Appendix 2 Risk of bias of the included studies assessed by Cochrane's risk of bias tool with elaboration on scoring

Author	Sequence generation	Allocation concealment	Blinding participants and personnel	Blinding of outcome assessors	Incomplete outcome data	Selective outcome reporting	Other potential threats to validity
Agnew (2013)	**High risk:** No randomisation. Allocation based on time period in which patient presented at practice	**Low risk:** General practitioners were restrained to time period for inclusion of patients for both treatment groups	**High risk:** No blinding of patients and GP's	**Unclear risk:** Nothing reported on this matter	**Unclear risk:** Nothing reported on this matter	**Low risk:** All expected outcomes are reported	Study carried out in a training practice Small study population
Everitt (2006)	**Low risk:** Sequence generation and block randomisation using a random number table	**Low risk:** Central allocation and use of sequentially numbered opaque sealed envelopes	**High risk** No blinding of patients and GP's	**High risk:** Use of patient diaries	**Low risk:** Missing outcome data balanced across groups. Intention to treat analysis	**Low risk:** All expected outcomes are reported	Different recruitment rates per GP. Responders were older and had a lower deprivation score than non-responders
Francis (2009)	**Low risk:** Block randomisation and stratification on practice level	**Low risk:** Randomisation on practice level. No influence on allocation possible	**High risk:** No blinding of patients and GP's	**Low risk:** Telephone interviewers blinded to treatment arm reported potential unblinding	**Low risk:** Missing outcome data balanced across groups. Intention to treat analysis. Characteristics of people refusing participation given	**Low risk:** Study protocol available. All pre-specified outcomes are reported	Interaction between booklet and GP GP's could have an increased sense of study-related scrutiny (Hawthorne effect)
Gauld (1981)	**Unclear risk:** Randomisation without a clear description of method	**Unclear risk:** Assignment envelopes were used but no appropriated safeguard mentioned	**High risk:** No blinding of patients and GP's	**Low risk:** Outcome assessor (author) blinded to treatment group	**Low risk:** Response rate of 98.4%	**Low risk** All expected outcomes are reported	Small study population
Little (2005)	**Low risk:** Sequence generation and Block randomisation using a random number table	**Low risk:** Numbered, opaque sealed envelopes prepared at study centre	**High risk:** No blinding of patients and GP's	**High risk:** Use of patient diaries	**Low risk:** 70% returned complete diaries. Intention to treat analysis	**Low risk:** All expected outcomes are reported	
Mac farlane (1997)	**Unclear risk:** Block randomisation of consecutive recruited patients. Insufficient information to judge adequate sequence generation	**Low risk:** Sealed envelopes of identical appearance, unclear if they were sequentially numbered	**High risk:** GP's were blinded to content of envelopes Patients were not blinded	**Unclear risk** Nothing reported on this matter	**Low risk:** Overall loss to follow up rate of eligible patients is low, unspecified for intervention groups	**Low risk:** All expected outcomes are reported	Symptoms of dyspnoea, wheeze, and chest pain more prevalent in the "no leaflet" group. Stratified analysis revealed no confounding effect for the presence of LRT symptoms

Mac farlane (2002)	**Unclear risk:** Insufficient information to judge adequate sequence generation	**Low risk:** Sealed envelope of identical appearance. Unclear if they were sequentially numbered	**High risk:** No blinding of patients and GP's	**High risk:** Telephone interviewers were blinded to treatment group and use of patient diaries	**Low risk:** Comparable and high follow up rates across groups	**Low risk** All expected outcomes are reported	Patients receiving a leaflet were told antibiotics were not required, however they were handed a prescription. The practices participated in research on this topic before
Susteric (2013)	**Low risk:** Sequence generation and block randomisation on the level of the general practitioner using a computer random number generator	**Low risk:** Randomisation on practice level. No influence on allocation possible	**High risk:** No blinding of patients and GP's	**Unclear risk:** Telephone interviewers were not involved in patient recruitment. No details on blinding	**Low risk:** Loss to follow up rates and reasons were given. Intention to treat analyses	**Low risk:** All expected outcomes are reported	Interaction between booklet and GP. GP's could have an increased sense of study-related scrutiny (Hawthorne effect)