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #31: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #30, will participants receive the following question:

31. Why would you NOT like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?

- _____

Display logic for #32: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #30, will participants receive the following question:

32. Why WOULD you like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?

- _____

33. I often felt fatigued by the effort of participating in the Zoom meetings.

- Strongly disagree

- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

34. I continue to use the knowledge I gained from GROWTH.
- Strongly disagree
- Somewhat agree
- Neither agree nor disagree
- Somewhat agree
- Strongly disagree

Display logic for #35: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #34, will participants receive the following question:

35. What do you still practice that you learned from the GROWTH program?
- _____

36. Please check all that apply. I feel I benefited from GROWTH –
Physically; if so, how – _____
Mentally; if so, how – _____
Spiritually; if so, how – _____
Other: _____
None

37. How satisfied were you with the GROWTH program on a scale of 1 to 5, where 1 means 'very dissatisfied' and 5 means 'very satisfied'?
- _____

38. I would recommend GROWTH to others.
- No
- Maybe
- Yes

39. Is there anything else you would like to add about GROWTH?
- _____

Participants who have completed the State of Slim Everybody program will receive the following questions.

1. Out of sixteen offered classes, how many State of Slim Everybody classes did you attend?
- _____

2. Please read this question carefully and answer to the best of your ability.

During a 7-day period (one week), how many times on the average do you perform strenuous exercise for more than 15 minutes during your free time? Strenuous exercise means your heart is beating rapidly.

Two examples are running and vigorous bicycling.

- ○ _____

3. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform moderate exercise for more than 15 minutes during your free time? Moderate exercise means your heart is beating fast, but you are not exhausted.

   Two examples are easy bicycling and fast walking.

- ○ _____

4. Please read this question carefully and answer to the best of your ability.

   During a 7-day period (one week), how many times on the average do you perform mild/light exercise for more than 15 minutes during your free time? Light exercise takes minimal effort.

   Two examples are yoga and easy walking.

- ○ _____

5. Please check all that apply. I felt motivated to stay connected to the State of Slim Everybody classes because –
   I made a commitment to the program
   I made a commitment to myself
   I made a commitment to my fellow participants
   The class schedule was consistent
   It was disability friendly
   Other _____

6. I enjoyed the virtual teaching component of State of Slim Everybody.
- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

7. I enjoyed the virtual participant interaction component of State of Slim Everybody.
- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree

- Somewhat agree
- Strongly agree

8. I felt comfortable speaking up to ask a question or make a comment during the State of Slim Everybody classes.
- Extremely uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Extremely comfortable

9. I felt the lecture portion of the State of Slim Everybody classes lasted an appropriate amount of time.
- Strongly disagree
- Somewhat disagree
- Neither agree not disagree
- Somewhat agree
- Strongly agree

Display logic for #10: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree', participants will they receive the following question:

10. What would you change about the lecture portion? Were they too long or too short in your opinion?
- _____

11. I felt my online group interacted well amongst ourselves.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

12. I felt the virtual environment was accessible. Accessibility refers to using Zoom to participate, virtual instruction, and virtual communication with my instructors and fellow participants.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #13: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree', will participants receive the following question:

13. What was inaccessible about the virtual environment?
- _____

14. My participation in the State of Slim Everybody classes made me feel optimistic about my own health.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

15. I felt my State of Slim Everybody instructors interacted with my class other than to give out class instruction or feedback.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Somewhat disagree

16. I felt the State of Slim Everybody content was modified or adapted for my disability comfortability.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Somewhat disagree

Display logic for #17: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree', will participants receive the following question:

17. Explain why the class content was not modifiable or adaptable to your disability or comfortability.
- _____

18. I enjoyed the State of Slim Everybody content.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #21: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree', will participants receive the following question:

19. What did you NOT like about the State of Slim Everybody content?
- _____

20. I felt my State of Slim Everybody instructors were knowledgeable about disability.
- Strongly disagree

- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

21. I had a positive relationship with my State of Slim Everybody instructors.
- Extremely negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Extremely positive

22. My State of Slim Everybody instructors used appropriate vocabulary and language when giving class instruction.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

23. My State of Slim Everybody instructors played videos during class instead of having live instruction.
- Never
- Sometimes
- Always

Display logic for #24: ONLY if participants selected 'Sometimes' or 'Always' in #23, will participants receive the following question:

24. I was frustrated that my virtual health class instructor relied on playing videos during class rather than providing live instruction.
- No
- Neutral
- Yes

25. My State of Slim Everybody instructors made it very clear to me that I had access to them for a one-on-one session if I felt I wanted or needed one.
- False
- Neither true nor false
- True

26. I scheduled a one-on-one with my State of Slim Everybody instructor.
- No
- Yes

27. I did not feel like I needed a one-on-one session with my State of Slim Everybody instructors.

- False
- Neither true nor false
- True

28. What program components did you appreciate the most about State of Slim Everybody? Please check all that apply.

    Tailored curriculum

    Virtual health instructor

    Socialization

    Virtual delivery

    Other _____

    None

29. What program components frustrated you the most about State of Slim Everybody? Please check all that apply.

- My own mindset
- My disability
- Personal appointments scheduled at the same time as class
- Other participants
- Other _____
- None

30. I would like my support network (i.e., friends, family, care team) to be involved in virtual health classes with me.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Display logic for #31: ONLY if participants selected 'Strongly disagree' or 'Somewhat disagree' in #30, will participants receive the following question:

31. Why would you NOT like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?

- _____

Display logic for #32: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #30, will participants receive the following question:

32. Why WOULD you like for your support network (i.e., friends, family, care team) to be involved in virtual health classes with you?

- _____

33. I often felt fatigued by the effort of participating in the Zoom meetings.

- Strongly disagree

- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

34. I continue to use the knowledge I gained from State of Slim Everybody.
- Strongly disagree
- Somewhat agree
- Neither agree nor disagree
- Somewhat agree
- Strongly disagree

Display logic for #35: ONLY if participants selected 'Somewhat agree' or 'Strongly agree' to #34, will participants receive the following question:

35. What do you still practice that you learned from the State of Slim Everybody program?
- _____

36. Please check all that apply. I feel I benefited from State of Slim Everybody –
Physically; if so, how – _____
Mentally; if so, how – _____
Spiritually; if so, how – _____
Other: _____
None

37. How satisfied were you with the State of Slim Everybody program on a scale of 1 to 5, where 1 means 'very dissatisfied' and 5 means 'very satisfied'?
- _____

38. I would recommend State of Slim Everybody to others.
- No
- Maybe
- Yes

39. Is there anything else you would like to add about State of Slim Everybody?
- _____

END OF SURVEY.

Supplemental Appendices A. Quantitative survey delivered to participants.

Supplemental Appendices B

Program*Survey Variables*Demographics			
Program	**MENTOR**	**GROWTH**	**SOSE**

Survey Variables	**Independent Variables:** **1. Age** **2. Disability** **3. Level of Education** **4. Race** **5. Marital Status** 6. **Employment Status**
Motivation to stay connected	
Virtual teaching enjoyment	
Participant interaction enjoyment	
Comfortable speaking up or commenting during class	
Felt lecture lasted appropriate amount of time	
Felt online group interacted well amongst ourselves	
Felt the virtual environment was accessible	
Participation in (program) made me feel optimistic about my own health	
Felt (program) instructors interacted with class other than to give out instruction or feedback	
Felt (program) content was modified or adapted for my disability or comfortability	
Enjoyed (program) content	
Felt (program) instructors were knowledgeable about disability	
Had positive relationship with (program) instructors	
(Program) instructors used appropriate vocabulary and language when giving class instruction	
(Program) instructors played videos during class instead of having live instruction	
Frustrated my (program) instructor played videos during class instead of providing live instruction	
(Program) instructors made it very clear to me I had access to them for a one-on-one	
Scheduled a one-on-one with my (program) instructor	
Did not feel I needed a one-on-one	
(Program) components appreciated most (multiple selection from 1) tailored curriculum, 2) virtual health instructor, 3) socialization, 4) virtual delivery, 5) other, 6) none)	
(Program) component frustrated most (multiple selection from 1) my own mindset, 2) my disability, 3) personal appointments scheduled at the same time as class), 4) other participants, 5) other, 6) none)	
Want my support network to be involved in virtual health classes with me	
Often felt fatigued by effort of participating in Zoom meetings	
Continue to use knowledge I gained from (program)	
Felt I benefitted from (program) physically	
Felt I benefitted from (program) mentally	
Felt I benefitted from (program) spiritually	
Satisfaction with (program) (Likert scale 1-5 where 1 is very dissatisfied and 5 is very satisfied)	
Would recommend (program) to others	

Supplemental Appendices B. Factorial Design of Dependent Variables*Program*Independent Variables for chi square and Spearman's rho tests for significance.