

Supplementary Table 1: SRQR checklist
Standards for Reporting Qualitative Research (SRQR)*

<http://www.equator-network.org/reporting-guidelines/srqr/>

Page no(s).

Title and abstract

Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	Page 1
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Page 1-2

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	Page 3-4
Purpose or research question - Purpose of the study and specific objectives or questions	Page 4

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	Page 7
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Page 6
Context - Setting/site and salient contextual factors; rationale**	Page 5-7
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	Page 5-7
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Page 6
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	Page 5-7

Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	Page 5-7
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Page 7
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	Page 5-7
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	Page 6-7
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	Page 7

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Page 8-13
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Page 8-13

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	Page 13-18
Limitations - Trustworthiness and limitations of findings	Page 16-17

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Page 18
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Page 18

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Reference:

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. **Standards for reporting qualitative research: a synthesis of recommendations.** *Academic Medicine*, Vol. 89, No. 9 / Sept 2014
DOI: 10.1097/ACM.0000000000000388

Supplementary Table 2: Qualitative interview topic guide

Question	Construct (if relevant)
The patient	
1. Tell me about your RA and its treatment	
2. What was your experience with MTX?	
Methotrexate understanding and adherence	
1. What are the benefits of taking MTX?	Knowledge
2. What are the disadvantages, if any, of taking MTX?	Beliefs about consequences
3. How do you take your MTX?	Skills
4. Do you always remember to take your MTX on time?	Memory, attention and decision processes
5. What other activities can get in the way of you taking your MTX on time?	Memory, attention and decision processes
6. Do you have anything in place to help remind you to take your medication on time?	Behavioural regulation
General perceptions of adherence change interventions	
1. How important do you think it is that patients take their medication?	Social/professional role and identity
2. Should healthcare professionals discuss adherence with their patients?	Social influences
3. Some patients, for many reasons, do not always take their medication when they are advised. a. What was your experience of this? b. What are the challenges of taking MTX when advised? c. What impact do you think this has?	Beliefs about capabilities Beliefs about consequences
4. Did your healthcare professional ever talk to you about the importance of taking your medication? a. Do you think it was done well? Why/why not? b. How comfortable did you feel when having this discussion? c. What impact do you think it had?	Emotion

Biochemical adherence testing acceptability and mechanism of feedback	
<p>1. Imagine your healthcare professional had a blood test to test the levels of methotrexate in your blood and therefore could tell if you were taking your medication as prescribed?</p> <ol style="list-style-type: none"> a. How would that make you feel? b. How would you respond if they asked if they could test you? c. What impact would it have on you? d. If your levels were low perhaps due to not taking your medication, would you want to know that? <p>Would it help remind you to take your medication on time?</p>	<p>Emotion</p> <p>Environmental context and resources</p> <p>Reinforcement</p>
<p>2. Would you say that generally you are in the habit of always taking your medication?</p> <ol style="list-style-type: none"> a. If no, what would be helpful in developing a routine/habit of adherence? b. Would it be helpful if you knew your drug blood levels? 	<p>Reinforcement</p> <p>Beliefs about capabilities</p>
<p>3. Imagine your healthcare professional tested your drug levels and they were low, suggesting that you had not taken your medication</p> <ol style="list-style-type: none"> a. How should this be communicated to you? By text/face to face/phone call/letter? b. What would you want it to include? c. How might this affect your behaviour 	<p>Environmental context and resources</p> <p>Intentions</p>
<p>4. Imagine your healthcare professional tested your drug levels and they were normal</p> <ol style="list-style-type: none"> a. How should this be communicated to you? By text/face to face/phone call/letter? 	<p>Environmental context and resources</p> <p>Intentions</p>

b. What would you want it to include?	
c. How might this affect your behaviour?	

Supplementary Table 3: COM-B mapping process

Themes	Example quotations	COM-B constructs
Knowledge of MTX and its impact	<i>“She was on Methotrexate ..., she couldn’t tolerate it ... I was a bit apprehensive when I was put on it’</i>	Psychological Capability
Motivators versus barriers for continuation of MTX	<i>I always take it because I know what pain I was in before I started on this with the arthritis, so I thought if this will help me, I want to take it, I want to be mobile.</i>	Reflective Motivation
The healthcare approach in shaping patient adherence	<i>‘I think it is always right to have that check in and make sure that things are going well ... I felt that it was in control and that people were watching out for me’.</i>	Physical Opportunity
Creating routines and habits	<i>I have my husband who is very good at remembering, he’s instrumental in putting them out for me on a Monday morning’</i>	Social Opportunity
MTX biochemical adherence blood tests and external monitoring of behaviour	<i>If I wasn’t taking the tablets, it would buck me up and tell me to continue to remember every week if wasn’t doing it. Yes, it’s just a reminder that they’re keeping a check on you’</i>	Automatic Motivation