Supplemental Material

Data S1.

Framework Method Procedure

Stage 1: Transcription

All interviews were recorded over audio recording, deidentified, and transcribed verbatim using Ubiqus, a secure transcription service. Transcripts were then uploaded to Dedoose software (version 8.3.47).

Stage 2: Familiarization with the interview

Prior to coding, one author (AP) reviewed the audio recordings and transcripts and recorded initial notes in Dedoose. A second author (BSB) reviewed the transcripts and recorded notes in Dedoose.

Stage 3: Coding

We developed an initial codebook by deductively generating codes from our interview guide, existing knowledge, and our notes from our initial review of the interviews. For example, the initial codebook contained the codes "challenges post-arrest" and "extracardiac symptoms," as we knew from prior literature that cardiac arrest survivors experience various challenges and extracardiac symptoms. Additionally, the initial codebook contained the code "recommendations" as we elicited recommendations to improve recovery from survivors. As we examined the transcripts, we inductively generated new codes for our codebook based on emerging patterns from the transcripts. For example, we added the code "mindfulness" as many survivors discussed utilizing mindfulness to cope with their arrest and recommended its use for other survivors.

Stage 4: Developing a working analytical framework

Using the working codebook, AP coded all transcripts. After coding all transcripts once, the codebook inevitably evolved (i.e., new codes became apparent after coding each subsequent transcript). Thus, AP went back and coded the transcripts again, with the updated codebook. Then, BSB coded the transcripts with the working codebook. The pair then met to compare coded transcripts and begin developing a consolidated codebook. This process continued until we decided upon a final codebook, which we then applied to all of the transcripts.

Stage 5: Applying the analytical framework

Using the final consolidated codebook, AP recoded all transcripts. BSB then reviewed the transcripts, adding missing codes and queries where appropriate (i.e., "double coding"). AP and BSB regularly met to review any discrepancies, missing codes, and queries. A larger group reconciled all discrepancies through consensus (AP, BSB, and SP). At the end of this stage, all interviews were double coded.

Stage 6: Charting data into the framework matrix

Once all data had been double coded using our final consolidated codebook, we exported the coded excerpts from Dedoose into Microsoft Excel. By reviewing coded excepts separate from the interviews themselves, we were able to identify patterns and emerging themes more easily from the data. AP and BSB independently reviewed all coded excerpts, and independently identified potential emerging themes from the excerpts.

Stage 7: Interpreting the data

AP and BSB met to discuss potential emergent themes from their independent review of the excerpts in Stage 6. Themes that were existent in both AP and BSB's notes were included as a result in this study. With regard to themes that were existent in only one author's notes, AP, BSB, and SP discussed the potential theme and decided, through consensus, as to include or exclude the theme.

Table S1. Interview Guide.

I. The following questions are based on your perceptions of cardiac arrest. Often times after cardiac arrest, people experience what we call "extracardiac" symptoms which occur because of disrupted blood flow to the brain. These "extracardiac" symptoms can include cognitive (thinking) problems, physical problems, and emotional problems. We ask that as you answer these questions, please keep any potential "extracardiac" symptoms in mind.

1. Can you describe some of the challenges or extracardiac symptoms you have experienced (if any) as a result of your cardiac arrest?

2. What can be done (if anything) to help recovery from cardiac arrest and extracardiac symptoms?

3. Do you seek, or did you seek any treatment for your cardiac arrest and "extracardiac" symptoms? If so, what treatments do you / did you seek?
3a. How do you / how did you cope with your cardiac arrest and extracardiac symptoms?

4. What are your concerns about life as it is today, and for the future?

II. The following questions are based on your hospital and post-hospital experience:

5. When you were in the hospital, what were you told regarding your diagnosis and reasons why you were in the hospital?
5a. Who communicated this information to you?

6. When you were discharged, what were you told regarding what to expect after getting home?
6a. Who communicated this information to you?
6b. In terms of your overall recovery, what did your doctors tell you to expect?

7. What were your biggest challenges after going home from the hospital?
7a. What challenges, if any, remain now?

8. What do you wish you had been told before going home?

9. What advice do you have for recent survivors of cardiac arrest?

10. What aspect or aspects of post-cardiac arrest care do you feel need the most improvement?