Supplementary Table S1

TIDieR Checklist for the Men on the Move Study

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| 1        | Men on the Move |

**Why**

Physical activity is linked to numerous and irrefutable health benefits. Nevertheless, physical inactivity is highly prevalent among older men. Little is known about how to effectively design and scale physical activity strategies for older men. Among evidence-based physical activity promotion programs, choice-based approaches have been successful for older adults when delivered by research teams and by community organizations. Flexible, choice-based models allow programs to be tailored to individual activity preferences, motivations, health status, physical abilities, and financial and social resources. In addition, active transportation provides opportunities for physical activity, such as walking to destinations of interest or before and after trips on public transit. Past studies have reported that providing personal travel planning for older adults led to increased bus use. Provision of transit passes and personal travel planning may be especially effective to encourage public transit use, but this combination has not been evaluated previously. Together, these gaps in evidence warrant a feasibility trial of a scalable, choice-based physical activity and active transportation intervention for older men.

**What**

3 Materials

The intervention group received the following materials: a pedometer to track daily steps; an activity log to record daily steps as well as the type, intensity, duration, and location of each physical activity they participated in; written physical activity resources; complimentary transit passes for the duration of the intervention; complimentary recreation centre passes for the duration of the study, or the cost of specific classes of equal value covered; and an iPad Mini 2 to support active transportation planning as well as to record daily steps.

4 Procedures

Each participant in the intervention group received a 60-minute one-on-one consultation with a trained activity coach to develop a personal action plan for physical activity and a personal travel plan; these plans were based on their interests, abilities, health, income, and transportation options as well as existing community resources. Participants also received three (monthly) motivational meetings which covered a variety of health-related topics including benefits of and barriers to physical activity and active transportation, using an iPad to plan transit routes to destinations of interest and find opportunities for physical activity, and tips for sustaining...
regular physical activity.

Participants also received weekly telephone support from their activity coach in the form of 15-minute telephone call check-ins about their physical activity and travel goals. Finally, participants received a 60-minute transit training session led by a representative of the local transit authority.

### Who Provided

All components of the intervention, except the transit training session, were delivered by three activity coaches who were certified fitness leaders who had specific training to work with older adults. Activity coaches completed approximately 12 hours of centralized Men on the Move-specific training. The transit training session was delivered by a community outreach staff member of the local transit authority.

### How

Activity coaches initially met face-to-face with participants at the one-on-one consultation and first motivational meeting. Subsequently, they met monthly with participants face-to-face at the second and third motivational meetings. Weekly check-ins were conducted via telephone.

### Where

Recruitment took place in Vancouver, British Columbia. All motivational meetings and one-on-one meetings between participants and activity coaches took place in local community centres, as did the transit training sessions. The weekly telephone support check-ins took place while the participants were in their homes.

### When and How Much

The intervention ran for 12 weeks. In the first week, participants attended a 60-minute one-on-one consultation with their activity coach to develop their personal physical activity and active travel plans. In the same week, participants attended the first monthly 60-minute motivational meeting (led by their activity coach) and the 60-minute transit training session (led by a staff member of the local transit authority). Subsequently, participants attended a 60-minute monthly motivational meeting with their activity coach at the beginning of the second and third months. The 12 weekly telephone support check-ins each lasted approximately 15 minutes.

### Tailoring

Each participant’s personal action plan for physical activity and personal travel plan was tailored to their interests, abilities, health, income, and transportation options as well as existing community resources. As an example, one participant could set a goal to walk in their neighbourhood for 15 minutes a day, while a second participant might set a goal to play badminton for 2 hours a week at their local community centre. This flexibility was a key component of the intervention, which stressed the importance of choice in developing and maintaining new physical activity habits.

### Modifications
Weekly support was intended to be administered by telephone only. However, participant preference dictated email was used to complete some of the weekly check-ins.

**How well**

*Planned* Adherence to the study was assessed by the research team with feedback from the activity coaches. Key adherence outcomes included recruitment rates, retention rate for pre-intervention (T0) and post-intervention (T1, T2) assessments, one-on-one meeting attendance, monthly motivational meeting attendance, transit training attendance, weekly check-in completion, and weekly activity log completion. Cash honourariums were provided to encourage attendance at measurement sessions. Attendance at group meetings was encouraged during weekly check-ins. If activity coaches were unable to contact a participant for a weekly check-in, they would continue to try until contact was made or the check-in was declined.

*Actual* Recruitment took place from August to September, 2015. 94 individuals responded to newspaper ads, posters, or targeted emails. Of these, 57 (62%) were immediately eligible, and a further 15 (16%) would have been eligible with clearance from their physician, which 8 (9%) were able to obtain. Thus, in total, 65 (69%) individuals were eligible, of which 58 (62% of 94 initial respondents) provided informed consent and were enrolled. All 58 participants attended the pre-intervention T0 assessment, 55 (96%) attended the post-intervention T1 assessment, and 51 (88%) attended the T2 assessment.

After the T0 assessment, participants were randomly assigned to the Intervention group (N=29) or the Control group (N=29). In the Intervention group, 28 (97%) participants attended Motivational Meeting #1, 20 (69%) attended Transit Training, 28 (97%) attended a One-on-One meeting with an Activity Coach, 25 (86%) attended Motivational Meeting #2, and 26 (89%) attended Motivational Meeting #3.

For the scheduled weekly telephone check-ins with their activity coach, 11 (38%) completed all 12 check-ins, 13 (45%) completed most check-ins (8-11), 4 (14%) completed some check-ins (4-7), 0 (0%) completed a few check-ins (1-3), and 1 (3%) completed no check-ins. For the weekly activity logs, 5 (17%) did not complete any activity logs, 0 (0%) completed activity logs for 1-3 weeks, 1 (3%) completed activity logs for 4-7 weeks, 9 (31%) completed activity logs for 8-11 weeks, and 13 (45%) completed activity logs of all 12 weeks.