# Web Appendix 1: Interview schedule

## Background / introduction to the interview

I am interested in attrition from randomised trials. We define attrition as incomplete ascertainment of the primary outcome, but will subsequently use the term "loss to follow-up". I want to explore trialist's opinions on if and when loss to follow-up has been a problem in their experience and the strategies they may have used to deal with or to prevent loss to follow-up. I also want to find out more about trialists preferred strategies for preventing loss to follow-up.

# **Topic guide questions**

# 1. Can you tell me about recent trials you have worked on?

Were there any with high follow-up?

Were there any with low follow-up?

# 2. What do you think are the factors that lead to loss to follow-up in trials?

Why do you think it can be difficult to keep participants in randomised trials?

#### 3. What are the factors that lead to retention in randomised trials?

# 4. What strategies to increase follow-up have been successful for you in trials you have worked on?

Why do you think these have worked?

What strategies have been unsuccessful?

Why have these not worked?

#### Decision making around strategies used to reduce loss to follow-up

- 1. When do you perceive loss to follow-up to be a problem?
- 2. How do you decide which strategies to improve follow-up work best?
- 3. How did/ do you implement the strategies to improve follow-up that worked best?
- 4. How is loss to follow-up monitored in trials you have worked on?
- 5. Who deals with loss to follow-up when it presents?

# Impact of research governance

- 1. What do you feel about using incentives to keep participants in trials?
- 2. Have you had any experience with ethics committees?
- 3. What do you feel about ethics committees asking about payments or giving other incentives to participants?
- 4. Has ethics committees approach to payments affected any trials you have worked on in anyway?

#### Ask this next question at the end of the interview

These are the strategies to reduce attrition/improve retention identified by the Cochrane review.

Show participant each card separately (See below). Then ask the following questions for each strategy discussed:

- 1. Have you used these?
- 2. What do you think about using this strategy?
- 3. Might you have considered using this strategy in your trial?
- 4. What could be the advantages of using the strategy?
- 5. What could be the disadvantages of using this strategy?

### Each card shown individually

# Card no 1

Communication strategies. e.g. email, telephone, text messages, letters signed by different study personnel, type of delivery- e.g. post 1st 2nd class, or recorded delivery, type of envelope used for response.

# Card no 2

Incentives to either participants or trialists e.g. gifts pens, pins, monetary incentives, offers of incentives, vouchers.

#### Card no 3

Methodological strategies blind versus un blind trials.

#### Card no 4

Different length of questionnaire: Short versus long.

# Card no 5

Using case management. Having trial assistants manage participant follow-up, for example arranging transport and services to enable participants to keep trial follow-up appointments.

# Card no 6

Motivational/educational strategies. Such as arranging workshops to give participants information about goal setting and time management.