

Table S1.

Consolidated criteria for reporting qualitative studies (COREQ) checklist.

Domain 1: research team and reflexivity		
<i>Personal characteristics</i>		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Vincent van Vugt (VVV) and Welmoed Kreb (WK).
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	VVV (MD) and WK (MSc).
3. Occupation	What was their occupation at the time of the study?	VVV is a general practice specialty trainee and WK is a research assistant.
4. Gender	Was the researcher male or female?	VVV is male and WK is female.
5. Experience and training	What experience or training did the researcher have?	VVV has experience in interviewing general practice patients during his GP specialty training. WK was trained by VVV.
<i>Relationship with participants</i>		
6. Relationship established	Was a relationship established prior to study commencement?	Yes, all participants talked to VVV to discuss informed consent for inclusion in the randomised controlled trial.
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	The participants were informed that the researcher wanted to learn more about the participant experience of blended VR.
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator?	The current occupations of the interviewers were disclosed to the participants.

Domain 2: study design*Theoretical framework*

9. Methodological orientation and theory	What methodological orientation was stated to underpin the study?	We carried out a thematic analysis approach according to Braun and Clarke. The transcripts were read several times and the texts were divided into fragments, and codes were assigned to these fragments (open coding). Subsequently, we assigned codes to themes and finally, we related the categories of several transcripts to one another (axial coding) using the qualitative software program ATLAS.ti [®] (version 7). Two authors (VvV and AdK) separately coded the first two transcripts and then compared codes, resolved discrepancies and reached consensus on an initial framework. We organised all the codes into a mind map. The preliminary conclusions based on this mind map were thoroughly discussed between VvV and AdK. The last phase of the analysis was selective coding. This implies that we identified the essence of what each theme is about, searched for relations through constant comparison across cases, looked for deviant cases, and analysed variation within and between cases. Finally, with the help of the different themes, we gained insight into the spectrum of differences and
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		similarities of the results to answer the research question. All findings were discussed in the project team.
<i>Participant selection</i>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	We used purposive sampling to select a heterogeneous group of patients and physiotherapists in which at least the following characteristics for both therapists and patients varied: gender, age and urbanization. For patients we also strived for heterogeneity in intensity of vestibular symptoms, education level, number of completed online sessions, and living arrangements.
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Telephone.
12. Sample size	How many participants were in the study?	14 patients and 8 physiotherapists.
13. Non-participation	How many people refused to participate or dropped out? Reasons?	Four patients declined to participate due to time constraints. None of the physiotherapists declined.
<i>Setting</i>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Home and physical therapy clinic.
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	No.

16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	See Table 1.
<i>Data collection</i>		
17. Interview guide	Were questions, prompts, guides provided by the authors?	Yes, we had a separate topic list for both the patient and the physiotherapist interviews.
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Yes, all interviews were audio-recorded.
20. Field notes	Were field notes made during and/or after the interview or focus group?	Brief field notes were made during the interviews and used in the analysis.
21. Duration	What was the duration of the interviews or focus group?	25 to 43 minutes per interview.
22. Data saturation	Was data saturation discussed?	Yes. VVV and ADK discussed saturation during the analysis process and decided saturation was used.
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No.
Domain 3: analysis and findings		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data?	Two, VVV and ADK.
25. Description of the coding tree	Did authors provide a description of the coding tree?	Yes.
26. Derivation of themes	Were themes identified in advance or derived from the data?	The themes were derived from the data.

27. Software	What software, if applicable, was used to manage the data?	We used ATLAS.ti [®] (version 7).
28. Participant checking	Did participants provide feedback on the findings?	No.
<i>Reporting</i>		
29. Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Yes, we used 12 quotations in the article, each identified with a participant number.
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes.
31. Clarity of major themes	Were major themes clearly presented in the findings?	Yes, there were three major themes identified: (1) perceived value of physiotherapist visits; (2) content and logistics of physiotherapist visits; and (3) experiences with Vertigo Training website and exercises.
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes, within each theme diverse cases were discussed.