

Additional file 4: Characteristics of included studies and AMSTAR quality assessment

Table 1. Characteristics of included systematic reviews

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
Abu Abed 2014	Evaluate the efficacy of video-assisted patient education to modify behavior.	Yes	20 randomized control trials	October 2013	Video-assisted patient education to modify behavior. Variable in length, content and structure	The articles addressed 12 different diseases or health-related problems.	Video-watching at the study site or at home.	not described	None
Akesson 2006	To describe consumers' subjective experiences of electronic information and communication resources with reference to health and illness.		12 studies of medium and high quality. Seven quantitative (2 descriptive and 5 RCT) and 5 qualitative studies.	April 2004	e-mail 12 months, Computer 5-10 min/year, Telecommunication weekly 1 year	Strategy 1: 98 participants: families with very low birth weight babies; elderlies' families and/or carriers; rural women with breast cancer, patients suffering from dementia. Strategy 1: 2872 participants: oncology patients and families; diabetic patients; breast-feeding women; patients with back pain. Strategy 3: 1378 participants: retirement home nurses and patients; hypertensive patients; diabetic and non-diabetic children.	No details about settings. Were outpatients in general and with multiple conditions.	(1) support and help: 5 studies (1 USA, 1 England, 1 Sweden, 1 Canada, 1 Finland), (2) education and information: 4 studies (2 USA, 1 Canada), (3) telecommunication instead of on-site visiting: 3 studies (USA)	Kalmar e-Health Institute and the Department of Health and Behavioral Science, Kalmar University, Sweden
Akl 2011a ¹	To evaluate the effects of attribute (positive versus negative) framing and of goal (gain	Yes	35 studies and 51 comparisons that included: Randomized controlled trials	October 2007	Positively or negatively framed and targeted messages.	16,342 participants (all health consumers). Topics: Cancer, sexual education, diet, prevention behaviors	Variables and included: graduate and undergraduate students, adults healthy, employees,	Not reported.	None

¹ Akl EA, Oxman AD, Herrin J, Vist GE, Terrenato I, Sperati F, et al. Framing of health information messages. *Cochrane Database of Systematic Reviews*. 2011(12):CD006777.

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	versus loss) framing of the same health information, on understanding, perception of effectiveness, persuasiveness, and behavior of providers, policy makers, and consumers.		(44), quasi-randomized controlled trials (8), and cross-over study (1)			and high cholesterol.	low income neighborhoods, volunteers, beach goers, genetic counselling services, health clinics, women with abnormal Pap test or mammograms, patients with colorectal cancer or breast cancer, outpatient respiratory and cardiac clinics.		
Akl 2011b ²	To evaluate the effects of using alternative statistical presentations of the same risks and risk reductions on understanding, perception, persuasiveness and behaviour of health professionals, policy makers, and consumers.		35 studies reporting 83 comparisons. Randomized and non-randomized controlled parallel and cross-over studies were included. No study was conducted with policy makers.	October 2007	Statistical format in hypothetical scenario. Same evidence was presented in different formats to participants (Consumers, policy-makers and providers). Risk (frequencies, percentages and probabilities); Risk reduction (RRR, ARR, NNT)	20 were conducted with health consumers, 14 with providers, and 1 with both. Consumers included patients, the general public, and students. Students of health professions were considered as consumers.	Hypothetical scenarios	Not consistently reported	Internal sources: State University of New York at Buffalo, NY, USA. Salary support, infrastructure; Italian National Cancer Institute, Regina Elena, Rome, Italy. - Salary support. External sources: Norwegian Research Council, Norway. - Salary support; HJS is funded by a European Commission: The human factor,

² Akl EA, Oxman AD, Herrin J, Vist GE, Terrenato I, Sperati F, et al. Using alternative statistical formats for presenting risks and risk reductions. Cochrane Database of Systematic Reviews. 2011(3):1-90.

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									mobility and Marie Curie Actions. Scientist Reintegration Grant: IGR 42194 - GRADE. Salary support
Ammentorp 2013	To assess the health-related outcomes of life coaching interventions conducted with patients in the form of individual telephone coaching, individual face-to-face coaching, group coaching, or coaching that combines some or all of these methods.		Studies were intervention studies using quantitative or qualitative methods to evaluate the outcome of the coaching or a combination of the methods. 5 studies (6 articles) were included - 2 RCTs, 1 case study, 1 pre-post intervention study, and 1 intervention study (not clearly defined).	January 2013	Coaching: 6 to 14 sessions.	Diabetes patients were the focus of the intervention in three, patients with spinocerebellar degeneration were in one study and cancer patients in the last study. Four were in adults and one study was in adolescents.	Not clear. Two studies used telephone for coaching, and three used both face-to-face and telephone coaching, with one of these studies also using group coaching.	3 USA, 2 Japan, 1 Denmark	None declared. The authors declared that they have no competing interests. The affiliations of all authors are Universities.
Ammenwerth 2012	Review the impact of electronic patient portals on patient care.		5 articles presented evaluations of 4 different patient portals. Study designs included 4 RCT and 1 retrospective matched-control study.	April 2012	Portal, e-mail. 2 to 13 months	(1) 180 patients undergoing IVF treatment, (2) 244 diabetes mellitus patients, (3) 81 patients with congestive heart failure and (4) 6402 general patients in the portal.	Patients from 4 different health services that have internet access.	Portals were located in: Netherlands (1); USA (3)	Partly supported by the COMET Center Oncotyrol which is funded by the Austrian Federal Ministries of BMVIT/BMWFJ (via FFG) and the Tiroler Zukunftsstiftung/ Standortagentur Tirol (SAT).

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Atherton 2012	To assess the effects of healthcare professionals and patients using email to communicate with each other, on patient outcomes, health service performance, service efficiency and acceptability.		Nine trials enrolling 1733 patients (Seven RCTs; two cluster-RCT)	July 2010	e-mail to communicate	Sample sizes ranged from n = 16 to n = 606 participants.	Studies were conducted in a variety of healthcare settings across primary, secondary (outpatient settings) and tertiary care (perioperative surgical settings for head and neck surgery), and in the community (rehabilitation center). Two studies were in physicians. Eight were set in urban areas and one in a mixed urban/rural population.	All studies were conducted in high income countries: USA (5), Norway (2), Canada (1), Australia (1).	Internal sources: Department of Primary Care and Public Health, Imperial College London, UK. NIHR Collaboration for Leadership in Applied Health Research & Care (CLAHRC) Scheme. External sources: Medical Research Council, UK. NHS Connecting for Health Evaluation Programme (NHS CFHEP 001), UK. National School of Primary Care Research, UK.
Bekker 2013	To examine the evidence to support the addition of personal stories to patient decision aid interventions.	Yes	11 articles reporting findings from 13 studies. Experimental (9 RCT), comparative no randomized (1) and quasi-experimental (1) studies comparing the effect of the PtDA intervention with and without a personal story component on	2005 to 2012	PtDAs designed to inform and support experiences of healthcare	The informed decision making: 1688 participants of general population, 1694 students. The informed choice: 2022 (489 African- American women) participants, general population. The informed engagement: 450 (149, low literacy; 301, high literacy) patients eligible for prostate cancer	Screening for prostate, breast, and colorectal cancers; treatment decisions between angioplasty / bypass surgery, mastectomy / breast conserving surgery, peritoneal dialysis / hemodialysis; and end-of-life level of care in cancer and in dementia. PtDA interventions were	The informed decision-making studies: 3 articles (2 USA, 1UK). The informed choice studies: 2 articles (USA). The informed engagement studies: 6	Partially funded by an unrestricted grant from the Informed Decisions Foundation, Leeds Institute of Health Sciences, School of Medicine, University of Leeds (Bekker).

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			people's healthcare decision making.			screening, 100 female patients with early stage breast cancer, 200 general population; 14 pairs of patients (and their caregiver) of general population, 76 participants of general population and 50 patients with malignant glioma.	delivered directly via access to web links or face-to-face with computer support.	articles (USA)	Administrative and editorial support was also provided by The University of Texas MD Anderson Cancer Center.
Berkman 2011	This is a HTA. Review the relationship of health literacy to various outcomes and disparities and interventions to improve low health literacy. Key Question 1. <u>Outcomes:</u> Are health literacy skills related to use of health care services, health outcomes, costs of health care, and disparities in health outcomes or health care service use? Key Question 2. <u>Interventions:</u> For individuals with low health literacy skills, what are the effective interventions?	Yes	81 studies (95 articles) addressed Key Question 1 and 42 studies (45 articles) addressed Key Question 2. These 42 studies were of good- or fair-quality: 27 RCTs, 2 cluster randomized trials, and 13 quasi-experimental studies.	May 2010	Interventions for health literacy using alternative document design or numerical presentation, additive or alternative pictorial representations, alternative media, and combination of alternative readability and document design. Counselling, flyers, labels, symbols, numerical information, tutorials.	The study populations have different proportions of individuals with low health literacy or low numeracy. Twenty-one studies examined the effect of interventions specifically in low-health-literacy subgroups. Other studies examined intervention effects in populations that included both low- and high-health-literacy or -numeracy individuals; these studies provide only supportive evidence about the effect of interventions to mitigate the effects of low literacy.	Primary care clinic, outpatient infectious disease clinic, urology clinic, university-based, urban tertiary care hospitals, nephrology clinic (public health clinic), two general medicine clinics/firms Institute for Human Development, households, urban outpatient clinics, family practice clinics affiliated with an urban academic teaching hospital, healthcare services, University-based graduate orthodontic clinics , diabetes education class at one Hospital, internal medicine outpatient	Mostly from USA. Others countries: UK, Canada, Germany, New Zealand. Some studies not reported.	The Agency for Healthcare Research and Quality (AHRQ), USA

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							clinics, cardiology clinic, pediatric allergy clinic, clinics in a community health network , diverse settings: a faith-based organization, an adult basic education center, and a general internal medicine ambulatory care clinic, participants recruited in 3 hospital rheumatology departments, urban emergency department.		
Büchter 2014	The comparative effects of words versus numbers in communicating the probability of adverse effects or harms of treatments to consumers in written health information.		10 studies (7 articles) - all RCTs. Many studies used a factorial design.	November 2012	Words Vs numbers in risk communication (Hypothetical scenario). Leaflets on drugs for a particular condition	1736 participants, all volunteers. In all but one study participants were recruited from the general population or via a cancer website and confronted with a hypothetical scenario. Participants had a variety of educational backgrounds and all were adults.	Hypothetical, fictional or real scenarios. Treatment effects were communicated through written health information only	UK	The authors did not receive any funding for this work apart from their salary. All authors are purveyors and proponents of evidence based consumer health information.
Car 2011	To assess the effects of interventions for enhancing consumers' online health literacy (skills to search, evaluate and use online	Yes	Two studies, 1 RCT) and 1 controlled before and after (CBA)	March 2008.	Online health information addressing health literacy (skills to search, evaluate and use online health information). Groups of six to ten	470 participants. 1 RCT with 448 people living with HIV/AIDS (320 male; 116 female; 12 trans gender); (399 African American; 36 White American; 13	Both studies took place in specialist computer canters placed in community venues in the USA.	USA (2)	Partial financial contribution from The Department of Primary Care and Public Health, Imperial College

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	health information).				participants "Adult education style", discussions, 90 to 120 min for 4 weeks. One study had 9 months of follow-up	other) and 1 CBA with 22 healthy adults (18 female and 4 male).			London. External sources: NHS Connecting for Health Evaluation Programme (NHS CFHEP 001), UK.
Cole-Lewis 2010	To assess the effectiveness of behavior change interventions for disease management and prevention delivered primarily through text messaging	Yes	12 studies represented by 17 articles. Nine RCT, 2 randomized crossover trials and one quasi-experimental trial.	June 2009	Text messaging, 3 to 12 months, 5 per day to 1/weekly, uni and bidirectional	2425 participants: 246 diabetic adolescents, 165 diabetic adults, 191 overweight adults, 1705 smokers, 16 asthmatics adults, 102 healthy adults. Gender was nearly equally distributed in most studies, with the exception of 3 studies in which females were greatly overrepresented or underrepresented.	General population in the disease prevention studies and from clinics in the disease management studies. Only one recruited healthy individuals, whereas the rest were targeted toward people with a specific disease or condition.	Canada (1), Finland (1), New Zealand (2), United States (2), France (1), South Korea (2), Scotland (1), Croatia (1), and Austria (1).	Supported by the National Institute of Mental Health (T32 MH020031)
Edwards 2000	To assess whether risk-communication interventions are associated with changes in patient knowledge, attitudes, and behaviors, and to identify aspects of these interventions that modify these effects.		51 studies were RCTs and 31 as non-RCTs. Note: study designs were not specified for inclusion criteria nor details given in results. 96 studies met inclusion criteria but only 82 were used in the meta-analysis.	1996	One to one risk communication (not necessarily face to face)	Of the 96 publications that fulfilled the inclusion criteria, 19 related to coronary heart disease risk, 15 to smoking, 14 to breast screening, 9 to HIV risk, 6 to accident prevention, 5 to cervical screening, and 28 others.	Settings included family practice, other primary care, secondary care, outreach (i.e., proactive seeking of patients), and workplace.	Not specified.	None specified.
Faber 2009	The review assessed 3 main questions: 1. What is the weight given to quality-of-care information by consumers in the	Yes	12 RCT, 2 CBA	January 2008	Quality of care information based on real or hypothetical performance. Three types (A, B, C). Report cards, mails, different	The participants were in a role of health care consumers, as opposed to patients seeking health care services. The number of participants	All studies were performed in the United States after 1993, the year in which the release of HEDIS (Health Plan	USA	None specified. All authors declared that they have no conflict of interest,

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	<p>process of choice?</p> <p>2. What is the effect of the presentation format on consumer choice based on quality-of-care information?</p> <p>3. What is the influence of quality-of-care information on consumer choice in a real-world setting?</p>				formats (framing information, costs of health plan, highlighted information, etc.)	ranged from 34 to 13,078 (the median number of participants was 316).	Employer Data and Information Set) introduced the first systematic approach for public reporting of health plans. In 4 studies, the experiment was conducted in a real-world setting, with actual quality information and dissemination of the information by personal mailings. The other 10 studies used laboratory settings with hypothetical quality information. Except for 2 studies that used hospital quality-of-care information, settings with quality-of-care information within HPs were studied.		including specific financial interests and relationships and affiliations relevant to the subject matter or material discussed in the manuscript. Affiliations of authors are Universities.
Finkelstein 2012	The impact of health information technology (IT) that supports patient-centered care (PCC). Key Questions: Key Question 1. Are health IT applications effective in improving the following outcomes,		327 articles that were applicable to Key Questions 1 and/or 2—184 RCTs for Key Question 1, 206 for Key Question 2, and 63 articles that were applicable to both Key Questions 1 and 2. The 206 articles	July 2010	Health Information Technologies	Study populations have varied from as few as 10 patients to more than 1,000. The studies have targeted physicians, nurses, and patients and have used many different types of health IT. The interventions were addressed to many medical conditions.	KQ1a: Settings have included hospitals, outpatient practices, and patients' homes.KQ2: Studies focused on a wide variety of clinical conditions, including diabetes mellitus, cardiovascular disease, heart failure, COPD,	Australia(8), Austria(2),Belgium(1),Canada(15),China(2), Denmark(1), Finland(3), France(3), Germany(6), Greece(1), India(1), Israel(3),	Agency for Healthcare Research and Quality U.S. Department of Health and Human Services

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	<p>and how do the outcomes vary by type of health IT application? Key Question 2. What are barriers or facilitators that may impact implementation and use of health IT applications to enable PCC? Key Question 3. What knowledge or evidence deficits exist regarding needed information to support estimates of cost, benefit, impact, sustainability, and net value with regard to enabling PCC through health IT? Key Question 4. What critical information regarding the impact of health IT applications implemented to enable PCC is needed to give consumers, their families, clinicians, and developers a clear understanding of the value proposition</p>		<p>addressing barriers and facilitators were for the most part RCTs, qualitative studies, and usability studies. KQ3 and KQ4: scarce evidence.</p>				<p>cancer, asthma, mental health, sickle cell disease, and chronic pain.</p>	<p>Italy(6), Japan(2), Korea (Republic of)(1), Netherlands(9), New Zealand(1), Norway(6), Portugal(1), Singapore(1), Spain(4), Sweden(2), Switzerland(1),Taiwan(2), England(31), Northern Ireland(2), Scotland(3), Wales(1), USA (191)</p>	

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	particular to them?								
Fjeldsoe 2009	Analyzes the application of SMS for delivering health behavior change interventions.		14 studies (6 RCT, 1 a clustered randomized comparative trial, 1 randomized crossover trial, and six were pre-post design studies).	March 2008	Tailored SMS messages. 6 to 12 months, e-mail, interactive Website, self-monitoring or accelerometer, brochures	Smokers, healthy adults, adults, adolescents and pediatric diabetes patients, asthma patients, patients with uncontrolled hypertension and patients diagnosed with bulimia nervosa.	Outpatient clinics, public health clinics, Healthcare Centers, pediatric clinic, diabetes clinics, hospitals.	New Zealand, Washington DC, Bedfordshire United Kingdom, Korea, Finland, Scottish. Vienna, Austria. South Korea, Croatia, Spain, Toronto, U.S and England	No financial disclosures were reported.
Gagliardi 2016	To identify and describe effective strategies for Patient-mediated Knowledge Translation (PKT) during clinical encounters.	Yes	12 RCT, 4 cohort studies	September 2014	Patient mediated KT for clinical encounters. Including brochures, booklets, before or after consultation	3767 adults participants. All were arthritis and cancer patients from primary care clinics, hospitals or clinics and living homes.	Clinical encounters (outpatients with arthritis or cancer)	USA (10), UK (2), Canada (1), China (1), France (1), Netherlands (1)	The Canadian Institutes of Health Research
Gibbons 2009	1) Impact of Consumers Health Information (CHI) applications on health outcomes, and 2) barriers that clinicians, developers, consumers, and their families or caregivers encounter that limit utilization or	Yes	162 articles: 137 RCT for objective 1, 31 studies (24 non-validated surveys and 7 qualitative studies) for the objective 2, and 6 articles for both objective 1 and objective 2.	June 2009	Consumer health informatic (CHI). Interactive Website-based app or Web-based tailored education Websites, Computer generated tailored feedback APP, interactive computer programs and personal monitoring devices	In terms of participant age groups, 77% (76/99) of studies reporting age of participants targeted adult CHI users. Approximately 12% of studies targeted adolescents/teens, 3% of studies targeted seniors and another 3% of studies targeted children, 5% of studies	In terms of intervention delivery setting or location, 58% of studies evaluated CHI applications that were used in the home or residence, a minority of evaluations were completed in schools (15%),	Not reported	Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services.

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	<p>implementation of CHI applications.</p> <p>Sub key Q1 outcomes: a) health care process outcomes, b) intermediate outcomes, c) relationship-centered outcomes, d) clinical outcomes.</p>					targeted participants from overlapping age groups. Of studies reporting the race of the participants 92% (49/53) of the studies employed populations that were greater than 50 percent white/Caucasian. There was only one study with greater than 50 percent African-American participants and no studies with a majority of participants who were Hispanic, American Indian/Alaska Native, or Asian/Pacific Islander.	clinical settings (17%), communities (3%), online (5%) or kiosks (2%).		
Health Quality Ontario 2013	Examine the impact of eTools for health information exchange in the context of care coordination for individuals with chronic diseases in the community.		A total of 11 citations were included (4 randomized controlled trials and 7 observational studies)	April 2012	Electronic Tools for Health Information Exchange, addressed to providers in the context of care coordination. Electronic medical records (eTools). Note: provider to provider, patients are indirectly involved	Mostly health service's staff in communication with other services attending different patients: with coronary artery disease (1); diabetes (7); heart failure (1); and multiple chronic conditions (2).	The eTools applied in each study were unique, as were the conditions under which they were applied. Some were used to coordinate care between hospital-based and outpatient/community-based health care providers; some were applied in a community setting to help coordinate care between primary care physician and other health care professionals (e.g.,	Australia (1), Netherlands (1), United Kingdom (1), United States (8).	Ontario Government

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							nurses and pharmacists); the rest were applied in multiple care coordination efforts and/or did not specify their points of care coordination communication.		
Hoffman 2017	Assess the ability of medical television programs to affect important public health outcomes such as viewers' health-related knowledge, perceptions and/or behavior.	Yes	19 studies (15 surveys, 4 longitudinal -2 RTC) Many included studies used convenience instead of random samples, because recruitment advertisements for studies involving medical television are likely to attract viewers who may have more favorable views of medical television.	February 2015	Fictional television. Regular viewing habits	One study had adolescent participants, and the remaining eighteen had adult (18+) participants. Seven studies (37%) enrolled students from college undergraduate courses, and no studies assessed participants aged 65 or above. Not all studies reported the mean age of participants, for those who did, mean age was 29 years. The number of participants per study ranged from 35 to 11 555, with a mean of 1659 The percent of female participants ranged from 41 to 79%, excluding two studies that involved only one gender. Thirteen studies reported participant race/ethnicity, all but one had a majority of	Eight studies (42%) used overall regular viewing habits as the exposure, and seven studies (37%) asked participants whether or not they saw specific episode(s) as the exposure. Three (16%) studies exposed respondents to a specific clip or episode in a classroom setting, and one study (5%) used both regular viewing habits and viewership of specific episodes to define the exposure. The scope was limited to shows that feature health professionals in a professional setting.	USA (19)	Not reported

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						Caucasian participants.			
Ketelaar 2011	To estimate the effects of publicly releasing performance data on changing the behavior of three target groups: healthcare consumers (patients), providers of healthcare (health professionals) and purchasers of healthcare.		Total 4 studies (Cluster-randomized controlled trial; cluster quasi-randomized trial; interrupted time series and Cluster-randomized trial)	2011	Publicly releasing regarding performance data about any aspect of the healthcare organizations or individuals. Three target groups: healthcare consumers (patients), providers of healthcare (health professionals) and purchasers of healthcare. In written or electronic form, with varying degrees of accessibility, such as a report in a publicly accessible library or more active dissemination directly to consumers in newspapers, leaflets, personal mailings, broadcasting media, etc.	Medicaid beneficiaries: 5878 (Age: unclear and gender: men and women). Patients: treated for CABG in New York, and for AMI and post disectomy complications in California (Number of patients: unclear, age: unclear -children younger than 18 years were excluded- and gender: men and women). 15997 patients treated for AMI or CHF (Age: no restriction and gender: men and women)	Two studies were set in health plans. One study set in hospitals in California and New York and one study set in hospitals in Canada. One study was conducted in 35 of the 99 Iowa counties. The second study was based on the New Jersey Medicaid programme. The third study was based in California. In Canada, evaluated the public release of performance data of 12 process-of-care indicators for AMI and six indicators for congestive heart failure (CHF) in 86 hospitals.	Three studies were conducted in the USA and one study was conducted in Canada.	None
Kinnersley 2007	To assess the effects on patients, clinicians and the healthcare system of interventions which are delivered before consultations, and which have been designed to help patients (and/or		33 RCT with 8244 patients.	September 2006	Interventions before consultations	Patients and/or their representatives (or caregivers) of all ages before 'one-to-one' consultations with doctors or nurses in healthcare settings. Excluded: Individuals or groups attending	Primary care and hospital settings among patient with various conditions (number of studies): cancer (9), diabetes (2), cardiac problems (2), obstetric or gynecological	USA (18), Netherlands (2), Australia (4), Canada (2), UK (7), Indonesia (1)	Grant from the PPP Foundation (now known as the Health Foundation), Australia. Internal sources: Cardiff University, UK.

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	their representatives) address their information needs within consultations.					activities such as health promotion clinics (for example, antenatal classes) or in-patients for whom there were not specific subsequent identifiable consultations. Individuals consulting other healthcare professionals.	problems (2), mixed outpatients (1), women attending family planning clinics (1), women attending a well-baby clinic (1), children attending a pediatric clinic (1) and one on patients with peptic ulcers. In the study conducted in a pediatric setting, both children and their parents received interventions. Thirty studies reported on patients consulting physicians, two on patients consulting either physicians or nurses, and one on family planning care providers.		
Laranjo 2014	Effectiveness of interventions using social networking sites (SNSs) to change health behaviors	Yes	12 studies, 7411 participants. Three quasi-experimental and 9 RCT.	March 2013	Social networking (Facebook, Twitter), websites, + email. 21 days to 18 months	Not all studies reported age data, 3 recruited students and 2 involved young adults	The health domains covered were fitness, sexual health, food safety, smoking, and health promotion.	Australia (1), UK (1) and USA(10)	The Harvard Medical School-Portugal program (HMSP-ICJ/0005/2010; National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Informatics and E-Health and the Portuguese

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									Foundation for Science and Technology.
Loudon 2014	Identify and synthesize evidence of the public's attitudes towards clinical practice guidelines and evidence-based recommendations written for providers or the public, together with their awareness of guidelines.		26 studies (10 qualitative studies, 13 cross sectional and 3 RCT)	January 2013	CPG and evidence-based written recommendations including symbols and words	24887 participants. The age of participants ranged from 30 to over 76 years and one study on 11–15-year-old adolescents. Most studies included both genders although some included only women because of the topic (e.g. breast cancer).	Primary care, patient groups or with a special condition, websites, including caregivers. For instance: Canadian office workers, female careers in Maryland, USA, Londoners attending drop-in centers in the UK for patients with mental health problems, visitors to a welfare center in Seoul, women attending secondary care for menstrual abnormalities in Leicestershire, UK, and patients with Diabetes in Australia.	Canada (6), UK (4), Seoul (1), USA (10), Australia (4), Israel (1)	European Community's Seventh Framework Programme (FP7/2007-2013) under grant agreement n° 258583 (DECIDE project).
Maher 2014	The effectiveness of online social network health behavior interventions.	Yes	10 Studies. Three key study: (1) large-scale evaluations of "live" interventions, with >1000 participants (four studies with sample sizes ranging from 545 to 107,907), (2)	December 12, 2012	Social network and equipment (scales)	113,988 participants. Adults or children regardless of health status (healthy or participants with specific health conditions or diseases). The studies typically reported high rates of female participation: on average 83.3% of participants were female.	Live trials (4), Community (2), University (2), Hospital nursing staff (1), and 1 not reported. The targeted health behaviors were diet/weight loss (n=2), physical activity (n=3), or a combination of	Australia (2), USA (5), Japan (2), UK (1)	University of South Australia Fellowship Support

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			<p>medium-scale, tightly-controlled randomized controlled trials, with approximately 100 participants (four studies with sample sizes ranging from 52 to 134) and (3) small pilot studies, each with 10 participants (two studies). In all, five studies were randomized controlled trials (RCT), one was a randomized cross-over study, and four were single group pre-post studies. Of the six studies that utilized a separate control group or arm (crossover study), only one had a "true" (ie, no-intervention) control, with the others comparing the online social networking intervention with an alternative intervention (in five cases the</p>				<p>diet/weight loss and physical activity (n=5). No eligible studies targeted smoking or alcohol consumption. Interventions included commercial online health social network websites (n=2), research health social network websites (n=3), and multi-component interventions delivered in part via pre-existing popular online social network websites (Facebook n=4 and Twitter n=1)</p>		

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			alternative intervention was Web-based, and in three cases the alternative intervention involved an online social networking component).						
Mc Cormack 2010	Communication and dissemination strategies to facilitate the use of health-related evidence. The review focused on three primary objectives—comparing the effectiveness of: (1) communicating evidence in various contents and formats that increase the likelihood that target audiences will both understand and use the information (KQ 1); (2) a variety of approaches for disseminating evidence from those who develop it to those who are expected to use it (KQ 2); and (3) various ways of communicating uncertainty-	Yes	61 articles that directly (i.e., head to head) compared strategies to communicate and disseminate evidence. Nine articles (representing 7 RCT) were to KQ 1; 42 articles (representing 38 RCT) were relevant to KQ 2 and 21/38 relevant to public/patients; 10 articles (representing 2 RCT, 4 factorial RCT, 2 quasi-experimental and 1 noncontrolled trial) were relevant to KQ 3.	March 2013	Communication and dissemination strategies. Face to Face, electronic sources and equipment (Scales). Narrative. Framing, Tailored and targeted strategies	Adults (≥19 years), general public and patients, clinicians, children (<19 years), incarcerated populations, federal and state policymakers KQ1: Total 10,145 participants, KQ2: 14970 participants from 21 studies addressed to public/patients. KQ3: 5405 participants from 3 studies that included public/patients.	KQ1: Participants from community health clinics, public housing, university classrooms, low income neighborhoods, health care practice, women veterans and lay health workers. KQ2: participants from community-based, parents or primary caregivers, veterans, members of participating church. KQ3: participants from Community-based setting, academic and community internal medicine practices.	KQ1: From United States and Hong Kong. KQ2: from United States, Canada, England, Germany, Australia. KQ3: from United States, Canada, and Switzerland.	RTI International—University of North Carolina Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
	associated health-related evidence to different target audiences (KQ 3). A secondary objective was to examine how the effectiveness of communication and dissemination strategies varies across target audiences, including evidence translators, health educators, patients, and clinicians.								
Moorhead 2013	Uses, benefits, and limitations of social media for health communication among the general public, patients, and health professionals.		98 studies, 40 quantitative, 48 qualitative (including studies with content analysis presenting data with descriptive statistics), and 10 mixed methods. Quality was evaluated with the Downs and Black instrument, the maximum total score that could be achieved was 32, but the scores of the studies in this review ranged from 3 to 26. Overall, the studies scored low using	February 2012	Social media for health communication	The characteristics of users of social media were diverse, covering a range of different population groups. The age of the social media users ranged from school children to older adults aged 65 years and up, but the majority of the reported ages were 11-34 years. Some studies reported that there were more female than male users of social network sites. A few studies found that social media users were disproportionately from lower-income households. Studies within the United States reported that more	It was difficult to have the exact number of participants and their settings. Many studies reported participants but in other cases they reported number of Tweets, questions, comments, etc. Social media tools/applications (considered as "settings") within the 98 studies (Some studies included more than one social media tool/application). There was a wide range of health topics, but the most	Scarcely reported. It is difficult when the object of study are the social media	Not reported

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
			this scale as they were mainly exploratory and descriptive with three intervention studies and one RCT.			social media users were African Americans than no Hispanic Whites. It is difficult to have the exact number of participants and their settings.	frequently reported on were sexual health, diabetes, flu/H1N1, and mental health issues such as stress or depression. Facebook (n=13), Blogs (n=13), Twitter (n=8), YouTube (n=7), MySpace (n=5), Wikipedia (n=3), Wiki (n=2), Quitnet / online smoking cessation support group (n=2), Physician rating website specified) (n=2), Second Life (n=1), Daily Strength (n=1), ArboAntwoord (n=1), Social media (tool not specified) (n=30), Web 2.0 application (not specified) (n=11)		
Pires 2015	To review the readability of package leaflets of medicinal products for human use.		Twenty-two studies and comprised 16 full papers, three brief communications, and three indexed abstracts. The studies were distributed as follows: two exploratory studies enrolling health	February 2013	Package leaflets organized in clear and comprehensive way about medicines, adverse effects, information in different formats	Exploratory studies with the participation of health professionals (2 studies): one study included potential users and physicians and the other study included 40 patients, 6 physicians, 11 pharmacists and 13 from associations of patients and health professionals. Exploratory studies with	Descriptions were insufficient. In some cases, were clients of community pharmacies in others, were from associations of patients. Exploratory studies enrolling health professionals, patients or potential users of medicines:	Not described	Research supported by the Fundação para a Ciência e Tecnologia, Ministério da Educação e Ciência, Portugal (Process SFRH /BD/76531/2011 – Doctoral grant).

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
			professionals, 12 exploratory studies enrolling patients or potential patients who will use the medicines, and 8 descriptive studies.			the participation of potential users of medicines studies on patients' comprehension of drug adverse reactions two studies with a total of 321 participants. Exploratory studies with the participation of users or potential users of medicines comprehension (10 studies): With a total of approximately 4000 participants including: healthy men and with health problems, potential users, clients of community pharmacies and low-literate participants.	the majority of the reviewed readability studies used package leaflets of specific medicines, and highly utilized medicines such as acetaminophen.		
Revere 2001	Effectiveness of patient-interactive computer-generated health behavior interventions—clinical encounters “in absentia”—as extensions of face-to-face patient care. This review specifically examines the state of computer-generated or computer-operated therapeutic communications	Yes	37 studies: 3 Quasi-experimental, 28 RCT, 1 Feasibility study, 1 report, 4 other trials.	1999	patient-interactive computer-generated or computer operated health behavior interventions—clinical encounters “in absentia”—as extensions of face-to-face patient care	Mobile Communications: 50; Computer Systems: 961, Automated Telephone Communications: 1850 and Print Communications: 43868	Not reported	Not reported	Not reported

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
Ryan 2014	To assess the effects of interventions which target healthcare consumers to promote safe and effective medicines use, by synthesizing review-level evidence	Yes	Overview of 28 Cochrane reviews and 47 DARE reviews. 32/75 reviews (43%) included only randomized controlled trials (RCTs), other studies: quasi-randomized controlled trials (CCTs), controlled before-and-after studies (CBAs), interrupted time series (ITS) or before-and-after (BA) studies	March 2012	Interventions to promotes safe and effective medicines use. Eight categories defined the interventions according the developed taxonomy (but 2 specific not were considered): 1. Providing information or education 2. Facilitating communication and/or decision making 3. Acquiring skills and competencies 4. Supporting behavior change 5. Support 6. Consumer system participation. Interventions: 1) Written information, fact sheets, booklets, newsletters, educational videos, support, counselling 2) Written action plans, on-to-one consultation, written question lists for providers; provider-patient communication skills training 3) Skills training, self-management	Participants were consumers and providers. Most studies involved adult participants. Seven reviews focused on older adults (60 years or older), while another nine reviews incorporated a wide range of ages that explicitly included older with younger adults, and one review included children alone. Most studies focused on people with a condition and/or taking medicines, as opposed to careers, 19 reviews included studies with careers. Healthcare professionals were included as recipients of the intervention alongside consumers in 22 reviews. Twenty-one reviews included children together with older participants.	The reviews included cross-disease populations, and there was a large spread of acute and chronic conditions represented, as well as interventions specifically addressing immunization uptake, contraceptive use, post-surgical pain relief and medicines for infectious diseases. 46 reviews evaluated interventions for medicines use in relation to a particular medical condition.	No mentioned	Cochrane Infrastructure Grant provided by the National Health and Medical Research Council (NHMRC). Different government agencies at Australia and Canada paid researcher salaries

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
					<p>4) provider-led services for patients, reminders, appointment cards, medicines charts, alarms, memory aids, patient reminder or recall systems (such as letters, postcards, telephone follow-up, reminders with or without outreach)</p> <p>5) Counselling (group or individual, structured) and support , therapy (family intervention, psychological therapy, cognitive behavioral therapy, motivational interviewing, group programs (peer support and shared identification)</p> <p>6) Consumer involvement in developing patient medicines information, medicines policy or guideline committee involvement</p>				
Sawesi 2016	To determine (1) the impact of information technology (IT) platforms used to promote patient engagement and to effect change in	Yes	170 articles included, dominated by RCT (65.9%, 112/170). Case study (4 %), Cohort study (11,2%), Cross-sectional (8,8%),	Publication years ranged from 2000 to 2014, with an overall increase in articles published	Different categories of IT platforms (including Internet-based interventions, mobile-based interventions, social media , video game technology , and telemonitoring). 1	Sample sizes ranged from 1-22,337 subjects.	Not reported	The majority of studies were implemented in high income countries correspondin	Not reported

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
	health behaviors and health outcomes, (2) behavioral theories or models applied as bases for developing these interventions and their impact on health outcomes, (3) different ways of measuring health outcomes, (4) usability, feasibility, and acceptability of these technologies among patients, and (5) challenges and research directions for implementing IT platforms to meaningfully impact patient engagement and health outcomes.		Quasi-experimental (10%)	more recently (21.8%, 37/170 in 2014).	week to 48 months			g to United States the 54.7% (93/170). Just 1 study from Kenya and 1 from Chile.	
Sawmynaden 2012	To assess the effects of email for the provision of information on disease prevention and health promotion, on outcomes for healthcare professionals, patients and caregivers, and health services, including harms.		Nine articles reporting six studies. Six RCT were included in qualitative synthesis, and 2 of them included in meta-analysis	2010	e-mail vs standard mail or standard care. Encrypted or Web messaging. For prevention, promotion or information. Weekly to six months	8372 participants. All participants were adults, in five studies they were patients and in one, they were caregivers. All participants needed to have e-mail access.	Primary care (1); secondary or tertiary care studies - hospital-owned health and fitness facility (1); outpatient clinics (4).	USA (5); UK (1).	Internal sources: eHealth Unit, Imperial College, UK, the NIHR (CLAHRC) Scheme, Department of Family Medicine, University of Ljubljana, Slovenia, NHS Education for Scotland, UK, NHS Connecting for Health

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
									Evaluation Programme (NHS CFHEP 001). External sources: Medical Research Council, UK.
Sharma 2017	The impact of interventions involving patient advisory councils on clinical care outcomes, patient safety, and patient satisfaction, compared to care that doesn't involve patient advisors. The secondary aim was to survey the impact patient advisors have on healthcare changes such as priority-setting, patient materials, and impacts on patient advisors themselves.		N=32, including: 1 cRCT, 4 describe a set of quasi-experimental quality improvement initiatives from one practice group, 1 systematic review, 1 cross-sectional survey, 9 qualitative or ethnographic studies, and 16 case studies	August 2015	Patient advisory council (consumer working with healthcare staff): meetings 2 to 4 times per year. Face-to-face meetings, virtual meetings, focal groups, e-mail, communications) i.e.: Patients advisory, Community advisory council, AD-Hoc Committee, experience-based, co-design	Mostly patients (and families), including in: Patient Advisory Council (11 studies), Community Advisory Council (4), Ad-hoc Patient Committee (8), Experience-based co-design (4), Other (5).	Inclusion criteria spanned all healthcare settings, including primary care, ambulatory specialty care, inpatient care, emergency department and long-term care. Patient engagement at the clinic or organizational level was included.	15 UK, 8 USA, 4 Canada, 4 Australia/NZ, and 1 Sweden	NRSA Award T32HP19025 & Kaiser Permanente National Community Benefit Fund of the East Bay Community Foundation #20152632.
Shipper 2016	To assess what dissemination strategies are feasible to inform and educate patients about recommendations or guidelines.		22 studies: 12 expert opinion 4 qualitative research 1 RCT	February 2016	Guideline dissemination consists of a combination of active and passive methods: Using Websites, email notices, interactive internet-based lectures, telephone-based coaching, personal stories of	Not described	Different settings, diseases mainly about the field of rheumatology, asthma/COPD and diabetes and, participants including in the developing clinical practice guidelines.	Canada 7 Europe 7 USA 5 Russia 1 Africa 1	EULAR European League Against Rheumatism funds

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
					patients in media, electronic point-of-care tools, templates, laboratory prompts and a communications campaign, interactive decision support algorithms. Training and support with learning tools (newsletters, brochures, posters, summaries, handouts, pocket cards, standardized slide sets), support groups, workshops, events, seminars, annual conferences, local or regional events, events for professionals and/or patients, press releases, print-ready ads, flow sheets didactic educational meetings, availability of cross-cultural adaptations, providing lay versions. Also, the establishment of permanent groups, networks or 'virtual panels' of patients to disseminate guidelines. The use of knowledge brokers (KB) as other strategy.				
Smaihodzic 2016	The effects of social media use for health	Yes	22 Articles, nine quantitative, seven	March 2015	Social media	Patients users of social media. 4509 participants	Social media platform and	1556 participants	None

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
	related reasons on patients and their relationship with healthcare professionals		qualitative and six mixed methods studies. No experimental studies.			(adult and children) and 5400 posts (4 studies).	Condition: Blogs - Unknown (1), Blogs - Chronic(1), Facebook/Twitter - Obesity (1), Facebook - Mental (2), Facebook - Contraceptives (1), YouTube - Chronic (1), Online support community - Unknown (2), Online support community - Mental (1), Online support community - Chronic (10), Forum - Unknown (1), Forum - Mental (1), Virtual reality - Chronic (1)	were from 5 countries: Australia, Germany, Japan, Korean, USA, Taiwan. The remained 2953 came from online communities , networks, support groups and social media.	
Stacey 2012	To explore characteristics and effectiveness of decision coaching evaluated within trials of patient decision aids (PtDAs) for health decisions.		10 RCT	2015	Decision coaching, some interventions included PtDAs. Median of individual coaching: 45 min, group coaching median 90 min for 3 sessions	2625 participants of (women and men).The mean number of participants per trial was 242 (range 43–625).	Hospital, inpatients, Primary care, Specialty care, community	US, Canada, UK, Germany	Authors received funding for research from the not-for-profit Foundation for Informed Medical Decision Making (FIMDM).
Stacey 2017	To assess the effects of decision aids (PtDA) in people facing treatment or screening decisions. (This update compared only decision aids with usual care, being removed the		105 RCT involving 31,043 participants (this update added 18 studies and removed 28 previously included studies comparing detailed versus simple decision aids).	2015	PtDAs with: information, probabilities, steps for decision-making, clarify values, examples of other’s experiences. Included booklet, pamphlet, counselling, brochures, leaflet and electronic	Adults aged 18 years or older who made decisions about screening or treatment options.	The PtDA were set for screening or treatment of health conditions.	Australia (10 studies) Canada (15 studies) China (1 study) Finland (2 studies) Germany (6 studies)	The authors had financial support from the not-for-profit Informed Medical Decisions Foundation (IMDF)

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	comparation between single or multiple decision aids.)				resources			Netherlands (2studies) Spain (1 study) Sweden (1 study) UK (16 studies) USA (50 studies) Australia plus Canada (1 study)	
Sustersic 2016	Summarize the diverse reviews, both general and specific to given conditions that use PILs (literature reviews, systematic reviews and meta-analyses), made to date. Clarify the impact of PILs by evaluating their effect on main outcomes, and specify their prescription according to condition and terms of use. Propose a checklist for writing, designing and using PILs with recommendations, for the standardization of research protocols	Yes	This is an overview with 24 studies: 17 systematic reviews; 6 literature reviews; 1 meta-analysis.	August 2015	PILs before consultation, screening or surgery, medication information. Web-pages, compute-linked, audiotapes, interactive videos, AIDs, counselling, teaching interventions.	Patients undergoing treatment for general conditions, cancers, acute diseases, chronic diseases and before an intervention.	The principle targets of PILs were drug treatments, invasive procedures (such as surgery or colposcopy, screening and cancer). Very few articles concern acute pathologies or general medicine.	Not informed	None

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
	that assess PILs.								
Vernooij 2016	To characterize effective types of self-management interventions that could be packaged as resources in (i.e., appendices) or with guidelines (i.e., accompanying products). The secondary purpose of this review was to assess whether single-component self-management interventions were as effective as multifaceted self-management interventions.		Seventy-seven studies were included	February 2015	Packaged resources or CPG: educational sessions, self-directed guides, or counseling (brief in-person or virtual interaction during which providers and/or lay leaders provided patients with recommendations, reminders or encouragement).	Not described	Eligible reviews addressed a wide range of clinical topics that were categorized as metabolic conditions which were all related to diabetes (23, 29.9 %); musculoskeletal conditions such as arthritis and back pain (12, 15.6 %); reviews of a variety of chronic conditions (12, 15.6 %); cardiovascular conditions such as angina, hypertension, heart disease, and stroke (11, 14.3 %); pulmonary conditions such as asthma and chronic obstructive pulmonary disease (7, 9.1 %); other conditions such as cancer pain, irritable bowel syndrome, epilepsy, multiple sclerosis, and kidney disease (7, 9.1 %); and mental illness including anxiety and depression (5,	China(1)Netherlands(1)Not reported(75) United States(1)	None

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
							6.5 %).		
Vodopivec 2012	To assess the effects of mobile phone messaging interventions as a mode of delivery for preventive health care on health status and health behavior outcomes.		RCT 4	June 2009	SMS and Multimedia Messaging Service (MMS) for preventive and health behavior. Daily to every three days; six to 12 weeks of follow-up	Pregnant women (2), Children (1), Mixture of Smokers (1). The use of SMS messaging was applied to four different clinical areas: adherence to preventive medication, prenatal support, smoking cessation, and health behaviors. Participants in three studies were people in the community and in one study healthy pregnant women attending an ambulatory antenatal clinic. The target group for the intervention varied. The age and gender of participants were variable. One study included only women. Participants came from different income levels and ethnicities.	guidelines---- University students, healthy pregnant in antenatal care, smokers from community and children from community.	Canada, Thailand, New Zealand, USA	Ministry of Higher Education, Science and Technology, Slovenia.
Wantland 2004	To provide further information on patient/client knowledge and behavioral change outcomes after Web-based interventions as compared to outcomes seen after implementation of	Yes	22 studies (16 Randomized study - 3 convenience sample - 1 longitudinal randomized case control pre-post study - 1 descriptive study - 1 longitudinal study)	December 2003	Web-based. 2.6 logons per person per week. Three to 78 weeks of follow-up. One-time Web-participant health outcome studies compared to non-Web participant health outcomes, self-paced interventions	Aggregation of data from the 22 selected studies showed a total of 11,754 participants in both the Web-based and non-Web-based interventions. Of this total, 5,841 were women and 5,729 were men. The average age of participants was 41.5	Clinic and clinic/home based studies across many clinical areas or disorders of interest.	The selected studies were performed in the United States, France, Japan, Italy, Spain, Netherlands, Sweden, and Germany.	Not described

Author	Topic (Objectives)	Informed by theory / framework	Study designs included and number	Date of most recent search	Interventions*	Participants	Settings	Country(ies)	Financing source
	non-Web-based interventions.					years.			
Wilson 2012	Evaluate the evidence regarding the relative effectiveness of multimedia and print as modes of dissemination for patient education materials; examine whether development of these materials addressed health literacy.		30 RCT	November 2010	Multimedia and print as modes of dissemination for patient education materials. Electronic sources and oral communication, prints, booklets	Patients from diverse context and with many conditions. Sample sizes not reported.	Settings were diverse, ranging from primary care to specialty practice and from home to community-based care.	Not reported	This comparative analysis of print and multimedia health materials were funded, in part, by a grant from the Foundation for Informed Medical Decision Making (PI: Dr. Makoul).
Yamada 2015	Evaluate the effectiveness of toolkits as a knowledge translation (KT) strategy for facilitating the implementation of evidence into clinical care. Toolkits include multiple resources for educating and/or facilitating behaviour change.		All study designs were included. Total 39 (11 RCTs, 13 cohort studies, 15 others. We just included the description of the 2 studies (RCTs) addressing toolkits to patients/caregivers	November 2013	Toolkits: self-test, sheets, books, CDs, Audio CDs, booklets, mail	Participant of the two studies described, with focus on recipient health care. Patients with arthritic conditions: 921 adults with osteoarthritis, rheumatoid arthritis, fibromyalgia or chronic joint symptoms Caregivers of patients with Alzheimer's: 108 dyads of patients with progressive dementia of Alzheimer's type/caregiver.	Among all of the toolkits, 20 were developed for a specific disease context, most commonly for cancer (n=8) and diabetes (n=3). The remaining toolkits were developed for disease prevention (n=5), infection prevention (n=2), postoperative pain (n=1), smoking cessation (n=1), care in the geriatric population (n=8), patient safety (n=1) and general hospital quality improvement (n=1). Two studies	USA (2)	None

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Total of 'Yes' scores
Abu Abed 2014	No	Yes	Yes	No	No	Yes	Yes	No	Yes	No	No	5/9
Akesson 2006	No	No	Yes	No	No	Yes	Yes	No	NA	No	No	4/10
Akl 2011 a	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	9/11
Akl 2011 b	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Ammentorp 2013	No	Yes	Yes	Yes	No	Yes	Yes	Yes	NA	No	No	6/10
Ammenwerth 2012	No	Yes	Yes	Yes	Yes	Yes	Yes	No	NA	No	No	6/10
Atherton 2010	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Bekker 2013	No	Yes	Yes	Yes	No	Yes	No	No	Yes	No	No	5/11
Berkman 2011	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	No	No	7/10
Büchter 2014	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	7/11
Car 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	No	8/9
Cole-Lewis 2010	Yes	Yes	Yes	No	No	Yes	Yes	Yes	NA	NA	No	6/9
Edwards 2000	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	7/11
Faber 2009	No	Yes	Yes	No	No	Yes	Yes	Yes	NA	NA	No	5/9
Finkelstein 2012	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	NA	No	Yes	8/10
Fjeldsoe 2009	No	Yes	Yes	No	Yes	Yes	No	No	NA	No	No	4/10
Gagliardi 2016	Yes	Yes	Yes	No	No	Yes	Yes	Yes	NA	No	No	6/10
Gibbons 2009	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	No	8/9
Health Quality Ontario 2013	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	NA	No	6/10
Hoffman 2017	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	7/11
Ketelaar 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	NA	NA	Yes	7/9

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Total of 'Yes' scores
Kinnersley 2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Laranjo 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Loudon 2014	No	Yes	Yes	Yes	No	Yes	Yes	Yes	NA	NA	No	6/9
Maher 2014	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	8/11
Mc Cormack 2010	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	NA	No	Yes	8/10
Moorhead 2013	No	Yes	Yes	No	Yes	Yes	Yes	Yes	NA	No	No	6/9
Pires 2015	No	No	Yes	No	No	Yes	No	Yes	Yes	No	No	4/11
Revere 2001	No	No	Yes	Yes	No	Yes	Yes	No	No	No	No	4/11
Ryan 2014	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	NA	Yes	8/10
Sawesi 2016	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	5/11
Sawmynaden 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Sharma 2017	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	8/11
Shipper 2016	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	10/11
Smaihodzic 2016	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	6/11
Stacey 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Stacey 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Sustersic 2016	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	9/11
Vernooij 2016	Yes	Yes	Yes	No	No	Yes	Yes	Yes	NA	No	Yes	6/10
Vodopivec 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	10/11
Wantland 2004	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	6/11

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Total of 'Yes' scores
Wilson 2012	No	Yes	Yes	Yes	No	Yes	No	NA	No	No	No	4/10
Yamada 2015	No	Yes	Yes	Yes	No	Yes	Yes	Yes	NA	No	No	6/11
Zhao 2016	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	No	Yes	8/10

AMSTAR Questions: Q1) Was an 'a priori' design provided?, Q2) Was there duplicate study selection and data extraction?, Q3) Was a comprehensive literature search performed?, Q4) Was the status of publication (i.e. grey literature) used as an inclusion criterion?, Q5) Was a list of studies (included and excluded) provided?, Q6) Were the characteristics of the included studies provided?, Q7) Was the scientific quality of the included studies assessed and documented?, Q8) Was the scientific quality of the included studies used appropriately in formulating conclusions?, Q9) Were the methods used to combine the findings of studies appropriate?, Q10) Was the likelihood of publication bias assessed?, Q11) Was the conflict of interest stated?.