S2 Table Key themes of influence on decisions to withdraw from trial participation, with corresponding example data.

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<th>Theme</th>
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| Perceptions of current health state in relation to specific aspects of the trial | “A very short while after doing the program I fell into another episode, a depressive episode, and pretty much stopped doing everything, the program included” [21, male, 18-29 yrs, BEP+IS group]  
“I found it quite confronting, and reading the information made me feel uncomfortable, thinking that these issues related to me – I preferred the ostrich approach” [21, male, 40-49 yrs, BEP group]  
This study demonstrates that reasons...were often explained in terms of potential threats to existing self-care, independence, the majority of respondents in this study depicted themselves as too healthy and too independent for the interventions to be of value [28, telehealth and telecare interventions in aging populations] |
| The ‘fit’ of aspects of the trial with individual preferences for care and support | Two respondents who withdrew from the trial described how the service changes they experienced caused additional stress. For example, one woman said she ‘did not want to be a nurse’ ...and she was much happier to have returned to a regular appointment (fortnightly) with the community matron. Another man described the good care he received prior to joining the trial, but how he was subsequently discharged from the specialist professionals who had been involved in his care.....he described his main problems as ‘complex problems with my heart and breathing,’ and that the faulty recordings and changes in service provision were causing him great stress [28, telehealth and telecare interventions in aging populations]  
Some participants changed to other treatment formats after terminating the Internet-delivered therapy. One participant explained that she had never prioritised her own personal development and that an individual therapy consisting of face to face meetings was needed to get away from home and focus on the therapy [24, internet-delivered psychological treatment for people with generalised anxiety disorder] |
| The compatibility of aspects of the trial with individual capabilities | Twelve of the 20 patients interviewed acknowledged that they had dropped out of treatment, citing several reasons and circumstances related to dropping out of treatment. These |
| Concerns about or experiences of trial medication | One mother’s discovery, via an internet search done by the child’s father, that the trial drug was unlicensed for children had left her concerned about the safety of the trial and she subsequently withdrew her child from MENDS [trial] [27]

“I really felt I’d got gall bladder trouble again because [the pain] was from here right through into my kidneys and really severe. So I went to my GP, and she just checked round and said straight away, ‘don’t take anymore, and ring [the trial] and tell them’” [30, Aspirin for people with Asymptomatic atherosclerosis] |

Considerations around extent to which trial participation could be appropriately accommodated into broader life circumstances | The participants’ statements regarding non-adhering showed an incompatible relationship between the length of the weekly text modules and factors or conditions in the personal life of the participants [24, internet-delivered psychological treatment for people with generalised anxiety disorder]

“...as a student you read so much already. I felt like I couldn’t muster more energy or more time to spend by the computer and to read 10 or 20 more pages and also answer questions. It felt as if you were inclined to have a very structured life already to handle that” [24, internet-delivered psychological treatment for people with generalised anxiety disorder]

These were reasons such as pregnancy, exams, or work commitments which participants felt were the cause of their non-response [31 Different mechanical supports for people with severe ankle sprains] |
| **We could establish that in the e-therapy group 11 participants dropped out because of personal reasons unrelated to the e-therapy program or the study (eg, ill family member)** [22] |

Primary study participant quotes (1st order constructs) are displayed in italics and primary study author interpretations (2nd order constructs) are presented in bold. Study references and details of participants/interventions where available have been added to the end of exemplar quotes.