

Supplementary Table 3

Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ)

Item	Response
1. Aim	The aim of this study is to explore how people with coronary heart disease and/or a history of an acute myocardial infarction, experience health education and risk communication.
2. Synthesis methodology	Thematic synthesis (Thomas & Harden, 2008). Data on risk communication consisted of concepts and themes related to the topic which were situated within studies of different phenomena. For this reason we decided these data were not amenable to the sort of context-bound interpretations that characterise meta-ethnography.
3. Approach to searching	A pre-planned exhaustive search in five key databases was completed to seek all available published studies.
4. Inclusion criteria	Population: Patients with a history of acute myocardial infarction (AMI) and confirmed coronary heart disease (CHD) Study type: Articles reporting qualitative research involving both qualitative methods of data collection and analysis. Language: English and German Year limits: 1996 - November 2016 (Update by July 2018) Type of publication: No filter applied for type of publication in the databases
5. Data sources	Databases: Cochrane Library; CINAHL; MEDLINE/PubMed; PsycINFO; SSCI Hand searching was not conducted.
6. Electronic search strategy	See supplementary Tables 1 and 2 MeSH terms and key words for qualitative research were applied.

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7. Study screening methods	<p>A review of titles and abstracts retrieved against the pre-determined inclusions criteria was completed by two independent reviewers.</p> <p>The full texts were screened and classified as 'include', 'maybe' or 'exclude' by two independent reviewers. Disagreements were resolved by a third reviewer.</p> <p>Covidence software was used for independent screening.</p>
8. Study characteristics	<p>Supplementary Table 4 presents the characteristics of the included studies subdivided in author, year of publication, country, study aim, participants, methodology and data collection and data analysis method.</p>
9. Study selection results	<p>PRISMA Flowchart (including update); see supplementary Figure 1</p>
10. Rationale for appraisal	<p>Quality appraisal was completed to evaluate how the principles and assumptions underpinning qualitative research are reflected in the included studies informing the synthesis.</p>
11. Appraisal items	<p>The Critical Appraisal Skills Programme (CASP) qualitative checklist was used as it addresses the underpinning principles and assumptions of the study.</p>
12. Appraisal process	<p>Item 3-10 of CASP checklist were independently judged by two reviewers in Covidence. Disagreements were discussed until consensus was reached. In one case the judgement of a third reviewer was needed.</p>
13. Appraisal results	<p>Papers were not excluded on the grounds of quality but provided an overview of the quality of the included studies as to ascertain the believability of results.</p> <p>Supplementary Figure 2 shows a summary of the appraisal for each included study.</p>
14. Data extraction	<p>Three reviewers undertook independent coding. Participant quotes, themes, discussions and conclusions from the original authors were extracted into NVivo by two reviewers. A third reviewer cross-checked paper versions independently. Data pertaining to the authors, year of publication, country, aims, participants, methodology, sampling, data collection, analysis and interpretation were extracted by one author into a table in Microsoft Word.</p>
15. Software	<p>NVivo 11 and Covidence</p>

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16. Number of reviewers	3
17. Coding	The authors began by importing concepts from seminal studies, which were identified by quality appraisal and the number of citations within the literature. Then, three reviewers coded individual study findings on risk communication, noting key themes, and staying as close to the data as possible.
18. Study comparison	In the first stage of analysis, themes were 'close' to the data. These low-level themes from individual studies were compared in discussions among the research team, and using the cluster analysis function in NVivo. The aim of the comparisons was to understand what the corpus of data as a whole was telling us about risk communication experiences.
19. Derivation of themes	Themes were derived using a mixture of 'top down' and 'bottom-up' analysis. Concepts from seminal studies were used to guide the synthesis in the first instance, and at the same time new themes were created to describe any data that did not fit into these. Then, these descriptive themes were inspected for similarities and differences, with the aim of creating higher-order clusters of themes. Finally, through discussions among the research team, we generated analytical themes – abstract themes that were capable of explaining and understanding all the initial, descriptive themes. Throughout this process, we only focused on data within the original studies that specifically pertained to risk communication and health education. A fourth member of the team as checked back all citations in the final results.
20. Quotations	Participant quotations and authors' interpretations are provided with the results section of the review to illustrate the themes and categories.
21. Synthesis output	New interpretations of the data have identified 3 themes with 10 categories and are displayed in supplementary Table 5.