

Baseline demographics	Intervention group
Number of participants (n)	14
Gender (Men; Women)	M:9 W:5
Age (years)	62.1 ± 3.3

Table 1. Baseline demographics of participants in the intervention group from the pilot randomized trial (9).

Satisfaction	Satisfaction of the activity tracker use		Satisfaction of the technical support	
	n	%	n	%
Not at all satisfied	0	0.0	0	0.0
Not very satisfied	0	0.0	0	0.0
Somewhat satisfied	2	14.3	3	21.4
Satisfied	7	50.0	6	42.9
Very satisfied	5	35.7	5	35.7
Total	14	100.0	14	100.0

Table 2. Satisfaction of the activity tracker use and technical support provided by the team.

Usefulness	n	%
Not at all useful	0	0.0
Not very useful	1	7.1
Somewhat useful	2	14.3
Useful	3	21.4
Very useful	8	57.1
Total	14	100.0

Table 3. Usefulness of the information displayed by the activity tracker and the application.

Parameter	Most useful parameter(s) to track physical activity		Most useful parameter(s) for physical activity motivation	
	n	%	n	%
Weight	2	13.3	4	26.7
Distance traveled	3	20.0	3	20.0
Step count	6	40.0	5	33.3
Minutes of being sedentary, mild, moderate, and strenuous physical activity	3	20.0	2	13.3
Calories burned	1	6.7	1	6.7
Total	15	100.0	15	100.0

Table 4. Most useful parameter(s) to track physical activity and for physical activity motivation.

Intention	n	%
Yes	6	54.5
No	4	36.4
Undecided	1	9.1
Total	11	100.0

Table 5. Intention to purchase an activity tracker after the study.

Incitation	n	%
Not incited at all	1	8.3
Not very incited	1	8.3
Somewhat incited	1	8.3
Incited	6	50.0
Very incited	3	25.0
Total	12	100.0

Table 6. Extent to which the activity tracker incited oneself to stick to the physical activity program once the study was over.

Baseline demographics	SWOT questionnaire participants
Number of participants	
(n)	7
Gender (Men; Women)	M:2 W:5
Age (years)	44.7 ± 18.6

Table 7. Baseline demographics of the SWOT questionnaire participants (team)

 Strengths – S		 Weaknesses – W			
1. Project initiation and involvement of a layperson 2. Links to clinical interests 3. Interprofessional collaboration/ multidisciplinary team 4. Accessibility and leadership of the principal investigator 5. High satisfaction from participants, and collaboration, desire to improve knowledge 6. Training of research students 7. Simple, available, and affordable tool 8. Follow-up with the kinesiologist /phone call 9. Objective follow-up of physical activity /motivational tool 10. Small number of appointments 11. Easy-to-fill questionnaires 12. Precise measures of body composition		1. Tight budget: few pedometers and activity trackers 2. Small sample size: limited power and significance 3. Part-time research coordinator: lack of follow-up measures and missing data 4. Rotation in team members: compromised follow-up 5. Drops out and missing data 6. Watch running out of battery and recording problems influence on measures collection 7. Few data extracted from the activity tracker (step count)			
 Opportunities – O					
1. Primary care setting 2. Loan of activity tracker and iPad: money saved 3. Common technology		1. Integration of the activity tracker data in the electronic medical record: physicians and health professional teams could get the objective information on physical exercise 2. Organization of academic health centres to facilitate the contribution of physicians and health professionals in research 3. Follow-up on a longer period, for example six months		1. Larger study with more participants 2. Extraction of all the activity tracker data 3. Collection of data in pre- and post-intervention to really compare both groups 4. Clarification of objectives at the beginning of the study 5. Formation of groups for motivation	
 Threats – T					
1. Recruitment (1-year) 2. Coordination/synchronization, too many professionals from different establishments 3. Less-than-optimal communication between professionals 4. One academic health centre 5. Technology should be available for all 6. Difficulty synchronizing the activity tracker and app 7. Technology harder to use for certain people 8. Watch: lack of batteries 9. Extraction of the activity tracker data difficult, forgotten login access		1. Team 100% dedicated to the clinical intervention and in the same establishment 2. All team members available during a time slot 3. Addition of more academic health centres/clinical establishments 4. Limit on the number of professionals involved (one professional does the tests)		1. Full-time research coordinator dedicated to the study (follow-up and recruitment), paid by the state and worked in the academic health centre with health professionals 2. Scientific counselor for issues such as optimizing recruitment process 3. Training on how to use the device and a person to join if further help is needed 4. Team being informed immediately when a technological problem occurs to avoid data loss 5. Logging access given by the team	

Table 8. SWOT matrix