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SPSS v22.0 was used to conduct all statistical analysis. After obtaining a sample of 30 participants, a power calculation was performed to determine sample size. The following formula was used: sample size = n = (Z alpha/2)2 (SD/D)2. Effect size was calculated as half the difference between mean values (the delta). Data are reported as the mean +/- standard deviation (SD). Each data point is the mean of multiple observations for each subject. The independent variables consisted of participant gender (0 for female, 1 for male), body mass index (BMI, calculated by weight in kilograms divided by height in meters squared), and activity level, which was recorded using the validated Likert-type scale of physical activity level, where 1 is highest activity level, 2 is moderate activity, and 3 is sedentary. A paired t test compared the activity counts recorded by both devices. Significance was set at P>.05. Absolute percent error was calculated to examine agreement between the devices. Linear regression analyses were conducted to determine the association between daily steps and BMI (determining BMI as a percent of total bodyweight and recording daily steps). Exploratory analysis of daily steps was conducted using a generalized estimating equations (GEE) for a four-level ordinal measure. This analysis was conducted using the GENLIN statement with a logit link function to determine the likelihood of belonging to a lower, middle, or higher level of the activity score. The analysis compared the difference between Fitbit and the Actigraph. The dependent variable (score) was coded to where 0 = lower level, 1 = middle level, and 2 = higher level. Participants who had a missing value for the dependent variable were excluded from the regression analysis. P

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a step count from the video footage was used to identify the childrens step-counts. if the child was actively walking, stepping without arm movement, the coder watched the child at the time of the passage and timed the step-counts to the nearest decimal. if the child was running, or using a wheelchair, the coder timed the active step-counts based on defined periods of active movement or at the time the walking foot had set down after the specified period of active walking. each child was timed for a period of 5 minutes while walking, or 5 minutes in a wheelchair, or 10 minutes of 5 minute walking intervals. the measurement for each childs step-count at the final session of the intervention was divided by the time in minutes and multiplied by 60, giving the number of steps per minutes. there were 151 boys and 131 girls, who did not differ in mean age, height, or weight. two participants were lost-to-follow-up and were excluded, resulting in a final analysis of 134 children in the intervention group and 129 children in the control group. there was no difference in the number of participants in each trial arm who showed a clinically important improvement in gfs fatigue scores or self-reported fatigue (table 1). the nnt was 30 (95% confidence interval [ci] 21-35) for clinically important improvement in gfs fatigue scores. the nnt was 38 (95% ci 30-66) for a reduction in average gfs fatigue score of 0.5 points. the results are consistent with our previous trial in which the nnt for gfs improvement at one month follow up was 22 (95% ci 17-30). fewer steps were observed in the intervention group compared with the control group, 8,276 steps (95% ci 1020-17,487, p =.018; the 95% ci excludes zero), for the primary outcome at 4-month follow-up. this was largely due to a higher number of steps at baseline in the intervention group (55,022 [95% ci 10,923-93,700] vs 41,766 [95% ci 9387-82,177, p =.001). the difference between the groups changed little as the trial progressed (figure 2). the nnt was 32 (95% ci 26-46) for a reduction of 0.5 steps per minute. the steps per minute per day obtained at 4-month follow-up were markedly higher in the intervention group (on average, 33,474 steps per day) compared with the control group (on average, 16,384 steps per day; p 5ec8ef588b