

COREQ: Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

| Domain 1: Research team and reflexivity | |
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| <i>Personal Characteristics</i> | |
| 1. Interviewer/facilitator <i>Which author/s conducted the interview or focus group?</i> | Focus groups were moderated by PA |
| 2. Credentials <i>What were the researcher's credentials? E.g. PhD, MD</i> | PA is a Professor in Medicines Use Optimisation, with the following qualifications: BPharm(Hons), MSc, PhD, Grad Cert Ed Stud (higher Ed). MUK has following qualifications; MSc, M.Phil. MUK is a PhD student in Pharmacy Practice |
| 3. Occupation <i>What was their occupation at the time of the study?</i> | PA is an academic at a public university. She is a Professor in Medicines Use Optimisation. MUK is a PhD student in Pharmacy Practice |
| 4. Gender <i>Was the researcher male or female?</i> | Focus groups were moderated by PA, a female qualitative researcher. MUK a male researcher who was an observer and note taker in all focus groups. |
| 5. Experience and training <i>What experience or training did the researcher have?</i> | PA has extensive experience in moderating focus groups. |
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| 6. Relationship established <i>Was a relationship established prior to study commencement?</i> | Both PA and MUK had no relationship with participants prior to the commencement of FG. Prior to commencement of the focus groups, they informed the participants of who they were and what their roles were as part of the study. |
| 7. Participant knowledge of the interviewer <i>What did the participants know about the researcher? e.g. personal goals, reasons for doing the research</i> | On arrival, researchers introduced themselves to the participants and informed them about the purpose of this study. |
| 8. Interviewer characteristics <i>What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions,</i> | Both MUK and PA have research interests in improving health outcomes in children with ADHD. |

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| <i>reasons and interests in the research topic</i> | |
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| <p>9. Methodological orientation and Theory</p> <p><i>What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i></p> | <p>The codes were rearranged and grouped based on their relevance to one of the three phases of adherence described in the 'Ascertaining Barriers to Compliance' (ABC) framework for examining medication adherence.</p> <p>The findings of this study can be better understood through the lens of the necessity-concerns framework (NCF) (Horne et al., 2001). The NCF states that patients decide to adhere to medication by weighing their need for, and their concerns about, the medication</p> |
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| <p>10. Sampling</p> <p><i>How were participants selected? e.g. purposive, convenience, consecutive, snowball</i></p> | <p>Participants were recruited by a market research company through convenience sampling.</p> |
| <p>11. Method of approach</p> <p><i>How were participants approached? e.g. face-to-face, telephone, mail, email</i></p> | <p>Participants were recruited by a market research company. The researchers were not involved in the recruitment process.</p> |
| <p>12. Sample size</p> <p><i>How many participants were in the study?</i></p> | <p>A total of five focus groups were conducted; three with parents (n=23) and 2 with adolescents (n=11).</p> |
| <p>13. Non-participation</p> <p><i>How many people refused to participate or dropped out? Reasons?</i></p> | <p>Data were not collected</p> |
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| <p>14. Setting of data collection</p> <p><i>Where was the data collected? e.g. home, clinic, workplace</i></p> | <p>Focus groups were conducted at venues intended for group discussions, and within easy access of the participants.</p> |

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| 15. Presence of non-participants <i>Was anyone else present besides the participants and researchers?</i> | Only participants and researchers were present in the room where focus groups were being held. No other persons were allowed to enter the room during the discussions. |
| 16. Description of sample <i>What are the important characteristics of the sample? e.g. demographic data, date</i> | Adolescents (13-17 years), and parents of children up to 17 years, who were diagnosed with ADHD and prescribed medication for ADHD were eligible to participate. See table 1 and 2 in the manuscript for further information. |
| 17. Interview guide <i>Were questions, prompts, guides provided by the authors? Was it pilot tested?</i> | The focus group protocol was developed based on studies in the literature (Ahmed et al., 2017; Atzori et al., 2009; Brinkman et al., 2012; Emilsson et al., 2017; Toomey et al., 2012; Khan and Aslani 2019; Wang et al, 2016). The questions in the protocol were guided by the Ascertaining Barriers to Compliance framework of adherence (Vrijens et al., 2012) and formatted and styled according to the criteria proposed by Krueger and Casey (Krueger and Casey 2000). |
| 18. Repeat interviews <i>Were repeat interviews carried out? If yes, how many?</i> | No repeat focus groups were carried out. |
| 19. Audio/visual recording <i>Did the research use audio or visual recording to collect the data?</i> | All focus groups were audio-recorded only after permission had been provided by the participants. |
| 20. Field notes <i>Were field notes made during and/or after the interview or focus group?</i> | MUK a male researcher observed the focus group discussions and took field notes. |
| 21. Duration <i>What was the duration of the interviews or focus group?</i> | Parent and adolescents focus group discussions lasted approximately 60 and 40 minutes each, respectively. |
| 22. Data saturation <i>Was data saturation discussed?</i> | Data saturation (Fusch and Ness, 2015) was observed by the researchers at the end of 3 rd focus group with parents. No further focus groups were conducted to confirm saturation. The difficulty in recruitment of adolescents limited the number of focus group to two. However, it was noted that the second focus group with adolescents did not generate many content codes as approximately more than 80% of the codes were generated from |

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| | the first focus group, which indicates that the data may have reached or were near to saturation by the end of the second focus group. |
| 23. Transcripts returned <i>Were transcripts returned to participants for comment and/or correction?</i> | Transcripts were not returned to participants for comment or correction. |
| Domain 3: analysis and findings | |
| <i>Data analysis</i> | |
| 24. Number of data coders <i>How many data coders coded the data?</i> | The transcripts were coded by MUK, and the coding discussed with PA. |
| 25. Description of the coding tree <i>Did authors provide a description of the coding tree?</i> | The study findings are presented within two broad themes. Within each broad theme, findings are discussed in the context of parent- and adolescent-reported experiences and factors influencing medication-taking. |
| 26. Derivation of themes <i>Were themes identified in advance or derived from the data?</i> | Within each phase, similar codes, derived from the data, were merged to form broader themes. |
| 27. Software <i>What software, if applicable, was used to manage the data?</i> | NVivo 11 was used for data management. |
| 28. Participant checking <i>Did participants provide feedback on the findings?</i> | No |
| <i>Reporting</i> | |
| 29. Quotations presented <i>Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number</i> | Yes, see the Results section of the manuscript. |
| 30. Data and findings consistent | Yes, see the Results section of the manuscript. Participants' quotes are consistent with the findings. |

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| <p><i>Was there consistency between the data presented and the findings?</i></p> | |
| <p>31. Clarity of major themes</p> <p><i>Were major themes clearly presented in the findings?</i></p> | <p>The study findings are presented within two broad themes:</p> <ol style="list-style-type: none"> 1. Participants' experiences of ADHD. 2. Factors influencing medication-taking/giving behaviour |
| <p>32. Clarity of minor themes</p> <p><i>Is there a description of diverse cases or discussion of minor themes?</i></p> | <p>Within each broad theme, findings are discussed in the context of parent- and adolescent-reported experiences and factors influencing medication-taking.</p> |

Note: References are provided in the main manuscript