**Participant Feedback Questionnaire**

These questions ask about your feelings and experiences during the online wellness program. Please answer every question. There are no right or wrong answers. Your honest feedback is important in assessing the feasibility of the program.

Please circle, underline, or bold one response for each of the following questions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Regarding the online interface:  |  | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1. | The program was easy to set up and get connected | 1 | 2 | 3 | 4 | 5 |
| 2. | The video chat sessions were easy to access | 1 | 2 | 3 | 4 | 5 |
| 3. | The online community group was easy to access and post updates | 1 | 2 | 3 | 4 | 5 |
| 4. | This online approach can easily be applied to individuals with MS who have similar levels of functionality | 1 | 2 | 3 | 4 | 5 |
| 5. | This online approach could be applied to anyone | 1 | 2 | 3 | 4 | 5 |
| 6. | I felt as though it was easy to communicate with others in the video chat.  | 1 | 2 | 3 | 4 | 5 |
| 7. | Five individuals is an appropriate amount of people for the online wellness program.  | 1 | 2 | 3 | 4 | 5 |

Regarding the educational sessions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | The educational sessions were an appropriate length (of time) | 1 | 2 | 3 | 4 | 5 |
| 2. | The topics were relevant to individuals with MS | 1 | 2 | 3 | 4 | 5 |
| 3. | I found the educational sessions personally informative | 1 | 2 | 3 | 4 | 5 |
| 4. | The educational sessions had a good balance of lecture and discussion | 1 | 2 | 3 | 4 | 5 |
| 5. | The educational sessions will help me engage in more physical activity | 1 | 2 | 3 | 4 | 5 |

Regarding the exercise sessions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | I plan on utilizing the exercises in my routine exercise plan | 1 | 2 | 3 | 4 | 5 |
| 2. | The exercises sessions were appropriately challenging | 1 | 2 | 3 | 4 | 5 |
| 3. | The exercise sessions were an appropriate duration/length | 1 | 2 | 3 | 4 | 5 |
| 4. | I felt safe while performing the exercises | 1 | 2 | 3 | 4 | 5 |
| 5. | I felt motivated to participate in the exercise sessions  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 6. | I would rather use this program to exercise instead of having to drive to meet in person.  | 1 | 2 | 3 | 4 | 5 |
| 7. | If I had the opportunity, I would want to continue the program | 1 | 2 | 3 | 4 | 5 |
| **Rate your overall satisfaction with the online exercise program:** |
| Extremely dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Extremely satisfied |
| 1 | 2 | 3 | 4 | 5 |

**A variety of strategies to improve physical activity were incorporated such as goal-setting, a training diary, and utilizing rewards. Which of these did you find most helpful and why?**

**What did you like most about the program?**

**What did you like least about the program?**

**Please provide any other comments or feedback about your experience and / or thoughts related to the program.**

Thank you for being a part of this initiative. I believe this program has the potential to help a number of individuals participate in wellness and improve their physical activity. I hope you will keep exercising!