

1 **Supplemental Material: Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist**

No. Item	Guiding Questions	Description
Research team and reflexivity		
<i>Personal Characteristics</i>		
1. Interviewer/facilitator:	Which author/s conducted the interview or focus group?	The interviews were conducted by research team member KB
2. Credentials:	What were the researcher's credentials? E.g. PhD, MD	At the time of the study KB's academic credentials included a PhD
3. Occupation:	What was their occupation at the time of the study?	At the time of the study KB was a postdoctoral fellow in health psychology
4. Gender:	Was the researcher male or female?	Team member KB is female.
5. Experience and training:	What experience or training did the researcher have?	Team member KB has nine years of experience in qualitative interviewing and analysis.
<i>Relationship with participants</i>		
6. Relationship established:	Was a relationship established prior to study commencement?	A researcher-participant relationship was not established prior to the data collection with KB, the interviewer. A researcher-participation relationship was established with other authors [TC, DS, & HT], as they provided clinical care to some of the patients in this study.
7. Participant knowledge of the interviewer:	What did the participants know about the researcher? E.g. personal goals, reasons for doing the research	All participants were made aware that KB was a postdoctoral fellow in health psychology and that the aim of the study was to develop an understanding of patient-reported challenges and intervention needs from patients who experienced a SCAD, in the aim of developing a patient-derived and accepted intervention.
8. Interviewer characteristics:	What characteristics were reported about the interviewer? E.g., bias, assumptions, reasons and	The first and lead authors have expertise in psychological determinants and interventions to improve mental health and cardiac outcomes in patients with CVD. Participants were made aware of these

interests in the research topic

research interests but were asked to comment more broadly on their experiences with SCAD (i.e., including but not limited to psychological components).

Study design

Theoretical framework

9. Methodological Orientation and Theory:

What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis

Stemming from an interpretivism paradigm of research (i.e., a focus on elucidating participants' "meaning" of a particular phenomenon rather than generating objective "facts") this research was guided by inductive thematic coding techniques. Inductive thematic analysis is a useful method for summarizing core features of phenomena found within a dataset and is particularly appropriate for empirical investigations of emerging areas of research. Thematic analysis that is inductive in nature involves identifying and reporting patterns that are strongly linked to the qualitative data.

Participant selection

10. Sampling:

How were participants selected? e.g. purposive, convenience, consecutive, snowball

All participants were recruited via purposive sampling.

11. Method of approach:

How were participants approached? e.g. face-to-face, telephone, mail, email

All participants were recruited via telephone or email.

12. Sample size:

How many participants were in the study?

Fifteen participants comprised the study sample.

13. Non-participation:

How many people refused to participate or dropped out?

All participants who were approached agreed to participate in the study. One patient did not respond to follow-up calls to book the interview time.

Setting

14. Setting of data collection:

Where was the data collected? e.g. home, clinic, workplace

The interviews were conducted at the hospital (N=9), in the patient's home (N=2), or by telephone (N=4).

15. Presence of non-participants:	Was anyone else present besides the participants and researchers?	No other research team members were present in the interviews.
16. Description of sample:	What are the important characteristics of the sample? e.g. demographic data, date	Please see Table 1 for characteristics of the patient sample
<i>Data collection</i>		
17. Interview guide:	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The interview protocol was developed by the research team and pilot-tested with a patient with SCAD. The protocol was also informed by a previous study by the research team that investigated healthcare providers' perspectives of secondary preventative care for patients with SCAD. In this study, the interview guide was not provided to patients prior to the interview. Prior to conducting the interviews, verbal consent was obtained. As this study was part of a quality improvement project to enhance cardiac rehabilitation services, it was exempt from review by the Ottawa Health Science Network Research Ethics Board; written consent was not required.
18. Repeat interviews:	Were repeat interviews carried out? If yes, how many?	Follow-up interviews were not conducted.
19. Audio/visual recording:	Did the research use audio or visual recording to collect the data?	All but one interview were audio-recorded and transcribed by CNT (female; undergraduate researcher)
20. Field notes:	Were field notes made during and/or after the interview or focus group?	Researcher memos were developed following each interview to document any initial insights of the data. The researcher memos were not explicitly analyzed for content.
21. Duration:	What was the duration of the interviews or focus group?	The average duration of the interviews was approximately 1 hour.

22. Data saturation:	Was data saturation discussed?	Interviews were conducted until it was deemed by the first author that theoretical saturation was reached.
23. Transcripts returned:	Were transcripts returned to participants for comment and/or correction?	The transcribed interviews were not returned to participants for comment or correction.

Analysis and findings

Data analysis

24. Number of data coders:	How many data coders coded the data?	KB independently reviewed and coded the data (no inter-rater reliability was sought, as per inductive thematic analysis guidelines).
25. Description of the coding tree:	Did authors provide a description of the coding tree?	Please see Table 2 for coding tree.
26. Derivation of themes:	Were themes identified in advance or derived from the data?	As per inductive thematic analysis guidelines, themes were derived directly from the data.
28. Participant checking:	Did participants provide feedback on the findings?	The findings were not returned to participants for comment or correction.
27. Software	What software, if applicable, was used to manage the data?	Microsoft Word and Excel were used to manage the data.
29. Quotations presented:	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Participant quotations were used to illustrate the themes. To avoid breaches in confidentiality in the small patient sample, quotes are not assigned to specific participants.
30. Data and findings consistent:	Was there consistency between the data presented and the findings?	There was consistency between the data presented and the findings (Table 2). Strategies for promoting the trustworthiness of the study included: establishing a multidisciplinary team (clinical and/or health psychology [HT; KL; KB], cardiology [JS; SM; TC; DS], health science [NT]; and exercise physiology [JR]) to conceive the project and conduct the research;

constructing an interview guide informed through previous research and piloting the interview questions with a patient with lived-experience; selecting a sample of participants who represent varied demographic and SCAD profiles; providing rich examples of data excerpts (quotes) that were used to establish the core themes; and, transparent reporting of the quality of study through the use of the COREQ guidelines.

31. Clarity of major themes:

Were major themes clearly presented in the findings?

Major themes are clearly presented in the findings (Table 2).

32. Clarity of minor themes:

Is there a description of diverse cases or discussion of minor themes?

There were no minor themes identified in this study.