

TDF domains	Operational definitions
Knowledge (An awareness of existence of something)	<ul style="list-style-type: none"> • Awareness that AF increases the risk of blood clotting and/or stroke risk. • Awareness and knowledge of what OACs are. • Knowledge of how OACs work and can be helpful
Beliefs about Consequences (Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation)	<ul style="list-style-type: none"> • What the participant expects/ed from being on an OAC. • Believing/expecting that OACs help reduce the participant's risk of blood clots and/or stroke. • Expecting bleeding from being on an OAC.
Optimism (The confidence that things will happen for the best or that desired goals will be attained)	<ul style="list-style-type: none"> • The confidence that the OAC the participant is taking will protect the participant from experiencing a blood clot/stroke. • The confidence that the OAC the participant is taking will/will not cause serious bleeding.
Emotion (A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which the individual attempts to deal with a personally significant matter or event)	<ul style="list-style-type: none"> • Participant's feeling about accepting/refusing to take an OAC
Skills (An ability or proficiency acquired through practice)	<ul style="list-style-type: none"> • Participant's communication/interpersonal skills with doctors, other healthcare professionals, and other people with regard to AF and OAC management.
Beliefs about capabilities (Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use)	<ul style="list-style-type: none"> • Participant's belief in one's capability to accept an OAC recommended by the doctors. • Participant's belief in one's ability to self-monitor. • Participant's belief in one's ability to recognise the need to seek help.
Reinforcement (Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus)	<ul style="list-style-type: none"> • Increased/decreased probability of accepting OACs because of participants' previous self-experience with current OAC or other OACs/antiplatelet agents. • Participant's perceived reinforcement from the doctor if accepting the recommended medication
Goals (Mental representations of outcomes or end states that an individual wants to achieve)	<ul style="list-style-type: none"> • The extent to which accepting to take an OAC compliments with patients broader health goals.
Intentions (A conscious decision to perform a behaviour or a resolve to act in a certain way)	<ul style="list-style-type: none"> • Participant's intention to accept an OAC prescribed by a doctor. • Participant's intention to follow advice from the doctor.

Memory, attention and decision processes (The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives)	<ul style="list-style-type: none"> • Participant's ability to understand and retain AF- and OAC-related information in accepting/not accepting to take the recommended OAC. • Participant's ability to choose a specific OAC from two or more alternatives. • Participant's ability to weigh the risk vs benefit of taking OACs.
Social/professional role and identity (A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting)	<ul style="list-style-type: none"> • Participant's perceived role in accepting to take the recommended OAC. • Believing that patients should do as told without asking questions.
Social influences (Those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours)	<ul style="list-style-type: none"> • The influence of other people's experience with OACs on participant's acceptance an OAC recommended by a doctor. • The influence of other people's opinions on OACs on participant accepting an OAC recommended by a doctor. • Availability of support from people (family, friends, healthcare professionals, etc.) that helped the patient accept to take OAC as recommended. • Influence of participant's relationship with the doctor on accepting OACs or other medications recommended by the doctor.
Environmental context and resources (Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence and adaptive behaviour)	<ul style="list-style-type: none"> • Barriers and facilitators (e.g. the healthcare system, distance from various health services, cost, etc.) that affect participant's acceptance of taking the recommended OAC.
Behavioural regulation (Anything aimed at managing or changing objectively observed or measured actions)	<ul style="list-style-type: none"> • Participant's ability to regulate acceptance of different medications.