

Checklist for Reporting Results of Internet E-Surveys (CHERRIES)*

Item category	Checklist item	Page no.	Description
Design	Study design	Pg 4	The target population was anaesthetic and intensive care trainees responsible for adult IHCA airway management in the UK, and were identified through the Research and Audit Federation of Trainees (RAFT); a collaborative UK-wide trainee led research group comprised of multiple regional trainee research networks. One participant was sought per hospital site covered by RAFT.
Ethics	Ethics approval	Pg 4	This work was classed as a service evaluation, and as such ethics approval was obtained from the University of the West of England, Bristol Faculty of Health and Applied Sciences Research Ethics Committee (HAS.19.10.055, 15.11.2019), to cover data collection from all hospitals.
	Informed consent	Pg 4	Informed consent for the survey was obtained from all those agreeing to complete a survey, with participant information displayed on the welcome page that the survey would take approximately 10 minutes to complete, that all responses were confidential and anonymous, and that data would be stored and analysed on password protected encrypted computers at UWE, accessed only by the study team, and deleted once the study findings are accepted for publication. A Privacy Notice was also available to download, and contact details were displayed for the research team. Consent was indicated when respondents clicked the 'I consent' button at the bottom of this page. For interviews, informed consent was obtained through signed consent forms, after participants had been emailed a copy of the participant information sheet and privacy notice. Consent was then re-confirmed verbally at the start of the interview.
	Data protection	Pg 4	No personal information was collected (Random IDs were given to participants in case they wished to withdraw their data). Survey data are stored on a secure server at UWE Bristol and the survey platform 'Qualtrics' (approved by UWE Bristol) for data security.
Development and pre-testing	Development and testing	Pg 4	The survey was designed using input from earlier research and review by the research team (healthcare professionals and researchers). A draft survey was piloted by members of the research team, as well as doctors responsible for airway management, who were included in the final sample.
Recruitment Process	Open vs closed Survey	Pg 4	This was a closed survey

	Contact mode	Pg 4	RAFT distributed the participant information and survey link via email to one eligible trainee at each hospital site covered by the RAFT UK network.
Recruitment process (cont'd)	Advertising the survey	Pg 4	The survey was not advertised; as above, RAFT sent the survey link via email.
Survey administration	Web/email	Pg 4	This was a web-based survey, hosted by the survey platform 'Qualtrics'
	Context	Pg 4	Qualtrics is an online survey platform.
	Mandatory/voluntary	Pg 4	Voluntary.
	Incentives	N/A	Survey respondents were offered acknowledgement on a resulting publication from the survey results. If respondents wished to be acknowledged, they were asked to complete a separate survey which asked for their name and email address. This was not linked to the survey results in any way.
	Time/date	Pg 4	Responses were collected between December 2019 and January 2020.

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	Item randomisation	Appendix 1	No randomisation of items was used.
	Adaptive questioning	Appendix 1	Adaptive questioning (branched) was used. Relevant survey items were displayed based on previous responses (e.g. only those who had SGAs available to them during IHCA were shown the follow-up question about which SGA devices were available).
	Number of items	Appendix 1	A maximum of four items were displayed on any one survey page.
	Number of screens	Appendix 1	The full survey was distributed over approximately 7 pages. A progress bar was shown at the top of the page, as the respondent was completing the survey.
	Completeness check	Appendix 1	All survey items were deemed to be mandatory, and respondents prompted to complete outstanding items before leaving the survey page on which the item was contained. Most items, except screener items and those items required for adaptive questioning included a 'Don't know/ none of the above' option.
	Review step	Appendix 1	Respondents were able to change their responses using a "Back" button at the bottom of each screen.
Response rates	Unique site visitor	Pg 4	Determination of unique visitors was handled by checking that each hospital site only had one response.
	View rate	N/A	Not applicable; respondents were invited through RAFT.
	Participation rate	N/A	Not applicable; respondents were invited through RAFT.

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	Completion rate	Pg 6	Of the 140 respondents who commenced the survey, 139 completed it, giving a completion rate of 99%. However, 13 were duplicate responses.
Preventing multiple entries from same individual	Cookies used	N/A	Not used
	IP check	N/A	Not used to maintain anonymity.
	Log file analysis	N/A	Not used.
	Registration	Pg 4, pg 6	A login was not used - entry to the survey was via a web link emailed to eligible participants. Duplicate entries were found through the first survey question (a free-text response of which hospital site the respondent was based at). Where duplicate responses were found, the first entry was kept for analysis.
Analysis	Handling of incomplete questionnaires	Pg 6	Only completed questionnaires were included in the final dataset.
	Questionnaires with atypical timestamp	N/A	No respondents were removed from the survey for completing the items too quickly.
	Statistical correction	N/A	No weighting scheme was used for the analysis of results.

* Eysenbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). J Med Internet Res 2004;6:e34.