Author, Year, Citation	Decision context and how balance was considered.	Definition of "balance".	Whose perspective was assessed?	Response categories for assessing balance.	Description of side-by-side display format for contrasting options.	Results: How many rate PtDA as "balanced"?
Mathieu, Barratt et al., 2010 [1]	Effect of PtDA on knowledge and ability to make informed decision about mammogram screening at age 40. "(N)eed for balanced, evidence-based information that enables informed decision making."	No explicit definition, but explains how to achieve balance. Present cumulative risks over an appropriate time frame, use diagrams for probabilities, use large denominators, show event rates as whole numbers, and provide context to consider the effect.	Women aged 38- 45 who accessed the website and met eligibility criteria (117 completed the acceptability questions).	 5-point Likert scale: Clearly towards not screening A little towards not screening Completely balanced A little towards having screening Clearly towards having screening 	No side-by-side display format included.	 49% (57) rated PtDA as completely balanced. 29% (34) rated PtDA as a little towards not screening.

 Table S2. Summary of Patient Decision Aid Studies in Which the Balance of the Aid was Assessed

Smith, Trevena et al, 2010 [2]	Balanced and fair information on bowel cancer screening.	No definition offered.	334 adults aged between 55 and 64 with low education attainment eligible for bowel cancer screening.	Not mentioned.	No side-by-side display format; risks on separate pages, with mix of two- and multi- colour risk figures.	48% (160) rated PtDA as completely balanced.
Griffith, Fichter et al., 2008 [3]	Primary measures: clarity and balance comparing video PtDA versions with and w/o explicit discussion of option to not be screened.	No definition offered.	Single sex volunteer focus groups. 12 groups at 3 sites, total of 106.	 5-point scale: Strongly in favor of screening Somewhat in favor Neither in favour nor against screening Somewhat against Strongly against 	No side-by-side display formats were used (according to author). Mentions comparison of the different tests; not clear if the "no screen" option is in the comparison.	16% rated PtDA is neither in favour nor against screening, for both versions.

Spunt, Deyo et al., 1996 [4]	Balance: completely balanced (if the patients found the program to be balanced).	No definition offered.	239 patients affected with low back pain.	 5-point scale: Clearly slanted— surgery Slightly slanted— surgery Completely balanced Slightly slanted nonsurgical therapy Clearly slanted nonsurgical therapy 	Author did not respond to query about use of side- by-side display format.	56% (133) rated PtDA "completely balanced."
Anderson, Carter et al., 2011 [5]	Equally emphasized downsides and benefits.	No definition offered.	22 women with ovarian cancer.	 5-point scale: Decision aid equally emphasized downsides and benefits: Strongly disagree Disagree Neutral Agree Strongly agree 	Side-by-side display format includes benefits, side effects arguments, with some numbers.	17 of 19 participants (89%) strongly agreed or agreed.

Watson, Hewitson et al., 2006 [6]	RCT of a PtDA about PSA testing. Assessed whether the information in the aid was presented in a "balanced way." Also used a measure of decisional balance as a measure of attitudes toward PSA testing.	No definition offered.	Men from 11 GP practices, recruited through computerized registries.	Not fully stated. One option was, information was presented in a "balanced way."	Aid included a summary of the potential benefits and downsides of testing. Information presented as a side- by-side figure/ table.	94% of 468 respondents rated the information in the PtDA as presented in a "balanced way."
Drake, Engler- Todd et al., 1999 [7]	Open-ended question concerning fairness and balance during pilot test; in evaluation trial close- ended questions also concerning balance and fairness.	No definition offered. Implied that balance was equivalent to fairness.	21 women of advanced maternal age and 17 spouses.	 5-point scale: Clearly slanted to testing Slightly slanted to testing Completely balanced Slightly slanted to no testing Clearly slanted to no testing 	Worksheet format with risks presented using icon arrays.	84% women (n = 21) and 53% men (n = 17) chose "completely balanced."

Lalonde, O'Connor et al., 2004 [8]	Development of a PtDA to improve decision quality and adherence to chosen option.	No definition offered. Provided "balanced examples of how others go through the steps" (of making the decision)	16 patients receiving pharmacologic treatment for hypertension and/or dyslipidemia.	 3-point scale: Slanted towards lifestyle options Slanted toward taking drugs Balanced 	Risk of heart disease and stroke presented next to benefits using worksheet format.	80% rated PtDA as balanced (12 of 16).
van Tol- Geerdink, Stalmeier et al., 2006 [9]	Was the information presented in a structured and balanced way?	No definition offered.	150 prostate cancer patients.	 5 categories: Clearly in favor of lower dose Somewhat in favor of lower dose Balanced Somewhat in favor of higher dose Clearly in favor of higher dose 	Probabilities of outcomes presented side-by-side using pie charts.	95% (142) reported "balanced" in PtDA group.

van Tol- Geerdink, Leer et al. submitted [10]	Was the information presented in a structured and balanced way?	No definition offered.	240 patients with prostate cancer choosing between surgery or radiotherapy.	 4 categories: Yes, the information was balanced No, in favour of surgery No, in favour of brachytherapy No, in favour of external beam radiotherapy 	Probabilities of outcomes presented in an evidence table using pie charts.	96% (147 of 153) reported "balanced" category.
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