<table>
<thead>
<tr>
<th>Lead Author</th>
<th>Location</th>
<th>Indication (disease)</th>
<th>Intervention</th>
<th>Samples compared</th>
<th>Attributes Tested</th>
<th>Design of Attributes</th>
<th>Generated in all groups?</th>
<th>Piloting of studies</th>
<th>Piloted in all groups?</th>
<th>Framing of choice tasks</th>
<th>Choice same in all groups?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bishop et al. 2004</td>
<td>United Kingdom</td>
<td>Down’s Syndrome</td>
<td>Screening</td>
<td>253 pregnant women/ 94 HCPs</td>
<td>Time at screening; Detection rate; Risk of miscarriage</td>
<td>Pilot study with 21 women</td>
<td>No</td>
<td>Yes; methods not reported</td>
<td>Not known</td>
<td>Women chose for themselves; HCPs chose for their patients (opt-out and indifference option provided)</td>
<td>No</td>
</tr>
<tr>
<td>Lee et al. 2005</td>
<td>China</td>
<td>Postoperative period (1st DCE) and Postoperative nausea/vomiting (2nd DCE)</td>
<td>Preferred symptoms (1st DCE) and drug treatment (2nd DCE)</td>
<td>200 women undergoing elective surgery/ 52 HCPs</td>
<td>DCE #1: Risk of PONV; Level of Pain; Level of Sedation</td>
<td>Not reported</td>
<td>Not known</td>
<td>Not reported</td>
<td>Not known</td>
<td>DCE #1: Patients chose for themselves; Framing not reported for HCPs. DCE #2: Patients and HCPs randomized into low, moderate, high risk of PONV versions of DCE</td>
<td>No</td>
</tr>
<tr>
<td>Manto-vani et al. 2005</td>
<td>Italy</td>
<td>Hemophilia</td>
<td>Drug treatment</td>
<td>178 patients/ 137 HCPs</td>
<td>Perceived viral safety; Risk of inhibitor development; Pharmaceutical dosage form; Distribution mode; Frequency of infusion for prophylaxis; Cost</td>
<td>Generation with physicians, pharmacists and economists; piloting in patients, hematologists and pharmacists. Levels corresponded to available medications.</td>
<td>Yes</td>
<td>Yes; 5 patients, 5 physicians and 5 pharmacists</td>
<td>Yes</td>
<td>Respondents invited to choose one of the two pairs presented</td>
<td>Not reported</td>
</tr>
<tr>
<td>Espelid et al. 2006</td>
<td>Norway and Denmark</td>
<td>Dental restoration</td>
<td>Materials used</td>
<td>306 patients/ 107 HCPs</td>
<td>Duration; Appearance; Adverse reaction;</td>
<td>Generated by a general survey of patients and dentists in Great Britain, France, Germany, Italy and Sweden in 1998. Pilot in Norwegian dental students</td>
<td>No</td>
<td>Not reported</td>
<td>Not known</td>
<td>Patients chose for themselves; Dentists chose recommendation for an included patient case; dental assistants chose the best-suited option for the same patient case. Indifference option also</td>
<td>No</td>
</tr>
<tr>
<td>Lewis et al. 2006</td>
<td>Australia</td>
<td>Down’s Syndrome</td>
<td>Prenatal screening</td>
<td>113 pregnant women/ 175 HCPs</td>
<td>Timing (weeks); Accuracy (%); Risk (%)</td>
<td>Same method as described in Bishop et al. 2004</td>
<td>No</td>
<td>See Bishop et al. 2004</td>
<td>See Bishop et al. 2004</td>
<td>Patients chose for themselves; HCPs chose what they would offer women</td>
<td>No</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Study Type</td>
<td>Participants</td>
<td>Setting</td>
<td>Provision of Services</td>
<td>Necessary Staff Attitudes</td>
<td>Outcomes</td>
<td>Methodology</td>
<td>Study Setting</td>
<td>Participants' Preference</td>
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<tr>
<td>Gidman et al. 2007</td>
<td>United Kingdom</td>
<td>Child daycase surgery</td>
<td>280 parents of children undergoing daycase surgery/193 HCPs</td>
<td>Parental involvement in medical decisionmaking; Parental presence at the induction of anesthesia;</td>
<td>Generated from systematic literature search and analysis of interviews with parents.</td>
<td>No</td>
<td>Yes: in parents of children aged 3-11 years</td>
<td>No</td>
<td>Participants asked to choose the option they thought was preferable.</td>
<td>Yes</td>
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<tr>
<td>de BekkerGrob et al. 2009</td>
<td>The Netherlands</td>
<td>Osteoporosis Preventative drug treatment</td>
<td>117 patients/39 HCPs</td>
<td>Effectiveness of treatment; Quality of recovery from anesthesia; Cost to parents</td>
<td>Generated by literature review, expert interviews, and a study in communitydwelling women over 60yo with and without osteoporosis.</td>
<td>Yes</td>
<td>Yes: 2 GPs and 8 patients</td>
<td>Yes</td>
<td>Patients asked to choose for themselves; GPs asked to choose treatments for a standardized female patient over 60yo. ‘No-drug’ treatment option provided.</td>
<td>No</td>
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<tr>
<td>Reference</td>
<td>Country</td>
<td>Disease</td>
<td>Screening</td>
<td>Participants</td>
<td>Survey Variables</td>
<td>Data Retrieval</td>
<td>HCPs Response</td>
<td>Patient Response</td>
<td>Notes</td>
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<tr>
<td>Fiebig et al. 2009</td>
<td>Australia</td>
<td>Cervical Cancer</td>
<td>Screening</td>
<td>167 women who had Pap tests previously/215 HCPs</td>
<td>Women's Survey: Recommended screening interval; Familiarity of GP; Sex of GP; Time since last cervical screening test; Doctor's recommendations*; Doctor’s incentive; Cost of test*; Chance of false negative*; Chance of false positive*; GP Survey: Reason for consultation*; Recommended screening interval; Familiarity with patient; Patient’s last screening; Age*; Perception of patient’s income/socioeconomic status*; Payment to practice for test</td>
<td>Generated by literature review, current Australian policy context and a pilot test (Fiebig et al 2005).</td>
<td>Not reported</td>
<td>Not known</td>
<td>Women asked whether they would choose a cervical Pap and which test; GPs asked whether they would recommend a cervical Pap and which test. Opt-out option provided.</td>
<td>No</td>
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<tr>
<td>Marshall et al. 2009</td>
<td>United States, Canada</td>
<td>Colorectal Cancer</td>
<td>Screening</td>
<td>501 Canadians; 1087 Americans/100 HCPs in</td>
<td>Test process; Test frequency; Requirement for follow-up if initial test is positive;</td>
<td>Generated by a literature review, focus groups and the results of a Canadian-based DCE</td>
<td>Not reported</td>
<td>Yes; patients and physicians attending clinics in California</td>
<td>Yes; 1Piloted in American</td>
<td>Participants asked to choose between two treatments, then between the same two or no</td>
<td>No</td>
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<tr>
<td>Researcher</td>
<td>Country</td>
<td>Disease Area</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Outcomes</td>
<td>Decision Making</td>
<td>Ethics</td>
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<tr>
<td>Neuman &amp; Neuman 2009</td>
<td>Israel</td>
<td>Labour and Hospitalization following birth</td>
<td>Provision of services</td>
<td>323 women who recently gave birth/30 HCPs</td>
<td>Number of beds in hospital room; Attitude of staff towards patient; Professionalism of medical staff; Information given from personnel to patient Travel time from residence to hospital</td>
<td>Generated by literature survey, in-depth interviews with women who recently gave birth, and a pilot study</td>
<td>Not reported</td>
<td>Not reported</td>
<td>Not known</td>
<td>Women asked which maternity ward they would prefer; hospital staff asked to make choices that reproduce and represent the choices made by hospitalized women</td>
<td>Yes</td>
</tr>
<tr>
<td>Scalone et al. 2009</td>
<td>Italy</td>
<td>Hemophilia with inhibitors</td>
<td>Drug treatment</td>
<td>37 patients with hemophilia with inhibitors and caregivers/64 HCPs</td>
<td>Risk of Infection; Risk of Anamnestic Response; Number of Infusions to stop bleeding; Time to stop bleeding; Time to pain recovery; Number of infusions/week for prophylaxis; Possibility of undergoing major surgery; Increase in healthcare taxes (cost)</td>
<td>Generated by 1 focus group with physicians, pharmacists and health economists; pilot study in 35 patients, pediatric caregivers, physicians and pharmacists; focus groups in physicians to determine levels</td>
<td>Yes</td>
<td>Not reported</td>
<td>Not known</td>
<td>Patients and HCPs asked to choose the option with the maximum global benefit from their point of view</td>
<td>Yes</td>
</tr>
<tr>
<td>Davison et al. 2010</td>
<td>Canada</td>
<td>Chronic Kidney Disease (CKD)</td>
<td>Organ procurement, allocation, end-of-life care and organisation of care</td>
<td>169 patients with Chronic Kidney Disease/150 HCPs</td>
<td>Who provides comprehensive, day-to-day care; How deceased donor kidneys should be allocated; How live donor kidneys should be obtained; When should end-of-life care discussions begin; How much information should be provided on prognosis</td>
<td>Generated by review of the literature on aspects of CKD management that are substantial ethical challenges to the nephrology community</td>
<td>No</td>
<td>Not reported</td>
<td>Not known</td>
<td>Participants asked to choose between hypothetical Chronic Kidney Disease programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Disease/Condition</td>
<td>Study Type</td>
<td>Participants</td>
<td>Details</td>
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<tr>
<td>Johnson et al. 2010</td>
<td>United States</td>
<td>Crohn’s disease</td>
<td>Drug treatment</td>
<td>580 patients/315 HCPs</td>
<td>Severity of symptoms; Effect on serious complications; Time between flareups; Treatment requires taking oral steroids; Chance of dying from a serious infection within 10 years; Chance of dying or severe disability from PMI within 10 years; Chance of dying from lymphoma in 10 years Generated by review of the literature, consultations with 10 gastroenterologists to finalize hypothetical patient profiles, and interviews with 10 Crohn’s disease patients. Yes</td>
<td>Yes: 51 Crohn’s disease patients recruited by a market research company. No</td>
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<tr>
<td>Bijlenga et al. 2011</td>
<td>The Netherlands</td>
<td>Pregnancy and delivery with complications</td>
<td>Valuation of health states</td>
<td>24 patients+27 laypersons/ 30 HCPs</td>
<td>Maternal health antepartum; Time between diagnosis and delivery; Process of delivery; Maternal outcome; Neonatal outcome In-depth interviews with 10 patients with gestational diabetes, preclampsia, and/or intrauterine growth retardation as well as 10 obstetrical care professionals. Attribute levels assigned from these interviews, a literature search and results from the HYPITAT and DIGITAT trials Yes</td>
<td>Not reported</td>
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<tr>
<td>van Empel et al. 2011</td>
<td>The Netherlands, Belgium</td>
<td>Infertility</td>
<td>Treatment provision</td>
<td>925 patients/227 HCPs</td>
<td>Travel time to clinic; Physician’s attitude to patients; Information on treatments; Continuity of physicians; Clinic’s mean ongoing pregnancy rate Attributes and levels generated from a literature search, focus groups with 82 Belgian and Dutch fertility clinic patients, expert panel of 5 fertility experts. Yes</td>
<td>Yes: 8 couples during 4 rounds of cognitive interviewing. No</td>
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<tr>
<td>Faggioli et al. 2011</td>
<td>Italy</td>
<td>Abdominal aortic aneurysm</td>
<td>Drug treatment</td>
<td>160 patients + 102 relatives / 30 HCPs</td>
<td>Type of anesthesia; Time necessary to recover (defined as returning to normal activities); Attributes and levels generated by review of the literature plus discussion with experienced staff Yes</td>
<td>Not reported</td>
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</tbody>
</table>

Note: Cost attribute was not reported differently.
<table>
<thead>
<tr>
<th>Study Description</th>
<th>Country</th>
<th>Disease</th>
<th>Intervention</th>
<th>Sample Size</th>
<th>Attributes</th>
<th>Decision Method</th>
<th>Relevant References</th>
<th>Impact</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to repeat intervention within 5 years; Type of periodical exams and medical visits on follow-up; Risk of severe complications including death; Additional cost</td>
<td></td>
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<td>Muhlbacher et al. 2011</td>
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<tr>
<td>Life expectancy/effectiveness; Adverse effects; Therapy-free intervals; Physical quality of life; Emotional quality of life; Social quality of life; Therapy application; Further treatment options</td>
<td></td>
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<td>Muhlbacher et al. 2008</td>
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<tr>
<td>Level of information given; Predictive ability of test; How the sample is collected; Turnaround time for a result; Who explains the test result</td>
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<td>Payne et al. 2011</td>
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<tr>
<td>Administration of treatment; Toxicity; Remission length; Healthcare cost</td>
<td></td>
<td></td>
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<td>Shafey et al. 2011</td>
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<tr>
<td>Mortality; Morbidity; Quality of Life; Cure rate; Hospital type; Reputation of surgeon</td>
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<td>Thrumurthy et al. 2011</td>
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</tbody>
</table>

1Patient piloting as part of Muhlbacher et al. 2008: also piloted in 30 physicians before this study.  
2Piloting in patients published in Muhlbacher et al. 2008  
3Physicians asked to select their patients' preferences; patients' preferences elicited in Muhlbacher et al. 2008  
4Participants asked to indicate which test they would choose.  
5Participants chose between two hypothetical surgeries
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Disease/Condition</th>
<th>Setting</th>
<th>Sample Size</th>
<th>Patient DCE Description</th>
<th>Attributes Elicited</th>
<th>Attributes Proven</th>
<th>Consent</th>
<th>Opt-Out Option</th>
<th>Opt-Out Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancellor et al. 2012</td>
<td>France, Germany, Italy, Spain.</td>
<td>Chronic Pain Drug treatment</td>
<td>186 patients/310 HCPs</td>
<td>Patient DCE: Effectiveness for pain</td>
<td>Attributes elicited by review of the literature; focus groups with 44</td>
<td>Yes</td>
<td>Yes: piloted among research colleagues and</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Clark et al. 2012</td>
<td>United Kingdom</td>
<td>Kidney Transplant Prioritization preferences</td>
<td>908 patients + 41 carers + 48 donors / 113 HCPs</td>
<td>Patient DCE: Range of dosage forms; Proportion of patients with 50% pain reduction; Side effects (constipation, NV, CNS)*</td>
<td>osteoarthritis/low back pain patients and 40 cancer pain patients; semi structured telephone interviews with 9 physicians.</td>
<td>Yes</td>
<td>Yes: 60 respondents (41 patients, 16 healthcare practitioners, 1 donor, 1 carer, 1 renal consultant’s secretary); confirmed attributes and survey</td>
<td>Yes</td>
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<tr>
<td>Hill et al. 2012</td>
<td>United Kingdom</td>
<td>Down’s Syndrome Prenatal screening</td>
<td>335 women/181 HCPs</td>
<td>Attributes selected by literature review</td>
<td>Attributes selected by literature review</td>
<td>No</td>
<td>Yes: 17 midwives and 20 women</td>
<td>Yes</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Source</td>
<td>Country</td>
<td>Condition</td>
<td>Drug treatment</td>
<td>Participants</td>
<td>Attributes and levels informed by</td>
<td>Participants asked</td>
<td>Treatment options</td>
<td>Additional details</td>
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<tr>
<td>Park et al. 2012</td>
<td>South Korea</td>
<td>Metastatic renal cell carcinoma</td>
<td>Drug treatment</td>
<td>140 patients + 60 family members/ 295 HCPs</td>
<td>Progression-free survival; Bone marrow suppression (neutropenia/thrombocytopenia); Hand-foot skin reaction; GI perforation; Bleeding; Administration</td>
<td>No</td>
<td>Yes: 20 persons before launch</td>
<td>Not known</td>
<td></td>
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</tr>
<tr>
<td>Pedersen et al. 2012</td>
<td>Denmark</td>
<td>Primary Care</td>
<td>Provision of services</td>
<td>698 members of the general</td>
<td>Typical waiting time on telephone;</td>
<td>Yes</td>
<td>Yes: cognitive interviews and</td>
<td>Respondents asked to choose their</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Regier et al. 2012</td>
<td>Canada</td>
<td>Antimicrobial prophylaxis in pediatric oncology</td>
<td>Provision or nonprovision of drug treatment for prophylaxis</td>
<td>102 parents of pediatric oncology patients/ 60 HCPs</td>
<td>Risk of infection; Risk of death; Risk of nausea, vomiting, diarrhea or headache; Route of administration; Cost (out of pocket)</td>
<td>No</td>
<td>Yes: parents and health care professionals</td>
<td>Yes</td>
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<tr>
<td>de Bekker-Grob 2013</td>
<td>The Netherlands</td>
<td>Early prostate cancer</td>
<td>Drug treatment</td>
<td>110 patients with + PSA results but no biopsy results yet/ 50 HCPs</td>
<td>Risk of urinary incontinence due to treatment; Risk of erection problems due to treatment; Risk of other permanent side effects due to treatment; Main aim is to cure; Frequency of PSA testing with a risk of new biopsies; Type of treatment</td>
<td>No</td>
<td>Yes: 11 patients and urologists before launch</td>
<td>Yes</td>
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</table>

- **Public**/ 969 HCPs
- Opening hours; Typical waiting time to appointment; Distance to practice; Typical wait time in waiting room; Average consultation time; Who performs routine tasks
- Literature review, interviews with GPs, interviews with patients, and discussions with the Organization of General Practitioners of Denmark
- Pilot studies in general population and GPs
- Preferred alternative from a set; one set of forced choices and one set of unforced choices
- Participants asked to imagine that their child were a candidate for antimicrobial prophylaxis; HCPs asked to imagine their patients were candidates for prophylaxis. Optout option provided.
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Disease</th>
<th>Intervention</th>
<th>Sample Size</th>
<th>Control Group</th>
<th>Comparison</th>
<th>Results</th>
<th>Conclusion</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone et al. 2013</td>
<td>United Kingdom</td>
<td>Colorectal cancer</td>
<td>Screening by CT Colonography</td>
<td>75 patients/ 50 HCPs</td>
<td>Number of additional true positive detections; Number of additional false positive detections</td>
<td>Not reported</td>
<td>Not known</td>
<td>Yes: 10 volunteers</td>
<td>No</td>
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<td>Participants asked to choose between a hypothetical “enhanced” test or the standard test</td>
<td>Yes</td>
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<tr>
<td>Laver et al. 2013</td>
<td>Australia</td>
<td>Rehabilitation/ Occupational therapy</td>
<td>Provision of services</td>
<td>100 rehabilitation patients/ 114 HCPs</td>
<td>Mode of therapy; Dose of therapy (per day); Team providing therapy; Amount of recovery made; Cost</td>
<td>Attributes and levels informed by literature search and qualitative interviews with 10 rehabilitation patients.</td>
<td>No</td>
<td>Not reported</td>
<td>Not known</td>
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<td>Patients asked to identify their preferred rehabilitation program; HCPs asked to choose what they would recommend for one of their ‘typical rehabilitation clients’.</td>
<td>No</td>
</tr>
<tr>
<td>Muhlbacher et al. 2013</td>
<td>Germany</td>
<td>HIV/AIDS</td>
<td>Drug treatment</td>
<td>218 patients (from Muhlbacher et al. 2013)/ 131 HCPs</td>
<td>Life expectancy; Long-term side effects; Flexibility of dosing; Physical quality of life; Emotional quality of life; Social quality of life</td>
<td>Attributes and levels informed by literature search and 4 patient focus groups;</td>
<td>No</td>
<td>Yes: 28 patients prior to launch</td>
<td>No</td>
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<td>Patients asked to choose between two treatments; HCPs asked to choose how they thought their patients would rate or what they would choose</td>
<td>Yes</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Condition</td>
<td>Sample</td>
<td>Methods</td>
<td>Attributes and Levels informed by</td>
<td>Results</td>
<td>Data Source and Methodology</td>
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<tr>
<td>Deal et al. 2014</td>
<td>Canada</td>
<td>Cardiovascular disease</td>
<td>74 patients/ 70 HCPs</td>
<td>Patient DCE: Fee/month; Speed of new info added to vascular tracker; Individual patient tracker values displayed; Nurse coordinator tasks /duties; Access to nurse coordinator;* Vascular visits to physician/year</td>
<td>Attributes and levels informed by focus groups conducted with 29 physicians and 21 patients</td>
<td>Yes</td>
<td>Participants considered 18 choice screens including 2 fixed tasks and selected their most preferred out of 3 randomly selected C3CVT program alternatives</td>
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<tr>
<td>Hill et al. 2014</td>
<td>United Kingdom</td>
<td>Cystic fibrosis</td>
<td>92 adult patients with CF + 50 carriers of CF/ 70 HCPs</td>
<td>Accuracy; Time of results; Miscarriage risk</td>
<td>Attributes and levels informed by a series of focus groups with carriers of single gene disorders.</td>
<td>No</td>
<td>Patients and carriers chose for themselves; HCPs chose the test they would prefer to offer. Opt-out (neither test) option provided.</td>
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<tr>
<td>Huppel-schoten et al. 2014</td>
<td>The Netherlands</td>
<td>Infertility Treatment</td>
<td>550 patients/ 45 HCPs</td>
<td>Clinic’s mean ongoing pregnancy rate; Information provision; Patient involvement; Continuity of physicians; Additional costs per IVF cycle</td>
<td>Attributes and levels informed by literature review and an interview with the chief of the healthcare purchasing department in a large Dutch health insurer company.</td>
<td>No</td>
<td>Participants asked which clinic they would choose</td>
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<tr>
<td>Study (year)</td>
<td>Country</td>
<td>Setting</td>
<td>Disease/Condition</td>
<td>Drug treatment</td>
<td>Sample Size</td>
<td>Attributes and Levels</td>
<td>Data Collection</td>
<td>Data Analysis</td>
<td>Key Findings</td>
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<tr>
<td>Mol et al. 2014</td>
<td>The Netherlands</td>
<td>Diabetes</td>
<td>Drug treatment</td>
<td>226 patients with Type 2 diabetes/ 227 HCPs</td>
<td>Glycated hemoglobin; Cardiovascular disease risk; Effect on body weight; Mild nausea, vomiting or diarrhea; Hypoglycemia; Risk of cancer</td>
<td>Attributes and levels informed by informal literature review, regulatory requirements and product labelling of oral antidiabetic drugs, and 22 indepth interviews with patients, nurses, regulators and pharmacists.</td>
<td>Yes</td>
<td>Not reported</td>
<td>Not known</td>
</tr>
<tr>
<td>Beulen et al. 2015</td>
<td>The Netherlands</td>
<td>Infant genetic abnormalities</td>
<td>Prenatal screening</td>
<td>507 pregnant women/ 283 HCPs</td>
<td>Minimal gestational age; Time to wait for results; Level of information; Detection rate; False positive rate; Miscarriage risk; Cost</td>
<td>Attributes and levels informed by systematic literature review, semi-structured interviews with pregnant women, and expert panel discussion.</td>
<td>Yes</td>
<td>Yes: 54 participants</td>
<td>Not known</td>
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<tr>
<td>Gatta et al. 2015</td>
<td>Turkey</td>
<td>Bone metastases</td>
<td>Drug treatment</td>
<td>91 patients/ 99 HCPs</td>
<td>Months to first skeletal-related event/complication of bone metastases; Months until worsening of pain; Annual risk of Osteonecrosis of the Jaw; Annual risk of renal impairment; Administration regimen</td>
<td>Attributes and levels informed by review of prescribing information, literature review, and consultation with clinical experts</td>
<td>No</td>
<td>Yes: openended interviews with 8 physicians and 15 patients in the United States</td>
<td>Yes</td>
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<tr>
<td>Okumura et al. 2015</td>
<td>Japan, United States</td>
<td>Atrial fibrillation</td>
<td>Anticoagulation treatment</td>
<td>Japan: 152 patients/ 164 HCPs United States: 185 patients/107 HCPs</td>
<td>Risk of minor stroke (nondisabling); Risk of major stroke (disabling); Risk of blood clot in the leg (non-CNS, systemic embolism); Risk of heart attack;</td>
<td>Attributes and levels informed by review of clinical trials of anticoagulants, consultation with experts, and semi-structured interviews with 8</td>
<td>Yes</td>
<td>Not reported</td>
<td>Not known</td>
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</tbody>
</table>

*Based on figure of DCE provided*
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Chronic Conditions</th>
<th>Setting</th>
<th>Sample Size</th>
<th>Attributes and Levels</th>
<th>Convenience Sample</th>
<th>Randomized Design</th>
<th>Follow-Up</th>
<th>Interviews / Focus Groups</th>
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<tbody>
<tr>
<td>Whitty et al. 2015</td>
<td>Australia</td>
<td>Chronic conditions</td>
<td>Community pharmacy service provision</td>
<td>602 patients or carers / 297 HCPs</td>
<td>Continued medicines supply; Management of ongoing condition; Pharmacy location; Method of getting medicines; Medicine reviews or advice; Average cost per month</td>
<td>Attributes and levels informed by qualitative methods: 97 consumer and carer interviews and 26 focus groups with consumers, carers and health professionals.</td>
<td>Yes</td>
<td>Yes: convenience sample of all target populations, then in 36 adults with chronic conditions before launch.</td>
<td>Yes</td>
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