**Supplementary material 6:** Bespoke data extraction form

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| **First author and year:** | **Covidence ID:** | **Document type (e.g. research study/policy/opinion/other?):** | **Rich, thick, or irrelevant?** |
| **Title:** | | | |
| **Study type:** | | | |
| **Population, size of sample/scope:** | | | |
| **Intervention:** | | | |
| **Outcomes:** | | | |
| **Findings:** | | | |

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| **Theory area** | **Evidence relevant to this theory area - what seems to be working (or not working), for whom and in what circumstances? (Include extracts from article, inc. page numbers)** |
| 1. Developing a culture within the practice, across practice team and within consultations of promoting physical activity |  |
| 1. Framing physical activity promotion around the link between physical activity and physical function for people with long-term conditions |  |
| 1. Promoting and assessing physical activity and physical function as part of routine long-term condition management and self-management |  |
| 1. Reducing pressure in time-limited primary care settings with conflicting clinical and organisational priorities, through the ability to offer   consultation with a ‘credible’ (personal or professional) individual |  |
| 1. Linking people into already existing community-based initiatives. |  |
| 1. Using a combination of behaviour change techniques (e.g. promoting self-efficacy) to facilitate adoption of a lifestyle that includes physical activity |  |
| 1. Adapting physical activity advice and goals according to functional abilities, current physical activity levels and personally desirable outcomes, and re-adapting over time as necessary |  |
| 1. Considering how others (e.g. friends, family, others with long-term conditions, group activities) impact on physical activity |  |