**Supplemental Table. Revisions to patient decision aid content**

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| **Participant Comment** | **Supporting quotations** | **Revision** |
| **Category: Missing information** |
| Insufficient information about how the ICD affects the way a person passes away | “*DA needs to be based on philosophy and life – not just numbers about mortality*” Cardiac electrophysiologist“*it’s so important to discuss how the ICD can affect the way you pass away*” RN | Added section: “It is important to discuss how the ICD can affect the way you pass away.” |
| Insufficient information about co-morbidities which may affect long-term mortality. | “*It’s not all about the heart. Other diseases need to be considered*.” RN | Added checkboxes for common comorbidities which can be used to individualize the discussion, and phrase “estimates of survival vary based on your overall health status including…” |
| Include definition of primary prevention vs. secondary prevention | “*secondary prevention, primary prevention, it would be helpful to have the distinction in an information box*” Patient | Revised. Difference between primary and secondary prevention highlighted as part of an information box prior to presenting the benefits. |
| Revise the way in which an infection is described. In its current form it does not adequately describe the seriousness of it. | “*if you want to highlight infection as a problem I don’t think this is doing it*” Cardiac electrophysiologist | Reworded to: “An infected ICD site is serious. It often requires surgery to remove the whole ICD and the wires, and 6 weeks of antibiotics in hospital” |
| In the introduction, add a bullet that the ICD will not stop the progression of the patient’s heart disease. | “*actually say it will not stop the progression of your heart disease*” Palliative care specialist | Revised. Bullet point added. |
| Consider adding personal stories | *“I think certainly testimonials would be helpful because that looks you know you see it through somebody’s eyes who has experienced it.”* Patient | There is insufficient evidence that adding personal stories increases a PDA’s effectiveness to support people’s informed decision making. It is also challenging to include personal stories and maintain balance across the options. |
| **Category: Excess information** |
| Presentation of risks and benefits could be more concise. | “*ICD benefit section is too long and overwhelming*.” RN | Benefit presented according to the individual patient based on age and ICD indication (using a sticker). |
| Remove knowledge test | “*checking knowledge again it tends to as in most knowledge quizzes may emphasize the kind of nitty little details as opposed to the broad issues*” Palliative care specialist*“Check your knowledge about the options I think that’s very well done. It just brings it all back and you’re testing yourself at the same time you’re answering. Do I really know this and then you can just go back in the document and check it so it’s very well done.”* Patient | No change. Verifying actual knowledge is important.  |
| Remove references | “*references…I marked down here more than what I wanted*” Patient | No change. Required as per IPDAS criteria. |
| **Category: Language** |
| Simply “arrhythmic death” and “non-arrhythmic death” | “*rephrase arrhythmic and non-arrhythmic*” RN | Reworded to “passing away from a fast dangerous heart rhythm (e.g., ventricular tachycardia; ventricular fibrillation), and all other ways, not related to a fast dangerous heart rhythm” |
| Replace the word “alarm” as not all devices have alarms – some vibrate. | “*Not all devices alarm, not all devices do it for 30 seconds and some it’s not an audible alarm it’s a vibration*.” RN | Revised. “You may hear or feel an alert from your ICD (e.g., audible alarm or sensed vibration)” where appropriate. |
| Should be made clearer that it is the tachytherapies that are turned off, not the entire ICD. | “*to have the ICD turned off I think is a misnomer it’s to have the tachy therapies of the ICD turned off*” RN | Reworded to “you may request to have the tachy therapies (e.g. anti-tachycardic pacing and shocking function) of the ICD turned off” |
| Remove *morally* from: “It is not morally or legally wrong to stop any medical treatment if it no longer serves your or your loved one’s purposes” | “*They might be offended if you tell them what’s morally wrong or not morally wrong*.” RN | Reworded “It is not wrong to stop any medical treatment if it no longer serves your or your loved one’s purposes” |
| Not all patients describe shocks as painful. As such, description of shocks should be revised. | “*the shock was not painful, it was surprising*” Patient | Revised. “Painful” removed. |
| Change the word “protecting” from dangerous heart rhythms with more neutral language as using this term may be making the ICD more appealing. | “*by saying ‘to continue to be protected from’ we may be leading the patients towards replacement – who wouldn’t want protection?”* Cardiac electrophysiologist | Reworded to “respond” where applicable. |
| Value statement: “I prefer to die naturally and/or suddenly without life prolonging therapy like an ICD” is tough and may be too difficult to answer | “*we’re lumping together both naturally and/or suddenly…we’re almost saying that’s the same thing but the patient probably won’t see it that way*.” Palliative care specialist | Reworded to “How important is it for you to allow a natural death without life saving measures to restart your heart if you go into sudden cardiac arrest?” |
| The patient can insist to have the generator removed if they opt for non-replacement. Therefore, do not present as an absolute. | “*even though most people would probably say we strongly recommend that you leave it in I think it shouldn’t be as clear-cut as no it stays in*.” RN | Revised to “Usually, the ICD is left in place. We strongly suggest that you leave it in place” |

ICD: Implantable cardioverter-defibrillator; IPDAS: International Patient Decision Aids Standards; PDA: Patient Decision Aid; RN: Registered Nurse