

Appendix 1: Interview coding framework for core analytical constructs

Construct (abbrev.)	Coding logic and source	Categories
Exposure to misinformation (EIM)	Captured how frequently participants described encountering false or misleading health information in their everyday media environments—online platforms, messaging apps, television, or community discussions. Mentions of rumours about vaccines, herbal remedies, or conspiracy narratives were coded as higher exposure.	1 = Never encountered 2 = Rarely 3 = Occasionally 4 = Sometimes 5 = Often 6 = Very often 7 = Constantly exposed across multiple platforms
Checking with trusted sources (CTS)	Reflected verification habits and reliance on credible authorities. Participants frequently mentioned cross-checking information with health professionals, the Finnish Institute for Health and Welfare (THL), WHO portals, or knowledgeable relatives before accepting new claims.	1 = Never verify 2 = Rarely 3 = Occasionally 4 = Sometimes 5 = Usually 6 = Almost always 7 = Always check multiple trusted sources
Correction engagement (CE)	Denoted instances where participants actively intervened to correct misinformation—by informing friends or relatives, posting clarifications in WhatsApp or Telegram groups, or encouraging others to follow verified advice. These moments were interpreted as proactive repair work.	1 = Never correct 2 = Rarely 3 = Occasionally 4 = Sometimes 5 = Often 6 = Very often 7 = Always correct or warn others immediately
Perceived media reliability (PMR)	Reflected evaluations of mainstream and digital media credibility. Participants compared official broadcasters (e.g., Yle, BBC) with social-media channels, discussing differences in trust, accuracy, and bias.	1 = Completely unreliable 2 = Mostly unreliable 3 = Somewhat unreliable 4 = Neutral 5 = Somewhat reliable 6 = Mostly reliable 7 = Fully reliable and consistent across channels
Perceived misinformation harm (PMH)	Described perceived consequences of misinformation for oneself and others—fear, confusion, stigma, or disruption of treatment. Higher codes were assigned when participants connected misinformation to serious or community-level harm.	1 = Not harmful 2 = Slightly harmful 3 = Somewhat harmful 4 = Moderately harmful 5 = Quite harmful 6 = Very harmful 7 = Extremely harmful or life-threatening
Information-sharing behaviour (ISB)	Represented outward, everyday sharing of health information within families, friendship circles, or online communities—forwarding posts, discussing news, or reposting materials. Corrective actions (warning others of false claims) were coded separately under CE.	1 = Never share 2 = Rarely 3 = Occasionally 4 = Sometimes 5 = Often 6 = Very often 7 = Frequently initiate health information sharing or discussion

Note. Each indicator was derived through rule-guided qualitative content analysis and case-level semi-quantification. Interview material was coded into ordinal categories (1–7) by evaluating frequency, intensity, and salience. The six indicators were organised within the stimulus–organism–response framework and informed by misinformation, trust, and information-behaviour literature. They are case-level interpretive summaries, not validated psychometric scales.

Appendix 2: Participant characteristics (n = 72)

Variable	Category	<i>n</i>	%
Age	18–30 years	10	14
	31–40 years	8	11
	41–50 years	25	35
	51+ years	29	40
Gender	Female	36	50
	Male	35	49
	Non-binary	1	1
Marital status	Married/partnered	41	57
	Divorced/widowed	14	19
	Single	17	24
Education	No/elementary education	5	7
	Secondary/vocational school	11	15
	Associate/bachelor's degree	19	26
	Master's degree	17	24
	Doctorate/PhD	20	28
Occupation	Working	44	61
	Studying	17	24
	Job seeker	8	11
	Retired	1	1
	Disability/long-term illness	2	3
Country of residence	Finland	43	60
	Sweden	17	24
	Norway	12	17
Length of residence	1–5 years	28	39
	6–10 years	24	33
	Over 10 years	20	28
Interview period	During COVID-19	18	25
	After the acute COVID-19 phase	54	75

Note. The broader corpus included participants with asylum-seeking or refugee-related and other settlement histories. Migration pathway and legal status were not recorded in a harmonised form across all interview waves and were therefore not included in the model. Interview period distinguished the pandemic wave (n = 18) from the later wave after the acute phase (n = 54). Percentages may not total 100 because of rounding.

Appendix 3: Full structural model results (PLS-SEM, n = 72, 5,000 bootstraps)

Path	β	SE	t	p	Sig.	f^2
PMH $\rightarrow$ ISB	0.827	0.085	9.680	< .001	***	2.083
CTS $\rightarrow$ CE	0.667	0.074	9.023	< .001	***	1.357
CTS $\rightarrow$ PMR	0.398	0.088	4.532	< .001	***	0.277
PMR $\rightarrow$ CE	0.378	0.096	3.927	< .001	***	0.406
EIM $\rightarrow$ PMH	0.268	0.147	1.824	.068	†	0.064
CTS $\rightarrow$ ISB	0.156	0.102	1.540	.124	n.s.	0.065
PMH $\rightarrow$ CE	0.127	0.081	1.580	.114	n.s.	0.057
CTS $\rightarrow$ PMH	-0.173	0.166	1.041	.298	n.s.	0.028
PMR $\rightarrow$ ISB	-0.173	0.098	1.771	.077	†	0.074
PMR $\rightarrow$ PMH	-0.183	0.166	1.102	.270	n.s.	0.023
EIM $\rightarrow$ CTS	-0.318	0.153	2.083	.037	*	0.112
EIM $\rightarrow$ PMR	-0.460	0.086	5.340	< .001	***	0.371

Note. † $p < 0.10$, * $p < 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$; n.s. = not significant.

Appendix 4: Full multigroup analysis results

Variable	Grouping	Path	$\Delta\beta$	p (two-tailed)	Sig.
Gender	Female vs male	CTS → CE	-0.096	.548	n.s.
		CTS → ISB	0.196	.389	n.s.
		CTS → PMH	-0.199	.557	n.s.
		CTS → PMR	-0.063	.706	n.s.
		EIM → CTS	0.026	.949	n.s.
		EIM → PMH	-0.098	.769	n.s.
		EIM → PMR	-0.244	.135	n.s.
		PMH → CE	0.031	.863	n.s.
		PMH → ISB	0.005	.928	n.s.
		PMR → CE	0.191	.365	n.s.
		PMR → ISB	0.042	.789	n.s.
		PMR → PMH	0.294	.354	n.s.
Education	Higher vs lower	CTS → CE	-0.357	.037	*
		CTS → ISB	-0.217	.194	n.s.
		CTS → PMH	-0.148	.635	n.s.
		CTS → PMR	0.117	.564	n.s.
		EIM → CTS	0.449	.139	n.s.
		EIM → PMH	0.348	.247	n.s.
		EIM → PMR	-0.166	.356	n.s.
		PMH → CE	0.037	.811	n.s.
		PMH → ISB	0.420	.003	**
		PMR → CE	0.327	.125	n.s.
		PMR → ISB	0.455	.001	***
		PMR → PMH	0.367	.293	n.s.
Country	Finland vs Sweden and Norway	CTS → CE	-0.209	.153	n.s.
		CTS → ISB	-0.253	.255	n.s.
		CTS → PMH	0.347	.319	n.s.
		CTS → PMR	-0.310	.082	†
		EIM → CTS	0.590	.028	*
		EIM → PMH	0.671	.010	**
		EIM → PMR	-0.462	.012	*
		PMH → CE	0.368	.010	**
		PMH → ISB	0.200	.242	n.s.
		PMR → CE	0.308	.021	*
		PMR → ISB	0.220	.270	n.s.
		PMR → PMH	0.537	.035	*
Length of residence	≤ 5 years vs > 5 years	CTS → CE	-0.224	.238	n.s.
		CTS → ISB	-0.179	.302	n.s.
		CTS → PMH	0.082	.783	n.s.
		CTS → PMR	0.046	.812	n.s.
		EIM → CTS	0.626	.060	†
		EIM → PMH	0.414	.186	n.s.
		EIM → PMR	-0.186	.337	n.s.
		PMH → CE	0.395	.036	*

Variable	Grouping	Path	$\Delta\beta$	p (two-tailed)	Sig.
		PMH $\rightarrow$ ISB	0.016	.942	n.s.
		PMR $\rightarrow$ CE	0.128	.501	n.s.
		PMR $\rightarrow$ ISB	0.057	.771	n.s.
		PMR $\rightarrow$ PMH	0.333	.368	n.s.

Appendix 4: Full multigroup analysis results (continued)

Variable	Grouping	Path	$\Delta\beta$	p (two-tailed)	Sig.
Period	During COVID-19 vs after the acute phase	CTS → CE	-0.356	.030	*
		CTS → ISB	-0.200	.335	n.s.
		CTS → PMH	0.402	.448	n.s.
		CTS → PMR	-0.504	.092	†
		EIM → CTS	1.201	< .001	***
		EIM → PMH	0.534	.347	n.s.
		EIM → PMR	-0.452	.137	n.s.
		PMH → CE	0.850	< .001	***
		PMH → ISB	0.006	.945	n.s.
		PMR → CE	-0.009	.962	n.s.
		PMR → ISB	0.034	.908	n.s.
		PMR → PMH	0.501	.079	†
Occupation	Working vs not working	CTS → CE	-0.005	.939	n.s.
		CTS → ISB	-0.157	.415	n.s.
		CTS → PMH	0.280	.364	n.s.
		CTS → PMR	0.175	.359	n.s.
		EIM → CTS	-0.385	.904	n.s.
		EIM → PMH	-0.225	.439	n.s.
		EIM → PMR	0.338	.070	†
		PMH → CE	-0.327	.963	n.s.
		PMH → ISB	0.227	.150	n.s.
		PMR → CE	-0.086	.712	n.s.
		PMR → ISB	0.211	.105	n.s.
		PMR → PMH	-0.394	.223	n.s.
Age	Younger vs older	CTS → CE	-0.224	.211	n.s.
		CTS → ISB	-0.203	.350	n.s.
		CTS → PMH	0.127	.835	n.s.
		CTS → PMR	-0.280	.208	n.s.
		EIM → CTS	0.461	.244	n.s.
		EIM → PMH	-0.179	.811	n.s.
		EIM → PMR	-0.124	.605	n.s.
		PMH → CE	0.461	.017	*
		PMH → ISB	-0.008	.989	n.s.
		PMR → CE	0.232	.184	n.s.
		PMR → ISB	-0.022	.957	n.s.
		PMR → PMH	0.372	.350	n.s.
Marital status	Married/partnered vs single	CTS → CE	-0.197	.173	n.s.
		CTS → ISB	0.037	.923	n.s.
		CTS → PMH	-0.262	.405	n.s.
		CTS → PMR	0.148	.421	n.s.
		EIM → CTS	0.322	.278	n.s.
		EIM → PMH	-0.375	.226	n.s.
		EIM → PMR	0.232	.239	n.s.
		PMH → CE	-0.093	.566	n.s.

Variable	Grouping	Path	$\Delta\beta$	p (two-tailed)	Sig.
		PMH $\rightarrow$ ISB	-0.147	.801	n.s.
		PMR $\rightarrow$ CE	0.206	.289	n.s.
		PMR $\rightarrow$ ISB	0.040	.788	n.s.
		PMR $\rightarrow$ PMH	-0.070	.845	n.s.

Appendix 5A: Phase 1 – construct identification

Code	Analytical definition	Recurrent terms, expressions, and semantic indicators
EIM	Encountering misleading or false health information	misinformation, false information, wrong information, misleading information, fake news, rumours, conspiracy claims, incorrect advice, confusing claims, contradictory advice, unverified messages, herbal cure claims, vaccine rumours, WhatsApp rumours, Telegram messages, misleading videos, misleading posts, forwarded messages, viral posts, circulating messages, repeated messages, many stories, conflicting information, mixed messages
CTS	Verifying information through credible sources	check, verify, confirm, compare, cross-check, double-check, look it up, search online, Google it, check the source, check the date, ask a doctor, ask a nurse, consult health professionals, consult official sources, check government information, consult health authority websites, consult WHO, consult THL, read official websites, confirm through trusted news sources, verify information before sharing
CE	Correcting misinformation shared by others	correct, warn, explain, clarify, challenge, respond, intervene, tell others it is wrong, send the correct link, share official advice, debunk rumours, counter misinformation, guide others, encourage others to check, answer in groups, reply in WhatsApp groups, explain why it is false
PMR	Evaluation of media credibility	reliable, trustworthy, credible, dependable, accurate, professional, official information, authoritative source, serious journalism, balanced reporting, trustworthy broadcaster, reliable news outlet, official government information, not reliable, unreliable, misleading media, biased reporting, exaggerated news, confusing information, propaganda, social media unreliable, mainstream media reliable
PMH	Perceived consequences of misinformation	harmful, dangerous, risky, damaging, confusing, frightening, stressful, panic-inducing, misleading people, harmful to health, harmful to families, community harm, creates fear, creates confusion, causes panic, delay treatment, people take wrong medicine, distrust doctors, treatment disruption, stigma, serious consequences, life-threatening, could cost lives
ISB	Sharing health information with others	share, send, forward, repost, circulate, discuss, tell others, mention, talk about, bring it up, exchange information, pass information, post information, share in groups, send links, forward messages, discuss news, inform relatives, communicate updates, start discussions

Appendix 5B: Phase 2 – linguistic scaling of the six analytical constructs

Code	Score	Level	Typical linguistic markers
EIM	1	Never encountered	never saw such messages, never received misinformation, never heard rumours, did not encounter false claims, never came across misleading posts
	2	Rarely	hardly ever saw it, very rarely encountered it, almost never received it, once or twice only, rarely noticed rumours
	3	Occasionally	sometimes saw misleading posts, from time to time encountered rumours, occasionally noticed false information, now and then received such messages, sometimes saw incorrect advice
	4	Intermittent exposure	every now and then saw it, on some occasions encountered rumours, sometimes appeared in discussions, occasionally received group messages, not unusual to see misleading posts
	5	Often	often saw misinformation, regularly encountered such messages, many times received misleading posts, frequently saw rumours circulating, common in discussions
	6	Very often	very often received such messages, repeatedly saw the same rumours, again and again encountered misinformation, frequently circulated in groups, many repeated posts
	7	Constant exposure	everywhere across platforms, constantly encountering misinformation, all the time in discussions, across social media and messaging apps, impossible to avoid these claims
CTS	1	Never verify	do not check information, just read the message, accept it directly, do not verify the source, rarely question it
	2	Rarely verify	seldom check information, rarely verify messages, usually do not confirm sources, occasionally ignore verification, rarely search for confirmation
	3	Occasionally verify	sometimes check the source, sometimes ask someone, occasionally look it up online, sometimes confirm information, now and then verify
	4	Intermittent verification	sometimes compare sources, sometimes ask friends or relatives, occasionally double-check online, sometimes consult another website, sometimes seek confirmation
	5	Frequent verification	usually check official information, often verify the message, frequently compare sources, often search for confirmation, check before believing
	6	Very frequent verification	almost always check official websites, regularly confirm information, often consult trusted sources, usually compare multiple sources, consistently verify claims
	7	Routine multi-source verification	always check before believing, confirm with several trusted sources, verify through official websites, check government or health authority pages, never believe information without checking
CE	1	Never correct	stay silent, ignore the message, do not respond, avoid discussion, let others say what they want
	2	Rarely correct	occasionally respond, rarely intervene in discussions, seldom say anything, hardly ever challenge misinformation, usually stay quiet
	3	Occasionally correct	sometimes tell people it may be wrong, sometimes comment on the message, occasionally respond in discussions, sometimes question the claim, sometimes point out mistakes
	4	Intermittent correction	sometimes explain the correct information, sometimes send the correct source, sometimes respond in group discussions, sometimes clarify misleading claims, occasionally challenge misinformation
	5	Frequent correction	usually correct people, often explain the correct information, warn others about misinformation, frequently respond in discussions, often clarify wrong claims

Code	Score	Level	Typical linguistic markers
	6	Very frequent correction	very often intervene in discussions, actively clarify misinformation, repeatedly respond to misleading posts, regularly challenge false information, often send correct sources
	7	Immediate and consistent correction	always respond immediately, immediately correct misinformation, consistently send correct links, always explain the accurate information, always warn others about false claims

Appendix 5B: Phase 2 – linguistic scaling of the six analytical constructs (continued)

Code	Score	Level	Typical linguistic markers
PMR	1	Completely unreliable	cannot trust media, totally unreliable sources, completely misleading news, cannot depend on these channels, not credible at all
	2	Mostly unreliable	mostly unreliable news, usually misleading reports, generally untrustworthy media, often inaccurate information, frequently biased coverage
	3	Somewhat unreliable	partly unreliable sources, not very trustworthy media, sometimes misleading reports, occasionally inaccurate information, questionable credibility
	4	Neutral	depends on the source, mixed reliability across media, sometimes reliable sometimes not, uncertain credibility, reliability varies
	5	Somewhat reliable	fairly reliable sources, somewhat trustworthy news, generally acceptable reporting, often credible coverage, mostly accurate information
	6	Mostly reliable	mostly reliable media, generally trustworthy reporting, often accurate information, dependable news sources, credible journalism
	7	Fully reliable	very trustworthy sources, fully reliable information, highly credible media, consistently accurate reporting, authoritative news channels
PMH	1	Not harmful	harmless information, not a serious issue, no real harm, nothing dangerous, not a major problem
	2	Slightly harmful	small problem, minor issue, not very harmful, slight concern, limited negative impact
	3	Somewhat harmful	somewhat harmful claims, may mislead people, problematic information, may create confusion, can influence decisions
	4	Moderately harmful	harmful in some cases, confusing for people, may cause misunderstanding, may affect decisions, may create uncertainty
	5	Quite harmful	serious concern, harmful consequences, worrying misinformation, public health risk, damaging effects
	6	Very harmful	dangerous misinformation, strongly harmful claims, damaging to health, serious consequences, major risks
	7	Extremely harmful	life-threatening misinformation, could cost lives, extremely dangerous claims, severe public health risk, highly damaging consequences
ISB	1	Never share	never share health information, keep messages private, do not forward content, do not send health information updates, avoid sharing health news
	2	Rarely share	seldom share information, rarely forward messages, almost never share news, rarely send updates, usually keep information private
	3	Occasionally share	sometimes share health information, occasionally send messages, sometimes forward posts, occasionally discuss information, sometimes mention it
	4	Sometimes sharing	sometimes discuss health topics, occasionally forward information, sometimes send links, occasionally share updates, sometimes talk about it
	5	Often sharing	often share health information, usually send updates, frequently forward useful messages, regularly discuss health news, often pass information to friends
	6	Very often sharing	share information very often, regularly circulate updates, frequently send messages in groups, often post useful news, repeatedly share updates
	7	Highly active sharing	initiate health discussions, circulate information widely, often post first, start conversations about health news, encourage others to read shared information

Appendix 5C-1: General coding rules applied during interpretive standardisation

Rule	Operational description	Coding implication
Context rule	Expressions were interpreted in relation to the surrounding statement and behavioural context	Meaning was determined from the full statement rather than isolated words
Dominant-pattern rule	When multiple scale levels appeared in one interview, the most recurrent behavioural pattern was used	Final score reflected the dominant tendency across the transcript
Weighting rule	Repeated behavioural descriptions were treated as stronger evidence than isolated remarks	Frequent statements increased coding confidence
Construct-priority rule	When statements could relate to multiple constructs, the most directly expressed construct was prioritised	Each coded segment contributed to one primary indicator
Overlap rule	Statements could be qualitatively linked to multiple constructs during analysis	Final scoring required a single construct assignment
Memo rule	Contextual statements not directly related to the six indicators were recorded in analytic memos	These statements informed interpretation but were not scored

Appendix 5C-2: Construct-level standardisation rules

Code	Standardisation rule	Decision logic used in final coding
EIM	References to rumours, misleading claims, contradictory health messages, or repeated misinformation were coded as exposure	Higher scores reflected repeated or cross-platform exposure rather than isolated encounters
CTS	Mentions of checking official sources, consulting experts, or comparing information channels were coded as verification behaviour	Higher scores reflected routine or multi-source verification practices
CE	Mentions of correcting misinformation, warning others, or providing accurate information were coded as correction engagement	Higher scores reflected active or repeated corrective actions
PMR	Evaluations of the trustworthiness or credibility of media and information channels were coded as reliability perceptions	Higher scores reflected stronger trust in institutional or professional sources
PMH	References to confusion, fear, health risks, or social consequences were coded as perceived misinformation harm	Higher scores reflected clearer or stronger perceptions of harm
ISB	Mentions of sharing, forwarding, reposting, or discussing health information were coded as sharing behaviour	Higher scores reflected more active or frequent information circulation

Appendix 5D: Cross-construct synonyms and recurring linguistic families

Linguistic family	Included expressions
Verification family	check, verify, confirm, compare, cross-check, make sure, look up, search again
Misinformation family	fake news, rumours, misleading information, false claims, wrong information
Trust family	trust, believe, rely on, confidence in, credible, reliable
Distrust family	doubt, suspicious, unreliable, misleading, biased
Correction family	correct, warn, clarify, explain, challenge, intervene
Sharing family	share, send, forward, repost, discuss, circulate
Harm family	harmful, dangerous, risky, damaging, frightening
Exposure family	see, hear, receive, encounter, come across, get messages

Appendix 6A: Calibration examples for exposure to misinformation

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'I never came across that kind of false health information.'	EIM	never came across	1	no reported misinformation exposure
'I rarely saw such messages, maybe once or twice.'	EIM	rarely saw	2	rare exposure
'Sometimes I noticed misleading posts.'	EIM	sometimes noticed	3	occasional exposure
'Every now and then I received contradictory messages.'	EIM	every now and then	4	intermittent exposure
'There were many misleading messages in WhatsApp groups.'	EIM	many misleading messages	5	frequent exposure
'It kept happening again and again in different groups.'	EIM	again and again	6	very frequent exposure
'It was everywhere — social media, relatives, and groups.'	EIM	everywhere	7	constant multi-platform exposure

Note. The statements in Appendices 6A–6G are constructed calibration examples representing possible linguistic markers. They are not verbatim participant quotations and were not analysed as qualitative findings.

Appendix 6B: Calibration examples for checking with trusted sources

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'I do not usually check; I just read the message.'	CTS	do not check	1	no verification behaviour
'I rarely verify unless the message seems very strange.'	CTS	rarely verify	2	low verification
'Sometimes I ask someone whether it is true.'	CTS	sometimes ask	3	occasional checking
'I sometimes compare it with another source.'	CTS	sometimes compare	4	intermittent verification
'I usually check official information before I believe it.'	CTS	usually check official information	5	frequent checking
'I almost always look at the health authority page.'	CTS	almost always	6	very frequent verification
'I always check the WHO or THL website before I believe those WhatsApp messages.'	CTS	always check; WHO/THL	7	routine multi-source verification through trusted official channels

Appendix 6C: Calibration examples for correction engagement

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'I do not say anything when others share false information.'	CE	do not say anything	1	no correction engagement
'Only rarely do I respond to such messages.'	CE	rarely respond	2	low correction
'Sometimes I tell people it may not be correct.'	CE	sometimes tell people	3	occasional correction
'I sometimes explain and send the correct source.'	CE	sometimes explain	4	intermittent corrective action
'I usually answer in the group and send the official link.'	CE	usually answer; official link	5	frequent correction
'I very often intervene when people share false information.'	CE	very often intervene	6	very frequent correction
'I always tell people immediately when something is false.'	CE	always tell immediately	7	immediate and consistent correction

Appendix 6D: Calibration examples for perceived media reliability

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'I cannot trust any of these media sources.'	PMR	cannot trust	1	complete distrust
'Most of the media I see are not trustworthy.'	PMR	not trustworthy	2	low reliability
'Some of it may be useful, but much of it is still unreliable.'	PMR	partly unreliable	3	somewhat unreliable
'It depends on the source; I am not sure overall.'	PMR	depends; not sure	4	mixed or neutral reliability
'Some official news sources seem fairly reliable.'	PMR	fairly reliable	5	somewhat reliable
'Social media is not very trustworthy, but Yle and BBC are reliable.'	PMR	reliable / not trustworthy	6	mostly reliable official or mainstream media
'The official channels were fully reliable and consistent.'	PMR	fully reliable	7	very high perceived reliability

Appendix 6E: Calibration examples for perceived misinformation harm

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'It is not really harmful; people just talk.'	PMH	not really harmful	1	no perceived harm
'It may cause a small problem, but not much.'	PMH	small problem	2	slight harm
'It can be problematic for some people.'	PMH	problematic	3	some perceived harm
'It can affect people and confuse them.'	PMH	affect people; confuse	4	moderate harm
'It is serious enough to worry me.'	PMH	serious enough	5	quite harmful
'These rumours are dangerous because people may stop treatment.'	PMH	dangerous; stop treatment	6	strong perceived harm
'Wrong information can cost lives.'	PMH	cost lives	7	extreme harm perception

Appendix 6F: Calibration examples for information-sharing behaviour

Example statement	Phase 1 construct	Phase 2 marker	Assigned score	Final interpretation
'I never share health information.'	ISB	never share	1	no sharing behaviour
'I rarely share unless somebody asks me.'	ISB	rarely share	2	low sharing
'Sometimes I send something to relatives.'	ISB	sometimes send	3	occasional sharing
'I sometimes discuss health news in family groups.'	ISB	sometimes discuss	4	intermittent sharing
'I often share health updates with family.'	ISB	often share	5	frequent sharing
'I share such information very often in our groups.'	ISB	very often share	6	very frequent sharing
'I usually start the discussion and send the information first.'	ISB	start the discussion first	7	highly active sharing and discussion initiation

Appendix 6G: Example of cross-construct memo handling

Example statement	Primary construct	Secondary memo notes	Final coding use
'The official information was difficult because it was not translated into my language.'	PMR or CTS context	linguistic barrier memo	not scored directly unless clearly linked to trust or checking behaviour
'I became anxious because there were too many contradictory messages.'	PMH	EIM overlap memo	scored primarily under PMH if emphasis was on harm; under EIM if emphasis was on exposure
'I asked bilingual friends to explain the official advice.'	CTS	language mediation memo	scored under CTS if used for verification; otherwise retained as contextual support