

Thank you to the reviewers for their time and thoughtful comments, many of which have been incorporated into the revised manuscript. We added an expanded description of the MI intervention, suggested by two reviewers, which makes the manuscript more interesting and informative.

| Reviewer 1 | |
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| Abstract should name instruments | Done. This required eliminating other text, but we think it still synthesizes the study. |
| p. 4, lines 4-5, expand on nature of tailoring. The intervention could not be replicated from this description | We expanded description of the MI intervention on p 4-5. The intervention can be replicated from content in the manuscript, which was written according to CONSORT guidelines and contains all procedures. However, MI techniques are many and individualized, similar to other counselling methods, so training is required and only a general description is possible in an article. |
| Name the manufacturer and model of pedometer | Done in “motivational interviewing intervention” section of Methods, page 5, para 1. Also added text to clarify that pedometer was for motivation, not used as a measure of activity. |
| Randomization is not described in text | Description of randomization was expanded in “procedures” paragraph of methods section, page 3, para 3. |
| Problems with self-reported physical activity should be acknowledged in text. Objective measures of physical activity should be recommended in text | We added text on p. 16, para 2 to acknowledge this limitation and suggest objective measures in future studies. |
| Results section text repeats information in tables | We could not find repeated information in the text and tables, so text in results section was not revised. |
| Delete figure 2, it is a tutorial and not part of results | We were uncertain whether we should eliminate this figure, as other reviewers did not suggest it. MLM is unfamiliar to many readers and the tutorial figure may be helpful. We did not eliminate Figure 2 in this revision, but can do so if editors wish it. |
| p.9, lines 20-22, clarify which dependent variable is being discussed | Done. This sentence is now on p. 11, para 3, sentence 1 (because of adding additional text to paper) |
| Table 1 would be less complex if descriptors were moved from column 2 and 3 to column 1 | Moving “mean (SD) or number” to the first column might be confusing because the means and numbers appear in columns 2 and 3. We can change this if editors desire it. The table was not changed in this revision. |
| p. 5, line 10, “we deleted one item 2 about” is | Done. This sentence now appears on p. 6, line |

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| confusing | 15. |
| p. 11, line 21, change “an mean increase” to “a mean increase” | Done. |
| p. 11, lines 7 and 14, there is a question mark in each line. | Our manuscript does not show stray question marks. This can be fixed editorially if there are stray marks. |
| Reviewer 2 | |
| p. 4, line 4, add discussion about conversations consistent with MI. Describe components of MI and tailoring | We expanded this section, please see comment 2 under Reviewer 1 above. |
| Reviewer 3 (statistical) | |
| Validity and reliability information on the measures should be provided. Were the null findings caused by poor measures? Are CHAMPS scores valid as self-report? Poor psychometric properties should be addressed as a limitation in the discussion. | We added reliability information for each scale. CHAMPS is a validated self-report measure. We added text in the discussion suggesting fatigue scale may have caused null results (p. 15, para 2). Other measures are very commonly used validated, reliable measures and were unlikely to cause null results. |
| What method was used to determine caloric expenditure for activities? | The CHAMPS instrument itself provides a scoring protocol to calculate caloric expenditure. We added text and a citation on P. 6, line 17 to clarify that we used the standard scoring provided by CHAMPS. |
| Were any statistical methods used to test outcome differences between the two counsellors? | The substitution of the counselor was an unexpected change of the type that sometimes happens in clinical research. We duly reported this, but cannot compare outcomes between the two counsellors, as the substitute conducted only 21 of 110 calls, and participants who received a call from the substitute also received a call (and an in-person session) from the main counselor, so outcomes cannot be assigned to one or the other counselor. We believe the influence of the main counselor was the intervention, and the calls made by the substitute (who was fully trained in MI) were adequate to continue the MI and control conditions under the circumstances. We did not change the original manuscript. |
| Are there any differences in outcomes if males are removed from the analysis? It seems logical to only report females since there is evidence in previous research that the outcomes vary by gender and very few males participated in the present study. | We decided not to remove males from the analysis, as 6 male participants completed the study, and removing their data from the published report seems unethical because we put them to the trouble of measurement and answering surveys. We do not know of evidence that females and males are different in their response to either MI or exercise in terms of all our outcomes (activity, fatigue, |

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| | fitness, health). Such evidence would be needed to justify eliminating males from all analyses. We did not change the original manuscript. |
| What is the meaning of “role-physical” and “role-emotional” scales? | These are scales of the SF-36. |
| Why wasn't the Pinto et al., 2005 study cited in the discussion referenced in the introduction? It seems very similar to this study, except for length of illness. | We added Pinto to the introduction (p. 1, para 2). Pinto's study was of survivors within 2 yrs of treatment, was 12 weeks only, and was telephone intervention only. The differences between Pinto's study and ours is briefly described in the discussion section (p. 14, para 1). |
| Who collected height and weight data? What method was used and how was the person trained? | The Physical Activity Counselor conducted all measurements, including height and weight (stated on p 3, para 3). To increase clarity, we have added text that she conducted measures again on p. 6, para 2. She was trained in all measures by Dr. Winters, an exercise physiologist and co-author. A stadiometer and scale were used, but we have not added that to the text, because it is standard procedure. |