

**Supplementary Table 2.** Simple logistic regression on the association between Health Action Process Approach Likert questions and self-reported adherence to the *Knee Control+* programme as dependent variable

<b>Health Action Process Approach construct in bold. The respective questions are presented in italics.</b>	Odds ratio (95% CI) for having high adherence	p-value
<b>Injury risk perceptions</b>	1.057 (0.733-1.525)	0.767
<i>What do you think about the overall injury risk in football? (low–high)</i>	0.916 (0.648-1.294)	0.619
<i>What do you think about the injury risk in the team that you coach? (low–high)</i>	1.176 (0.850-1.627)	0.328
<b>Outcome expectancies</b>	1.411 (0.895-2.225)	0.139
<i>I believe many injuries can be prevented in football (do not agree–agree)</i>	1.099 (0.761-1.589)	0.615
<i>I believe specific training can prevent injuries in football (do not agree–agree)</i>	<b>1.641 (1.039-2.592)</b>	<b>0.034</b>
<b>Action self-efficacy</b>	1.218 (0.871-1.703)	0.248
<i>My knowledge about preventing injuries in football is... (inadequate–adequate)</i>	1.248 (0.893-1.745)	0.195
<i>My practical ability to use <i>Knee Control+</i> with my team is... (inadequate–adequate)</i>	1.125 (0.855-1.480)	0.402
<b>Action planning</b>		
<i>I have concrete plans for how to instruct the players when using <i>Knee Control+</i> (do not agree–agree)</i>	<b>1.332 (1.007-1.762)</b>	<b>0.045</b>
<b>Maintenance self-efficacy</b>		
<i>I believe I will be able to continue using <i>Knee Control+</i> in my team next season... (do not agree–agree)</i>	1.340 (0.933-1.925)	0.113
<b>Coping planning</b>		
<i>I have plans for how to work around barriers for continued <i>Knee Control+</i> use... (do not agree–agree)</i>	<b>1.435 (1.136-1.812)</b>	<b>0.002</b>
<b>Recovery self-efficacy</b>		
<i>If my team stops using <i>Knee Control+</i>, I am certain that we can start using it again... (do not agree–agree)</i>	1.353 (0.930-1.968)	0.114

All questions are rated on a 1–7 Likert scale from 1 = low/do not agree/inadequate to 7 = high/agree/adequate. Adherence was based on coach self-reported weekly use of *Knee Control+* and dichotomised into “high adherence” (= having used *Knee Control+* ≥ 2 times/week) and “low adherence” (= having used *Knee Control+* < 2 times/week). The analysis is based on responses from the 101 coaches who used *Knee Control+* and responded to questions from both phases of the Health Action Process Approach model. Significant results (p<0.05) are depicted in bold.