Additional File 2

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International journal for quality in health care. 2007; 19(6):349-57.

No. Item	Guide questions/description	Reported on Page
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Pg 8 (Methods) + Pg 29 (Authors' contribution)
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	Pg 8 (Methods) + Pg 29 (Authors' contribution)
3. Occupation	What was their occupation at the time of the study?	Pg 8 (Methods) + Pg 29 (Authors' contribution)
4. Gender	Was the researcher male or female?	
5. Experience and training	What experience or training did the researcher have?	Pg 8 (Methods) + Pg 29 (Authors' contribution)
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	Pg 8 (Methods)
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Pg 8 (Methods)
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Pg 6 (Intro) + Pg 29 (Authors' contribution) + Pg 30 (Acknowledgements)
Domain 2: study design		
Theoretical framework		
9. Methodological orientation	What methodological orientation was stated to underpin the study? e.g.	Pgs 6 (Intro) + 7-8 (Methods)

and Theory	grounded theory, discourse analysis, ethnography, phenomenology, content analysis	
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Pgs 8-9 (Methods) + Pg 23 (Strengths and Limitations)
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Pg 8-9 (Methods)
12. Sample size	How many participants were in the study?	Pg 8-9 (Methods) + Tables
13. Non-participation	How many people refused to participate or dropped out? Reasons?	N/A
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Pgs 8-9 (Methods)
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	N/A
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Pgs 8-9 (Methods) + Pg 23 (Strengths and Limitations)
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Pg 8 (Methods) + Additional file 3
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	Page 8 (Methods)
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Page 8 (Methods)
20. Field notes	Were field notes made during and/or after the interview or focus group?	N/A
21. Duration	What was the duration of the interviews or focus group?	Pg 8 (Methods/ Focus groups) and Pg 9 (Participatory Workshop)
22. Data saturation	Was data saturation discussed?	Pg 23 (Strengths and Limitations)
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Pg 8 (Methods/ Focus groups) and Pg 10 (Participatory Workshop)
Domain 3: analysis and findings		
Data analysis		

24. Number of data coders	How many data coders coded the data?	Pg 8 (Methods)
25. Description of the coding tree	Did authors provide a description of the coding tree?	Pg 7 (COM-B/TDF), Pg 8 (Methods) and Additional File 1
26. Derivation of themes	Were themes identified in advance or derived from the data?	Pg 7 (COM-B/TDF), Pgs 8-10 (Methods) and Additional File 1
27. Software	What software, if applicable, was used to manage the data?	N/A
28. Participant checking	Did participants provide feedback on the findings?	Pg 8 (Methods/ Focus groups) and Pg 10 (Participatory Workshop)
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Pgs 11-19 (Results) + Table 1
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Pgs 10-11 (Methods) + Pg 23 (Discussion/ Strengths and Limitations)
31. Clarity of major themes	Were major themes clearly presented in the findings?	Pgs 11-19 (Results) + Table 1, 2 and 3
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Pg 11 (Results)

Standards for Reporting Implementation Studies: the StaRI checklist for completion

The StaRI standard should be referenced as: Pinnock H, Barwick M, Carpenter C, Eldridge S, Grandes G, Griffiths CJ, Rycroft-Malone J, Meissner P, Murray E, Patel A, Sheikh A, Taylor SJC for the StaRI Group. Standards for Reporting Implementation Studies (StaRI) statement. *BMJ* 2017;356:i6795

The detailed Explanation and Elaboration document, which provides the rationale and exemplar text for all these items is: Pinnock H, Barwick M, Carpenter C, Eldridge S, Grandes G, Griffiths C, Rycroft-Malone J, Meissner P, Murray E, Patel A, Sheikh A, Taylor S, for the StaRI group. Standards for Reporting Implementation Studies (StaRI). Explanation and Elaboration document. *BMJ Open* 2017 2017;7:e013318

Notes: A key concept of the StaRI standards is the dual strands of describing, on the one hand, the implementation strategy and, on the other, the clinical, healthcare, or public health intervention that is being implemented. These strands are represented as two columns in the checklist.

The primary focus of implementation science is the implementation strategy (column 1) and the expectation is that this will always be completed.

The evidence about the impact of the intervention on the targeted population should always be considered (column 2) and either health outcomes reported or robust evidence cited to support a known beneficial effect of the intervention on the health of individuals or populations.

The StaRI standards refers to the broad range of study designs employed in implementation science. Authors should refer to other reporting standards for advice on reporting specific methodological features. Conversely, whilst all items are worthy of consideration, not all items will be applicable to, or feasible within every study.

Checklist item		Reported on page #	Implementation Strategy	Reported on page #	Intervention
			"Implementation strategy" refers to how the intervention was implemented		"Intervention" refers to the healthcare or public health intervention that is being implemented.
Title and abstract					
Title	**1**	Pg 1	Identification as an implementation study, and description of the methodology in the title and/or keywords		
Abstract	**2**	Pgs 2-3	Identification as an implementation study, including a description of the implementation strategy to be tested, the evidence-based intervention being implemented, and defining the key implementation and health outcomes.		
Introduction					
Introduction	**3**	Pgs 5-6	Description of the problem, challenge or deficiency in healthcare or public health that the intervention being implemented aims to address.		
Rationale	**4**	Pgs 6-8	The scientific background and rationale for the implementation strategy (including any underpinning theory/framework/model, how it is expected to achieve its effects and any pilot work).	Additional file 5	The scientific background and rationale for the intervention being implemented (including evidence about its effectiveness and how it is expected to achieve its effects).

Aims and objectives	**5**	6	The aims of the study, differentiating between implementation objectives and any intervention objectives.		
Methods: description					
Design	**6**	Pgs 6-10	The design and key features of the evaluation, (cross referencing to any appropriate methodology reporting standards) and any changes to study protocol, with reasons		
Context	**7**	Pg 6 + Pgs 23-34	The context in which the intervention was implemented. (Consider social, economic, policy, healthcare, organisational barriers and facilitators that might influence implementation elsewhere).		
Targeted 'sites'	**8**	Pgs 26-27	The characteristics of the targeted 'site(s)' (e.g locations/personnel/resources etc.) for implementation and any eligibility criteria.	Pgs 26-27	The population targeted by the intervention and any eligibility criteria.
Description	**9**	Pgs 7-9 + Pg 23	A description of the implementation strategy	Pgs 19-22 + Additional file 6	A description of the intervention
Sub-groups	**10**	N/A	Any sub-groups recruited for additional research tasks, and/or nested studies are described		
Methods: evaluation					
Outcomes	**11**	Pgs 6-10	Defined pre-specified primary and other outcome(s) of the implementation strategy, and how they were assessed. Document any pre-determined targets	N/A	Defined pre-specified primary and other outcome(s) of the intervention (if assessed), and how they were assessed. Document any pre-determined targets
Process evaluation	**12**		Process evaluation objectives and outcomes related to the mechanism by which the strategy is expected to work		
Economic evaluation	**13**	N/A	Methods for resource use, costs, economic outcomes and analysis for the implementation strategy	N/A	Methods for resource use, costs, economic outcomes and analysis for the intervention
Sample size	**14**	Pgs 7-9 + Pg 23	Rationale for sample sizes (including sample size calculations, budgetary constraints, practical considerations, data saturation, as appropriate)		
Analysis	**15**	Pgs 6-10 for each study	Methods of analysis (with reasons for that choice)		
Sub-group analyses	**16**	N/A	Any a priori sub-group analyses (e.g. between different sites in a multicentre study, different clinical or demographic populations), and sub-groups recruited to specific nested research tasks		
Results					
Characteristics	**17**	Pgs 7-9 + Pg 23	Proportion recruited and characteristics of the recipient population for the implementation strategy	N/A	Proportion recruited and characteristics (if appropriate) of the recipient population for the intervention

Outcomes	**18**	Pg 11 (behaviour diagnosis)	Primary and other outcome(s) of the implementation strategy	N/A	Primary and other outcome(s) of the Intervention (if assessed)
Process outcomes	**19**	Pg 19 (intervention mapping) + Additional file 6	Process data related to the implementation strategy mapped to the mechanism by which the strategy is expected to work		
Economic evaluation	**20**	N/A	Resource use, costs, economic outcomes and analysis for the implementation strategy	N/A	Resource use, costs, economic outcomes and analysis for the intervention
Sub-group analyses	**21**	Pg 23 (Strengths and Limitations)	Representativeness and outcomes of subgroups including those recruited to specific research tasks		
Fidelity/ adaptation	**22**	Pgs 26-27	Fidelity to implementation strategy as planned and adaptation to suit context and preferences	N/A	Fidelity to delivering the core components of intervention (where measured)
Contextual changes	**23**	Pgs 26-27	Contextual changes (if any) which may have affected outcomes		
Harms	**24**	N/A	All important harms or unintended effects in each group		
Discussion					
Structured discussion	**25**	Pgs 22-25 + Additional file 5	Summary of findings, strengths and limitations, comparisons with other studies, conclusions and implications		
Implications	**26**	Pgs 25-57	Discussion of policy, practice and/or research implications of the implementation strategy (specifically including scalability)	N/A	Discussion of policy, practice and/or research implications of the intervention (specifically including sustainability)
General					
Statements	**27**	Pg 10 + Pgs 27-28	Include statement(s) on regulatory approvals (including, as appropriate, ethical approval, confidential use of routine data, governance approval), trial/study registration (availability of protocol), funding and conflicts of interest		