**Supplementary Information**

**Table 1. AACTT specification of participant behaviour.**

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| **AACTT** | **Trial participant behaviour** |
| Action | Return of questionnaire or attendance at clinic |
| *Actor* | Trial study staff or trial site staff or clinical staff |
| *Context* | At home or in clinic |
| *Target* | All trial participants |
| *Time* | Dependent on trial follow-up time points |

**Table 2: Topic guide for acceptability/feasibility focus groups in Phase 3.**

| **Constructs (TFA)** | **Applicable to: Research Ethics Committee (REC) and Patients (receiving the intervention), Trial staff and Research nurses (delivering the intervention)** | **Prompts (specific to group, if any)** |
| --- | --- | --- |
| Affective attitude (anticipated/experienced): how an individual feels about the intervention prior to taking part | 1. How would you feel about this intervention to encourage participants returning questionnaires/attending clinic appointments?
2. Why do you feel that way?
 | What are your views about this intervention from the perspectives of-delivering it/enabling its delivery? (trial staff/RNs)-receiving the intervention? (participants/REC) |
| Ethicality: the extent to which the intervention has good fit with an individual’s value system | 1. Are there any ethical considerations?

What are they? [e.g. does it feel coercive? Or  Undue inducements: “…are excessively attractive offers that lead people to do something to which they would normally have real objections based on risk or other fundamental values]b. What do you think the benefits and disadvantages of this intervention would be? | - related to delivery of this intervention? (trial staff/RNs)- related to patients receiving it? (participants/REC)From the perspectives of-delivering it/enabling its delivery? (trial staff/RNs)-receiving the intervention? (participants/REC) |
| Intervention coherence: the extent to which the participant understands the intervention and how it works | 1. Could you describe what the intervention is and how it might work?
 | To what extent do you understand the mechanism/technique of this intervention that should have an impact on retention? |
| Burden: (anticipated/experienced): the amount of effort that is required to participate in the intervention | 1. In your opinion, do you think receiving this intervention would require much work? (participants/REC)

In your opinion, do you think delivering the intervention would require much work? (trial staff/RNs)1. Any suggestions regarding how this burden/workload could be reduced?
 | (Time to read information/send extra materials on top of what you normally do)What would be the acceptability if (intervention- Goal setting)1. Who: the point of contact (trial team), Health Professional, recruiter or peer from the trial deliver this intervention?
2. Who- All potential participants (during recruitment) and then all participants consented to take part (during follow-up) receive it?
3. When: receives/delivers during the beginning of the trial (e.g. the informed consent process) and then throughout the trial (as a reminder of set goals)
4. Where: receives/delivers at trial site (e.g.NHS/clinic setting) or home (e.g. online trial or during reminder phase of expected tasks)
5. How often: receives/delivers during touch points between trial office and participants
6. How/MoD: receives/delivers as welcome pack (paper/electronic)/ Text message, Email, letter, telephone (e.g. reminder)/Newsletter

What would be the acceptability if (Intervention Motivational info):1. Who: trial team/research nurse/a peer from the trial (e.g. online forum) deliver this intervention?
2. Who- All participants consented to take part will receive it?
3. When: discussed during recruitment consultation /’touch points’ between trial office and participants (e.g. newsletter/reminders)
4. Where: received/delivered at trial site (recruitment place e.g. hospital) or home (via email, text, mail, telephone)
5. How often: During touch points between trial office and participants
6. How/MoD: Delivers/receives as welcome pack (paper/electronic)/ Text message, Email, letter (e.g. reminder)/Newsletter

[What (other) format should this intervention take (mode of delivery) -Where (home, trial office, hospital) (other) should this intervention take place?-Any other suggestions?] |
| Perceived effectiveness: (anticipated/experienced): the extent to which the intervention is perceived to have achieved its intended purpose | 1. How much would you say the intervention can improve questionnaire return/clinic attendance?
2. Why do you think so?
 | -Would you say it is ‘unlikely’/’likely’ to influence retention? |
| Self-efficacy: the participant’s confidence that they can perform the behaviour(s) required to participate in the intervention | How confident do you feel about your role in delivering this intervention? (trial staff/RNs)How confident do you feel that you could participate in this intervention? (participants/REC) | -Why/why not? -What made you feel confident/less confident?- Are there any specific skills and knowledge needed to participate/deliver this intervention? |
| Anticipated Opportunity costs: the extent to which benefits, profits or values must be given up engaging in the intervention | 1. Do you feel enabling the delivery of this intervention would interfere with other things you need to do? (trial staff/RNs)

Do you feel taking part in this intervention would interfere with other things you want to do? (participants/REC)1. What additional resources would (does) you and/or your Unit need in order to deliver this intervention? (trial staff/RNs)

What support you think you might need from the trial office to help you use or engage with this intervention? (participants/REC) | -If yes, why do you feel so?-Any other benefits and downsides to implement this intervention? (trial staff/RNs) |
| Other Qs | Is there anything else that I have not covered/you would like to discuss? |  |