**Suppl 2. Questionnaire 2**

**Name: Phone:**

**E-mail:**

**Q1**. After getting the information on the efficiency and application of eccentric exercise in the clinical setting, would your two preferred exercises (from the first questionnaire) remain the same?

* Yes
* No

**If yes, please ignore the next question. If no, please answer the next question.**

**Q2**. Please rank your two most preferred type of exercises (by numbering 1 and 2 against the exercise option of your choice) that you would like to perform on a regular basis?

\_\_\_\_\_\_ Resistance eccentric training with bodyweight

\_\_\_\_\_\_ Resistance eccentric training with machines

\_\_\_\_\_\_ Conventional resistance training with machines

\_\_\_\_\_\_ Conventional resistance training with bodyweight

\_\_\_\_\_\_ Resistance training with free weights

\_\_\_\_\_\_ Conventional cycling

\_\_\_\_\_\_ Eccentric cycling

\_\_\_\_\_\_ Walking

\_\_\_\_\_\_ Ascending stair walking

\_\_\_\_\_\_ Descending stair walking

\_\_\_\_\_\_ High-intensity interval training (HIIT)

\_\_\_\_\_\_ None of the above