

Supplemental Material 1. Study questionnaire.

## **"3E" STUDY**

# **Allergic Rhinitis Towards Patient- Centred Care: Understanding their Expectations**

**Questionnaire for Patients with Moderate or Severe Allergic Rhinitis**

*Your participation will contribute to further research and more effective solutions. We thank you for your participation in this study. Your answers are essential to better understand the experience of patients with moderate to severe allergic rhinitis. Please answer honestly. All answers are confidential.*

*After reading the project information sheet, please express your consent to this survey by ticking the following box:*

*Estimated time to fill in the questionnaire 15 minutes*

**Socio-demographic information:**

1. Age: .....
2. Genre: .....

**3. Level of education:**

- Primary
- Secondary
- University
- Other (specify) .....

**Current diagnosis and treatment**

**4. How long time has been on treatment for allergic rhinitis?**

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**5. Type of Rhinitis**

- Moderate (one, two or three of the following symptoms: sleep disturbance, impairment of daily activities and/or sports, impairment of school or work tasks, symptoms are bothersome)
- Severe (exhibits all four of the above symptoms)

**6. Changes of disease.** Have you experienced changes in the intensity of your symptoms since diagnosis?

- Yes
- No

**Quality of life and impact on daily activities**

**7. Does allergic rhinitis affect your daily activities, leisure and/or sports?**

- Yes
- No

**8. If yes, how much does allergic rhinitis affect your quality of life? (1 to 10, where 1 is not affected at all and 10 is very much affected).**

1	2	3	4	5	6	7	8	9	10
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**9. Does allergic rhinitis affect your psychological well-being emotionally, have you experienced insomnia, stress or anxiety related to your allergic rhinitis? 1 to 10, where 1 is not affected at all and 10 is very affected).**

1	2	3	4	5	6	7	8	9	10
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**10. Does your allergic rhinitis affect your social life (1 to 10, where 1 is not affected at all and 10 is very affected)?**

1	2	3	4	5	6	7	8	9	10
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**11. Do you feel uncomfortable or disturbed by the use of inhalants in social settings (1 to 10, where 1 is not at all uncomfortable and 10 is very uncomfortable)?**

1	2	3	4	5	6	7	8	9	10
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**12. Does your allergic rhinitis affect your work or academic performance (1 to 10, where 1 is not affected at all and 10 is very affected)?**

1	2	3	4	5	6	7	8	9	10
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**13. Does it affect your ability to concentrate at work or study 1 to 10, where 1 is not affected at all and 10 is very affected)?**

1	2	3	4	5	6	7	8	9	10
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**14. Have you experienced any traffic or occupational accidents related to allergic rhinitis?**

- Yes
- No

**15. Do you feel supported by your social and work environment in relation to your condition?**

- Yes
- No

**Current Treatments**

**16. What are your most important expectations regarding the treatment of your allergic rhinitis (open question)?**-----

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**17. What type of medicine(s) are you using for the treatment of your allergic rhinitis? (multiple answer, you can tick several boxes)**

- Antihistamines
- Nasal corticosteroids
- Decongestants
- Immunotherapy
- Other (please specify) .....

**18. What is the mode of administration of your treatment? (Multiple choice, you may indicate several options)**

- Tablets, tablets or capsules
- Injectable
- Nasal spray
- Syrup
- Chewable tablets
- Fast dissolving tablets in water
- Gels
- Granulates

- Others.....

**19. Do you feel that your current treatment is helping you to manage your disease and avoid further complications?**

- It helps me a lot
- Something helps me
- It does little to help me
- It does not help me

**20. Have you experienced significant side effects with the treatment?**

- Yes
- No

**21. Have you reported these side effects to the health professional (doctor, nurse, pharmacist) who is taking you?**

- Yes
- No

**22. What changes or improvements would you like to see in your current treatment for allergic rhinitis? (You can give more than one answer)**

- Changes in the form of administration
- Changes in the number of treatment applications / dosages
- Changes in the cost/ benefit of the medicine
- Changes in pharmacy dispensing (improvements in pharmacist advice/counselling)
- Changes in the follow-up by the health professional to encourage compliance with the treatment prescribed by the doctor.

- Changes in the improvement of allergic rhinitis symptoms (increased efficacy).
- Other .....

**23. At equal or even higher efficacy, would you prefer a treatment that is easier to administer, even if it is more expensive?**

- Yes
- No

**24. If yes, if the treatment were easier to administer at the same or higher proven efficacy, what percentage increase in price would you be willing to assume?**

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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**Subjective Perception of Treatment**

**25. On a scale of 1 to 10, how would you describe your experience with your current treatment for allergic rhinitis? (1 to 10, where 1 is very bad and 10 is very good)**

1	2	3	4	5	6	7	8	9	10
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**26. On a scale of 1 to 10, how satisfied are you with your current treatment?(1 to 10, where 1 is not very satisfactory and 10 is very satisfactory)**

1	2	3	4	5	6	7	8	9	10
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**27. On a scale from 1 to 10, how would you rate the effectiveness of your current treatment? (1 to 10, where 1 is not very effective and 10 is very effective)**

1	2	3	4	5	6	7	8	9	10
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**28. Do you find the dosage of your treatment comfortable?**

- Yes
- No

**29. Do you use one or more devices for your treatment?**

- A device
- Various devices

**30. Whether you use one or several devices for treatment administration, do you think they are easy to use?**

- Yes
- No

**31. Are there specific aspects of the device(s) that you would improve (open-ended question)?**-----

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**32. Are you generally satisfied with your treatment?**

- Yes
- No

**33. Have you considered asking your doctor to change your treatment for any reason?**

- Yes
- No

**34. If yes, if you have considered changing your treatment, what are the main reasons for doing so? (multiple choice, several alternatives possible)**

- Reasons for efficiency
- For security reasons
- For convenience in terms of ease of use
- Other reasons.....

**Experience and adherence to treatment prescribed by the physician**

**35. How has your quality of life improved since you started treatment?**

- A lot
- Moderately
- Little
- Nothing

**36. Have you experienced a reduction in complications associated with allergic rhinitis since starting treatment?**

- Yes
- No

**37. Does the treatment you are currently using for your allergic rhinitis require several drugs administered separately?**

- Yes
- No

**38. How do you rate the ease of administration of your treatment?**

- Very easy
- Easy

- Neither easy nor difficult
- Difficult
- Very difficult

**39. Are you having difficulty following the treatment prescribed by your doctor?**

- Yes
- No

**40. Do you think the form of administration of your current medicine convenient?**

- Yes
- No

**41. In case you do not think the form of administration of the medicine(s) convenient, what would be the ideal form of administration for you?**

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**42. Do you prefer a single device for the administration of all medicines or multiple devices?**

- Yes
- No

**43. Do you feel that you are complying with all the instructions and treatment guidelines recommended by your doctor?**

- Yes
- No

**44. How would you describe your compliance with the treatment prescribed by your doctor (taking the medication according to the doctor's instructions)?**

- Highly compliant
- Moderately compliant
- Poor performer
- I do not usually comply with it

**45. In case of non-compliance, what are the main reasons why you stop taking your medication / What factors most affect your compliance with the treatment prescribed by your doctor? (You can select multiple options)**

- Oblivion
- Effectiveness of treatment
- Side effects
- Ease of administration
- Difficulty of use of the drug device(s) (if one) or drug delivery device(s) (if several)
- Cost of the medicine
- Other (please specify) .....

**46. If you do not follow the treatment for whatever reason, how often do you stop taking your allergic rhinitis medication?**

- Very often I stop following the treatment prescribed by my doctor.
- I frequently stop following him
- From time to time I stop following him
- I have stopped treatment

**Cost and Medical Visits:**

**47. What do you consider the cost of your treatment to be?**

- Very high

- High
- Neither too high nor too low
- Under
- Very low

**48. If you consider it is expensive, how expensive would you rate your current treatment in terms of price (1 to 10, where 1 is very expensive and 10 is very affordable)?**

1	2	3	4	5	6	7	8	9	10
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**49. At equal or higher efficiency and safety, would you like more affordable, less expensive options to be available?**

- Yes
- No

**50. How often do you have medical visits related to your allergic rhinitis (scale in number of months)?**

1	2	3	4	5	6	7	8	9	10
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- More than 10 months (e.g. every year)

**51. How would you rate the information provided by your doctor about your allergic rhinitis and treatment?**

- Very useful
- Useful
- Moderately useful
- Unhelpful
- Nothing useful

**Additional Comments:**

**52. Would you like more information or education about your condition and treatment options?**

- Yes
- No

**53. Do you use apps or digital health-related technology to manage and monitor your allergic rhinitis or treatment?**

- Yes
- No

**54. If you answered yes to the previous question, how has this technology influenced your treatment experience?)**

- Very Positively
- Positively
- Neither positively nor negatively
- Negatively
- Very negatively

**55. Would you be willing to participate in future studies related to allergic rhinitis and its treatment?**

- Yes
- No

**56. Are there any additional comments you would like to share about your experience with the treatment of your allergic rhinitis?**

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*Thank you for taking the time to participate in this questionnaire. The answers to these questions are essential to advance the understanding of allergic rhinitis and improve treatment options.*

**Guide to Questions for the Focus Group on Treatment Experience  
in Moderate to Severe Allergic Rhinitis**

- What treatments have you used for allergic rhinitis? Tell us about your experience with the drugs used to treat allergic rhinitis.
- How does the treatment of allergic rhinitis impact on your daily quality of life and daily activities?
- How would you describe your overall experience with the treatment of moderate or severe allergic rhinitis?
- How would you describe the ease of administration of the drugs you have used? Do you find them easy or difficult to use?
- What are the main challenges you have faced in treatment for allergic rhinitis?
- What factors do you consider most important when assessing the effectiveness of a treatment for allergic rhinitis?
- What do you think about the dosage of the medicines? Have you had any problems with the dosage or time of administration?
- In relation to delivery devices, what do you think about the ease of use of the inhalers or nasal sprays you have used?
- Have you experienced any specific problems when using drug delivery devices for allergic rhinitis?
- What improvements or features would you like to see in drug delivery devices for allergic rhinitis?
- Have you noticed differences in efficacy between different types of medicines or delivery devices for allergic rhinitis?
- How does allergic rhinitis affect your adherence to treatment and what strategies do you use to make sure you follow your doctor's instructions?
- Have you faced challenges in sticking to your treatment plan? How do you manage long-term adherence?

- Overall, how would you rate your satisfaction with your current treatment allergic rhinitis?
- Is there anything you miss and would like to change or improve in the treatment of allergic rhinitis?
- How would you describe the relationship between doctor and patient in the context of the treatment of allergic rhinitis?
- How do you assess the pharmacist's role in dispensing the medicine prescribed by the doctor?
- What do you see as the role of the nurse in monitoring and following up your allergic rhinitis?

*Acknowledgement of the participation in this focus group: The experience of the focus group is of enormous value for a better understanding of the challenges and positive aspects of allergic rhinitis treatment.*