

Multimedia Appendix 4

Initial Questionnaire (Before first exercise session) - "Tell us About Yourself"

1. Imagine that before you had pain you were at 100%. What % is your knee right now? (Slider from 0-100- *General Assessment of Function.*)
2. What sports and activities could you do before the pain? (Slider 0-10 *UCLA Activity Score*)
3. What sports & activities can you do right now? (Slider 0-10 *UCLA Activity Score*)
4. If 10 is the worst pain you can imagine, rate your pain now from 1-10. (Slider 0-10 with "Face figures"- *Visual Analog Scale*)
5. How many visits to a physical therapist have you ever had?

0

1-3

4-8

8-15

Greater than 15

6. Has your knee pain ever caused any of the following? (Check all that apply):

Visit a Doctor

Visit a Physical Therapist

Receive an injection

Be in the hospital

6 weeks Questionnaire - "Now that you are done with your exercises, tell us how it went."

1. Imagine that before you had pain you were at 100%. What % is your knee right now? (Slider from 0-100- *General Assessment of Function.*)
2. What sports & activities can you do right now? (Slider 0-10 *UCLA Activity Score*)
3. If 10 is the worst pain you can imagine, rate your pain now from 1-10. (Slider 0-10 with "Face figures"- *Visual Analog Scale*)
4. Are you feeling better than when you started? Yes/No

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5. Do you like this better than going to a physical therapist? Yes/No
6. What would you pay for 6 weeks of unlimited website access? Open text box, numbers only
7. During the trial, did the knee pain ever cause you to: (Check all that apply):
 - Visit a Doctor
 - Visit a Physical Therapist
 - Receive an injection
 - Be in the hospital
8. Did you like your exercise program? Yes/No
9. Would you recommend your exercise regimen to friends or family?
10. What was the biggest reason you tried the website?
 - Cost
 - Ease of use
 - Ease of access
 - Effectiveness
 - Other: (free text)