

**Table 3. Themes and clarifications:**

Current registration practice	Theme	Theme clarifications
<b>Registration</b>	Arbitrary registration of patients' social histories	Registration was arbitrary regarding content and place of registration in the medical record
	Searching for social information in the medical record	Knowledge about patients' social histories was hard to find
	Knowledge exchange at medical conferences	Patients' social histories was mostly brought up when there were severe problems
	When asked before encounters	Knowledge about patients' social status and background was random
<b>Type of barrier for recording patients' social histories</b>	<b>Theme</b>	<b>Theme clarifications</b>
<b>Organizational barriers</b>	Interprofessional collaboration	Nurses more often know about patients' social histories than doctors Doctors set the agenda Collaboration limited due to budget cuts
	Lack of time	Medical information was prioritized higher than social information Uncertainty about the availability of support possibilities Avoidance of exploring patients' social or socioeconomic difficulties
	Technical challenges	Pre-coded sentences in the medical record did not match the nuances of the patient's situation Detailed information required more clicks Electronic system delays
<b>Professional barriers</b>	Low prioritization	Registering patients' social histories was not perceived as a main task Focus on illness, not on social differences Lack of follow-up
	Meeting patients where they are	Preferring a here and now approach with openness to the patients' emotional and present situation Experiences of being socially surprised Addressing the patient as an individual, not as a social category
	Reliance on HP's own impressions	Using senses to target the communication Listening to the patient' questions and language Preferring reliance on own impressions rather than information from the medical record