# Supplementary file S1

*for*

**Patients' and healthcare professionals' experiences of idiopathic pulmonary fibrosis treatment with the pirfenidone 801 mg tablet formulation: a multinational survey**

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# PART A: LETTER TO PHYSICIANS TO REQUEST HELP WITH RECRUITMENT

London, [insert date letter is sent] 2018

Dear Doctor,

I am writing to you from Elma Research, an independent market research company specialised in market research in the medical field. We are currently conducting a market research project on behalf of a pharmaceutical company in the area of **idiopathic pulmonary fibrosis (IPF).** The sponsor would like to gain an understanding of the patient experience during and after the switch from the Esbriet 267mg formulation to the 801mg one. To this end they have commissioned Elma to **interview IPF patients.**
It is important that the development of medications is centred around the needs of patients, and for this reason manufacturers would like to understand first-hand feedback from patients for new developments that could **potentially improve their treatment experience**. **Please support us in finding suitable IPF patients**, who are at the stage where they have recently been **prescribed with Esbriet 801mg formulation**.
For **each one of your patients** who takes part in the research you **will receive an €80 incentive.** Your **IPF patient will also be given an incentive** for taking part.
Please read on to find out more information about the project. If you still have questions about the nature of the research or about the sponsor or Elma Research you can contact us directly at any time.

**What is the overall purpose and scope of this market research project?**
We are conducting this pan European market research project to gain an understanding from patients (and physicians) of the areas where they experience the biggest change during the switch from Esbriet 267mg to the 801mg formulation.
The feedback from patients will be aggregated and no identifying information will be shared with the pharmaceutical sponsor.

**Who would we like to involve in this research?**
If you are interested in helping us with our project, we would like you to approach suitable IPF patients on our behalf, **using the patient invitation letter** attached to this email.
We want to interview adult patients who have been formally diagnosed with IPF:

- **Are currently on Esbriet**
- **Switched from 267mg capsule to the 801mg tablet formulation**

If this is something you are willing to help us with, **we would really appreciate it if you could pass on an invitation letter to any suitable IPF patients who might like to take part in this research**. If they are interested, they can contact us directly, using the contact details on the invite – NB: we never ask you to share confidential patient or caregiver contact details and all details voluntarily provided to us by patients themselves are kept strictly confidential and secure.
**Please read on if you would like to know more about the scope of this market research project…**

**What incentive will I receive for helping Elma Research?**
For every one of your patients who takes part you will receive **€80** for your role in helping to put us in touch with patients.

**What would my patients' involvement in this market research look like?**
The patient's involvement would take the form of participation in a telephone interview.
The interview will last no longer than 60 minutes.
They will receive also receive an incentive as a thank you for taking part and to compensate them for their time.
Patients will be audio recorded but the use of these recordings will be strictly in accordance with market research and pharmaceutical industry regulations. They will not receive any follow up contact from anyone as a result of their participation and their confidentiality will be assured at all times.

**Will my patients' needs be treated sensitively?**
Elma are experienced in interviewing IPF patients. We realise IPF patients are suffering from a severe respiratory condition, their time is precious and their abilities are limited because of this. Patients can take their time, have a break, or to stop the interview at any point should they feel the need to do so.
We will not ask them to do anything that will cause them distress or suffering, nor will we ask them to reveal any information they find too personal or intrusive.
Elma fully understands the need to be sensitive and adapt our interview approach around the needs of the individual patient. Their wellbeing, both physical and emotional, is paramount to us at all times.

**Will personal details be kept safe?**

Elma Research takes data security and confidentiality very seriously. We comply with all European regulations, relevant codes of conduct and legislation regarding confidentiality in market research.
We abide by the Data Protection Act and GDPR as well as a range of industry codes of conduct (for example the EphMRA guidelines covering market research within the pharmaceutical industry). This means what they say during the interview is entirely confidential and their anonymity is guaranteed throughout.
Their contact details and personal data will be kept secure and at no point will any identifiers be passed on to any third parties) except in circumstances where they provide explicit informed consent to do so.
All responses are aggregated so no information in the final report produced after all interviews are complete will be directly attributed to any person by name and no identifiers or personal details will be included in the outputs or passed on to the client sponsoring our research.

**How do we handle the recordings?**

After we have obtained explicit consent from the patient we intend to audio record their interview. All audio files will be kept securely on file by Elma Research and will then be destroyed when the purpose of the study becomes redundant or after 1 year (whichever is sooner). All reasonable steps will be taken to ensure that the destruction of data is

proportionate with the confidential nature of the data being destroyed. For example, any personal data will be destroyed in a manner which safeguards confidentiality.

**What else might they need to know?**

As you may have heard MR companies are asked to pass on to our client details of any and all adverse events mentioned during the course of market research. Although information will be treated in confidence; for the purposes of safety reporting, should your patient raise an adverse event during the discussion we will need to report this to the client's safety department, even if it has already been reported to the company or to the regulatory authority. The patients will be advised that adverse events will be notified to the client's safety department. Elma Research is a member of the Market Research Society and, as such, we strictly adhere to their Code of Conduct.

**What are the next steps?**

**Your help really matters**. Please provide the accompanying patient recruitment letter to any patients you see over the coming weeks whom you feel would be suitable to participate in this research. These letters contain the details of our recruiters whom patients are invited to contact should they be interested in participating in this research.

If you would like to help or require more information about what the project involves, then please contact [insert name and contact details of local recruiter], who will organise the interview.

Elma Research is a market research company which specialises in the healthcare industry. Our projects help the healthcare industry to better understand the needs of people living with various health conditions. Should you wish to find more information about us, our website is http://www.elmaresearch.com/.

Yours sincerely

……

**[FULL NAME AND CONTACT DETAILS OF LOCAL RECRUITER SUPPLIED WITH LETTER]**

# PART B: LETTER TO PATIENTS INTRODUCING THE RESEARCH

Date, 2018

Dear Mrs / Mr [XXXX],

I am writing to you from Elma Research, an independent market research company specialised in market research in the medical field.

We are currently conducting a market research project in the area of Idiopathic Pulmonary Fibrosis (IPF hereafter), so we can explore patient experience with their current treatment and the main changes compared to the previous one.

We would like to involve IPF patients like you in a telephone interview where you will be asked to share your experience and the areas where you experienced the biggest change.

We would like to audio record your interview, and please rest assured the use of these recordings will be strictly in accordance with market research and pharmaceutical industry regulations.

You will receive an incentive to compensate you for your time (see table below).

| FRANCE | GERMANY | SPAIN |
|---|---|---|
| €70 | €100 | €90 |

The overall aim of this research is to help IPF patients like you to have a better experience of taking their daily medication.

**OUR INTERVIEWERS ARE FULLY TRAINED PROFESSIONALS**

If you decide to take part you will be interviewed by a **trained professional researcher** with a high level of experience in studies related to healthcare. They will have an understanding of your health issues and will allow you to take a break where necessary.

Also we know there are no right or wrong answers in this type of research just your honest opinion that we are interested in. You are free at any stage to end the conversation or refuse to continue and you will still receive your incentive.

***WILL YOU KEEP MY DATA SAFE?***

Elma Research abides by the Data Protection Act and a range of industry codes of conduct, which means what you say is entirely confidential and you are guaranteed anonymity (i.e. names/address will at no point be passed on to any third parties) except for disclosure to which you would specifically have to consent to.

We strictly adhere to **EPhMRA** (European Pharmaceutical Marketing Research Association) Code of Conduct. The processing of personal data is only for market research purposes and there is no promotional purpose. Research results will be processed in aggregate form.

***WHAT SHOULD I DO IF I WANT TO TAKE PART?***
If you would like to be involved in this research or have more information, just send me an email to email / contact details of local recruiter]

Looking forward to hearing from you.

Yours sincerely,

……..
[PRINT FULL NAME]

# PART C: PATIENT SCREENING QUESTIONS USED DURING TELEPHONE INTERVIEW

D1. Please record gender (DO NOT ASK RESPONDENT)

| | |
|---|---|
| Male | **CONTINUE** |
| Female | **CONTINUE** |

D2. Please can you tell me which of the following age bands you fall into?

| | |
|---|---|
| Less than 18 | **THANK & CLOSE** |
| 18-29 | **CONTINUE** |
| 30-39 | **CONTINUE** |
| 40-49 | **CONTINUE** |
| 50-59 | **CONTINUE** |
| 60-69 | **CONTINUE** |
| 70-79 | **CONTINUE** |
| 80- 89 | **CONTINUE** |
| 90 + | **THANK & CLOSE** |

S1. Do you have a confirmed diagnosis (made by a qualified medical doctor) of idiopathic pulmonary fibrosis (IPF)?

| | |
|---|---|
| Yes | **CONTINUE** |
| No | **THANK AND CLOSE** |

S2. What is your **current** treatment for IPF?
SELECT ALL THAT APPLY

| | |
|---|---|
| Oxygen | **THANK & CLOSE** |
| Steroids *e.g. prednisolone* | **THANK & CLOSE** |
| N-acetylcysteine (NAC) | **THANK & CLOSE** |
| Esbriet® *pirfenidone* | **CONTINUE** |
| Ofev® *(nintedanib)* | **THANK & CLOSE** |

**RESPONDENTS NEED TO SELECT ESBRIET IN ORDER TO CONTINUE**

S3. What is the **current** formulation of your current IPF treatment?

| | |
|---|---|
| 801mg tablets | **CONTINUE** |
| 267mg capsules | **THANK AND CLOSE** |

S4. Prior to your current Esbriet 801mg treatment (tablets), have you been prescribed any other treatment for your IPF?

| | |
|---|---|
| Yes | **CONTINUE** |
| No | **THANK AND CLOSE** |

S5. What was your treatment prior to your **current** (Esbriet 801mg – tablets) one for IPF?
SELECT ALL THAT APPLY

| | |
|---|---|
| Oxygen | **THANK & CLOSE** |
| Steroids *e.g. prednisolon*e | **THANK & CLOSE** |
| N-acetylcysteine (NAC) | **THANK & CLOSE** |
| Esbriet® *pirfenidone* **267mg capsules** | **CONTINUE** |
| Esbriet® *pirfenidone* **267mg tablets** | **CONTINUE** |
| Ofev® *(nintedanib)* | **THANK & CLOSE** |

**RESPONDENTS NEED TO SELECT ESBRIET 267mg IN ORDER TO CONTINUE**

**RECRUITER NOTE: patients could have also been on Esbriet 267mg tablets (for initial titration). Recruit only the ones on Esbriet 267mg capsule.**

S6. When did you switch to your current formulation, from capsules to tablet, to treat your IPF?

|__|__|__| → **AIM TO RECRUIT >3 MONTHS**

S7. Do you or does any member of your family or household currently work in any of the following areas?
**RESPONDENT MUST SELECT NONE OF THE ABOVE, ELSE THANK & CLOSE**
Advertising agency or public relations firm
A market research firm or the market research department of a company
A marketing firm or the marketing department of a company
A media company, such as radio, newspaper, television or a publishing company
A pharmaceutical company or healthcare manufacturer
The EMA
None of the above **CONTINUE**

Name ……

Email Address ……

Telephone Number: ……

Date of Interview: ……

Time Started Interview ……

# PART D: PATIENT QUESTIONNAIRE

## 1. PATIENTS SCREENING

**To start with, just a few quick questions to check if your profile matches the requirement for this research.**

**S1.** Please indicate your age.
**[TERMINATE IF <18 OR >90]**

|__|__| Years

**S2.** Have you received a confirmed diagnosis (made by a qualified medical doctor, *e.g.* a pulmonologist) of idiopathic pulmonary fibrosis (IPF)?
**[TERMINATE IF CODE 2 SELECTED]**

1. Yes
2. No

**S3.** Which of the following are you currently receiving as your main treatment for IPF?
**[TERMINATE IF CODE 4 NOT SELECTED; MULTIPLE]**

1. Oxygen
2. Steroids *e.g.* prednisolone
3. N-acetylcysteine (NAC)
4. Esbriet® (pirfenidone)
5. Ofev® (nintedanib)
6. None of the above

**S4.** Which of the following types of **Esbriet® (pirfenidone)** formulation are you currently receiving?
**[TERMINATE IF CODE 1 NOT SELECTED]**

1. 801mg tablets (1 tablet x 3 times a day)
2. 267mg capsules (3 capsules x 3 times a day)
3. 267mg tablets (3 tablets x 3 times a day)

**S5.** Prior to **Esbriet® (pirfenidone) 801mg** (1 tablet x 3 times a day), have you been prescribed any other treatment for IPF?
**[TERMINATE IF CODE 1 NOT SELECTED]**

1. Yes
2. No

**S6.** Which of the following did you receive prior to **Esbriet® (pirfenidone) 801mg** (1 tablet x 3 times a day)?
**[TERMINATE IF CODE 3 SELECTED]**

1. Esbriet® pirfenidone 267mg capsules (3 capsules x 3 times a day)
2. Esbriet® pirfenidone 267mg tablets (3 tablets x 3 times a day)
3. Other

**S7.** Please indicate your gender.

1. Male
2. Female

## 1) DISEASE AND TREATMENT HISTORY

In this first part of the questionnaire, we would like to ask a few questions about living with IPF and your treatment history.

**A1.** When did you receive a confirmed diagnosis of idiopathic pulmonary fibrosis (IPF)?
|__|__| / |__|__|__|__| Month / Year

**A2.** At diagnosis, which of the following symptoms associated with idiopathic pulmonary fibrosis (IPF) did you experience?
**[RANDOMISE; MULTIPLE]**
*Please select all that apply.*

1. Shortness of breath
2. Shallow breathing
3. Persistent dry cough
4. Tiredness / fatigue
5. Loss of appetite / weight loss
6. Aching joints and / or muscles
7. Rounded and swollen fingertips (clubbed fingers)
8. Other **[ANCHOR]**

**A3.** At diagnosis, how much had the following symptoms interfered with your daily activities?
[**ONLY SHOW CODES SELECTED AT A2]**

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**A4.** At diagnosis, how much had the following symptoms bothered you psychologically / emotionally?
**[ONLY SHOW CODES SELECTED AT A2]**

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**A5.** Which of the following has / have ever been prescribed to you as treatments for idiopathic pulmonary fibrosis (IPF)?
**[RANDOMISE; MULTIPLE]**
*Please select all that apply.*

1. Oxygen
2. Steroids *e.g.* prednisolone
3. N-acetylcysteine (NAC)
4. Esbriet® (pirfenidone) 267mg capsules (3 capsules x 3 times a day)
5. Esbriet® (pirfenidone) 267mg tablets (3 tablets x 3 times a day)
6. Esbriet® (pirfenidone) 801mg tablets (1 tablet x 3 times a day)
7. Ofev® (nintedanib) 100mg capsules (1 capsule x 2 times a day)
8. Ofev® (nintedanib) 150mg capsules (1 capsule x 2 times a day)

If more than one code selected at []:

**A6.** Please order these treatments for idiopathic pulmonary fibrosis (IPF) prescribed to you in a chronological way, starting from the first treatment prescribed and finishing with your current treatment.
**[ONLY SHOW CODES SELECTED AT A5]**

**A7.** Please indicate when each treatment for idiopathic pulmonary fibrosis (IPF) was prescribed to you.
**[ONLY SHOW CODES SELECTED AT A5, IN THE ORDER BASED ON A6]**

Treatment 1: |__|__| / |__|__|__|__| Month / Year
Treatment 2: |__|__| / |__|__|__|__| Month / Year
Treatment 3: |__|__| / |__|__|__|__| Month / Year

## 2) ESBRIET PIRFENIDONE 267 MG EXPERIENCE

You mentioned that you have received both **Esbriet® (pirfenidone) 267mg** (3 capsules / tablets x 3 times a day) and **Esbriet® (pirfenidone) 801mg** (1 tablet x 3 times a day). The next section of the questionnaire will focus on your experience and thoughts about **Esbriet® (pirfenidone) 267mg (3 capsules / tablets x 3 times a day)**.

**B1.** Overall, how convenient did you find **Esbriet® (pirfenidone) 267mg** considering your lifestyle when on this treatment?

Extremely inconvenient 1 2 3 4 5 6 7 Extremely convenient

**B2.** Thinking about your experience **taking the medication**, please indicate your level of satisfaction with **Esbriet® (pirfenidone) 267mg.**
**[RANDOMISE]**

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

1. Number of pills
2. Size of pills
3. Ease of swallowing
4. Taste
5. Frequency of dosing (3 capsules / tablets x 3 times a day)

**B3.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, how much had IPF-associated symptoms interfered with your daily activities?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**B4.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, how much had IPF-associated symptoms bothered you psychologically / emotionally?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**B5.** While you were being treated with **Esbriet® pirfenidone 267mg**, how much of a burden does the side effect profile represent for your daily activities?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**B6.** While you were being treated with **Esbriet® pirfenidone 267mg**, how much of a burden does the side effect profile represent for you psychologically / emotionally?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**B7.** While you were being treated with **Esbriet® pirfenidone 267mg**, had you, and to what extent, have you ever considered discussing with your doctor about taking a "treatment break"?

1. Never
2. Rarely
3. Once in a while
4. Sometimes
5. Frequently

**B8.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, had you, and to what extent, ever considered discussing with your doctor about discontinuing treatment with **Esbriet® (pirfenidone) 267mg**?

1. Never
2. Rarely
3. Once in a while
4. Sometimes
5. Frequently

**B9.** Thinking back, how comfortable were you with the prospect of staying on treatment with **Esbriet® (pirfenidone) 267mg** on a long-term basis?

Extremely uncomfortable 1 2 3 4 5 6 7 Extremely comfortable

**B10.** Have you ever missed any dose when receiving **Esbriet® (pirfenidone) 267mg**?

1. Yes
2. No
3. Not sure / can't remember

**B11.** Which dose of **Esbriet® (pirfenidone) 267mg** did you tend to miss?
**[ONLY IF CODE 1 SELECTED AT B10; MULTIPLE]**

1. Morning
2. Mid-day
3. Evening
4. Not sure / can't remember

**B12.** After you were on a stable treatment schedule, how many pills per dose of **Esbriet® (pirfenidone) 267mg** did you usually take?
**[ONLY IF CODE 1 SELECTED AT B10; MULTIPLE]**

1. I took 3 pills per dose all the times
2. I sometimes took only 2 pills per dose instead of 3
3. I sometimes took only 1 pill per dose instead of 3
4. I sometimes missed the dose entirely
5. Not sure / can't remember

**B13.** In a typical month, how often did you miss a dose / doses when receiving **Esbriet® (pirfenidone) 267mg**?
**[ONLY IF CODE 1 SELECTED AT B10]**

1. Every day
2. Every week
3. Twice a month
4. Once a month
5. Rarely (less than once a month)
6. Never

**B14.** For which of the following reason / reasons did you miss a dose / doses when receiving **Esbriet® (pirfenidone) 267mg**?
**[ONLY IF CODE 1 SELECTED AT B10] [RANDOMISE; MULTIPLE]**
*Please select all that apply.*

1. There were too many pills to take
2. I forgot to take the medication
3. I didn't feel the medication was working for me
4. I couldn't cope with the side effects
5. The medication was not convenient to bring with me when I was out
6. The medication interfered with my daily living (*e.g.* mealtime experience)
7. Other (please specify) **[ANCHOR]**
8. None of the above **[ANCHOR]**

**B15.** Thinking about the time(s) when you missed a dose of **Esbriet® (pirfenidone) 267mg**, please indicate to what extent you agree with the following statements.
**[RANDOMISE]**

Completely disagree 1 2 3 4 5 6 7 Completely agree

1. I felt physically less well when I missed a dose
2. My IPF symptoms were more bothersome when I missed a dose
3. When I missed a dose I felt bad / guilty
4. When I missed a dose I was more worried about my condition

**B16.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, to what extent were you able to enjoy life?

I was not able to enjoy life at all 1 2 3 4 5 6 7 I was able to enjoy life to the fullest extent

**B17.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, how much challenge did the following activities represent for you?
**[RANDOMISE]**

| | Not | **2** | **3** | **4** | **5** | **6** | Extremely | I would |
|---|---|---|---|---|---|---|---|---|

| | challenging at all **1** | | | | | | challenging **7** | have liked to do this but was never able to |
|---|---|---|---|---|---|---|---|---|
| Taking a walk | | | | | | | | |
| Climbing stairs | | | | | | | | |
| Cycling | | | | | | | | |
| Playing sport | | | | | | | | |
| Doing shopping | | | | | | | | |
| Gardening | | | | | | | | |
| Socialising | | | | | | | | |
| Enjoying meals at home | | | | | | | | |
| Enjoying meals out | | | | | | | | |
| Going on vacation | | | | | | | | |

**B18.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, how would you rate your overall emotional wellbeing?

Not good at all 1 2 3 4 5 6 7 Very good

**B19.** While you were being treated with **Esbriet® (pirfenidone) 267mg**, how many pills were you taking on a daily basis other than **Esbriet® (pirfenidone) 267mg**?

|__|__|__|

**B20.** Thinking about your experience taking the medication, please indicate your level of satisfaction with **Esbriet® (pirfenidone) 267mg**.
**[RANDOMISE; MULTIPLE]**

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

1. Ease of storage
2. Ease of transportation (*i.e*. taking the medication with you when you are out / away)
3. Ease of remembering all doses
4. Convenience of fitting into my daily routine
5. Convenience of fitting with my other medications **[ONLY IF B19 > 0]**

**B21.** Overall, how would you rate your experience being on treatment with **Esbriet® (pirfenidone) 267mg**?

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

1. Overall experience
2. Information received from your doctor about the treatment (*e.g.* side effects, dosing regimen)
3. Support received from family members in taking medication as regularly as prescribed by your doctor

**B22.** Overall, how much of a practical burden does treatment with **Esbriet® (pirfenidone) 267mg** represent for you?

Not a burden at all 1 2 3 4 5 6 7 A significant burden

## 3) SWITCHING FROM ESBRIET PIRFENIDONE 267 MG TO 801 MG

With the next few questions, we would like to learn a bit more about your experience switching **from Esbriet® (pirfenidone) 267mg** (3 capsules / tablets x 3 times a day) to **Esbriet® (pirfenidone) 801mg** (1 tablet x 3 times a day).

**C1.** Thinking back to the first conversation between you and your doctor about **Esbriet® (pirfenidone) 801mg**, how did the topic of **Esbriet® (pirfenidone) 801mg** come about?

1. I mentioned Esbriet® (pirfenidone) 801mg to my doctor first
2. My doctor mentioned Esbriet® (pirfenidone) 801mg to me first

**C2.** How did you first learn about **Esbriet® (pirfenidone) 801mg**?
**[ONLY IF CODE 1 SELECTED AT C1] [RANDOMISE]**

1. Esbriet® pirfenidone product website
2. Roche / Genentech company website
3. Patient association / support group
4. IPF information website
5. Another individual living with IPF
6. Another healthcare professional than my main treating doctor
7. Social media / online forum / blog
8. Other (please specify) **[ANCHOR]**

**C3.** What was / were your reason(s) for mentioning **Esbriet® (pirfenidone) 801mg** to your doctor?
**[ONLY IF CODE 1 SELECTED AT C1]**
*Please use the text box below to give as much details as possible.*

**C4.** What reason(s) did your doctor give for suggesting switching from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg**?
**[ONLY IF CODE 2 SELECTED AT C1]**
*Please use the text box below to give as much details as possible*.

**C5.** Thinking about when switching from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg**, please indicate to what extent you agree with the following statements.
**[RANDOMISE]**

Completely disagree 1 2 3 4 5 6 7 Completely agree

1. I was excited to try **Esbriet® (pirfenidone) 801mg**
2. I was worried that the switch from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg** might interrupt the effect of the medication
3. I was worried that I might experience different side effects after the switch from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg**
4. I hoped **Esbriet® (pirfenidone) 801mg** would fit well into my daily living
5. I hoped **Esbriet® (pirfenidone) 801mg** would help me manage my condition effectively
6. I was worried about the size of the tablets with **Esbriet® (pirfenidone) 801mg**
7. I was provided with sufficient information for the switch

**C6.** Please indicate below how the decision of switching from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg** was made.

It was entirely my doctor's decision 1 2 3 4 5 6 7 It was entirely my own decision

**C7.** Overall, how satisfied were you with your experience being switched from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg**?

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

## 4) ESBRIET PIRFENIDONE 801 MG EXPERIENCE

The next section of the questionnaire will focus on your experience and thoughts about **Esbriet® (pirfenidone) 801mg (1 tablet x 3 times a day)**.

**D1.** Overall, how convenient did you find **Esbriet® (pirfenidone) 801mg** considering your lifestyle when on this treatment?

Extremely inconvenient 1 2 3 4 5 6 7 Extremely convenient

**D2.** Thinking about your experience **taking the medication**, please indicate your level of satisfaction with **Esbriet® (pirfenidone) 801mg**.
**[RANDOMISE]**

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

1. Number of pills
2. Size of pills
3. Ease of swallowing
4. Taste
5. Frequency of dosing (3 capsules / tablets x 3 times a day)

**D3.** While you were being treated with **Esbriet® pirfenidone 801mg**, how much had IPF-associated symptoms interfered with your daily activities?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**D4.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, how much had the IPF-associated symptoms bothered you psychologically / emotionally?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**D5.** While you were being treated with **Esbriet® pirfenidone 801mg**, how much of a burden does the side effect profile represent for your daily activities?

1. Extremely so
2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**D6.** While you were being treated with **Esbriet® pirfenidone 801mg**, how much of a burden does the side effect profile represent for you psychologically / emotionally?

1. Extremely so

2. Very much so
3. Quite a bit
4. Some, but not a lot
5. Practically never
6. Not at all

**D7.** While you were being treated with **Esbriet® pirfenidone 801mg**, had you, and to what extent, have you ever considered discussing with your doctor about taking a "treatment break"?

1. Never
2. Rarely
3. Once in a while
4. Sometimes
5. Frequently

**D8.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, had you, and to what extent, have you ever considered discussing with your doctor about discontinuing treatment with **Esbriet® (pirfenidone) 801mg**?

1. Never
2. Rarely
3. Once in a while
4. Sometimes
5. Frequently

**D9.** Have you ever missed any dose when receiving **Esbriet® (pirfenidone) 801mg**?

1. Yes
2. No
3. Not sure / can't remember

**D10.** Which dose of **Esbriet® (pirfenidone) 801mg** do you tend to miss?
**[ONLY IF CODE 1 SELECTED AT D9]**

1. Morning
2. Mid-day
3. Evening
4. Not sure / can't remember

**D11.** After you were on a stable treatment schedule, how many pills per day of **Esbriet® (pirfenidone) 801mg** did you usually take?
**[ONLY IF CODE 1 SELECTED AT D9; MULTIPLE]**

1. I took 3 pills per day all the time
2. I sometimes took only 2 pills per day instead of 3
3. I sometimes took only 1 pill per day instead of 3
4. I sometimes missed the dose entirely
5. Not sure / can't remember

**D12.** In a typical month, how often did you miss a dose / doses when receiving **Esbriet® (pirfenidone) 801mg**?
**[ONLY IF CODE 1 SELECTED AT D9]**

1. Every day
2. Every week
3. Twice a month

4. Once a month
5. Rarely (less than once a month)
6. Never

**D13.** For which of the following reason / reasons did you miss a dose / doses when receiving **Esbriet® (pirfenidone) 801mg**?
**[RANDOMISE; MULTIPLE] [ONLY IF CODE 1 SELECTED AT D9]**
*Please select all that apply.*

1. There were too many pills to take
2. I forgot to take the medication
3. I didn't feel the medication was working for me
4. I couldn't cope with the side effects
5. The medication was not convenient to bring with me when I was out
6. The medication interfered with my daily living (*e.g.* mealtime experience)
7. Other (please specify) **[ANCHOR]**
8. None of the above **[ANCHOR]**

**D14.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, to what extent were you able to enjoy life?

I was not able to enjoy life at all 1 2 3 4 5 6 7 I was able to enjoy life to the fullest extent

**D15.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, how much challenge did the following activities represent for you?
**[RANDOMISE]**

| | Not challenging at all **1** | **2** | **3** | **4** | **5** | **6** | Extremely challenging **7** | I would have liked to do this but was never able to |
|---|---|---|---|---|---|---|---|---|
| Taking a walk | | | | | | | | |
| Climbing stairs | | | | | | | | |
| Cycling | | | | | | | | |
| Playing sport | | | | | | | | |
| Doing shopping | | | | | | | | |
| Gardening | | | | | | | | |
| Socialising | | | | | | | | |
| Enjoying meals at home | | | | | | | | |
| Enjoying meals out | | | | | | | | |
| Going on vacation | | | | | | | | |

**D16.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, how would you rate your overall emotional wellbeing?

Not good at all 1 2 3 4 5 6 7 Very good

**D17.** While you were being treated with **Esbriet® (pirfenidone) 801mg**, how many pills were you taking on a daily basis other than **Esbriet® (pirfenidone) 801mg**?
|__|__|__|

**D18.** Thinking about your experience taking the medication, please indicate your level of satisfaction with **Esbriet® (pirfenidone) 801mg**.

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

**[RANDOMISE; MULTIPLE]**

1. Ease of storage
2. Ease of transportation (*i.e.* taking the medication with you when you are out / away)
3. Ease of remembering all doses
4. Convenience of fitting into my daily routine
5. Convenience of fitting with my other medications **[ONLY IF D17 > 0]**

**D19.** Overall, how would you rate your experience being on treatment with **Esbriet® (pirfenidone) 801mg**?

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

1. Overall experience
2. Information received from your doctor about the treatment (*e.g.* side effects, dosing regimen)
3. Support received from family members in taking medication as regularly as prescribed by your doctor

**D20.** Overall, how much of a practical burden does treatment with **Esbriet® (pirfenidone) 801mg** represent for you?

Not a burden at all 1 2 3 4 5 6 7 A significant burden

**D21.** Thinking about your experience so far with **Esbriet® (pirfenidone) 801mg**, please indicate to what extent you agree with the following statements.
**[RANDOMISE]**

Completely disagree 1 2 3 4 5 6 7 Completely agree

1. I am still worried that the switch from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg** may interrupt the effect of the medication
2. I am still worried that I may experience different side effects with **Esbriet® (pirfenidone) 801mg**
3. **Esbriet® (pirfenidone) 801mg** fits well into my daily living
4. **Esbriet® (pirfenidone) 801mg** helps me manage my condition effectively
5. I am interested in receiving more information about **Esbriet® (pirfenidone) 801mg**
6. **Esbriet® (pirfenidone) 801mg** helps me feel less stigmatized
7. I feel more in control of my IPF symptoms being treated with **Esbriet® (pirfenidone) 801mg** compared to **Esbriet® (pirfenidone) 267mg**

**D22.** Judging from your experience so far, how comfortable are you with the prospect of staying on treatment with **Esbriet® (pirfenidone) 801mg** on a long-term basis?

Extremely uncomfortable 1 2 3 4 5 6 7 Extremely comfortable

**D23.** Thinking about your experience so far with **Esbriet® (pirfenidone) 801mg**, what gaps / unmet needs can you identify?
*Please use the text box below to give as much details as possible.*

**D24.** What kind of support services can help to address your unmet needs?
*Please use the text box below to give as much details as possible.*

# PART E: HCP QUESTIONNAIRE

## 1) HCP SCREENING

**To start with, just a few quick questions to check if your profile matches the requirement for this research.**

**S1.** Which of the following best describes your main specialty / role?
**[TERMINATE IF CODE 4 SELECTED]**

1. Respiratory medicine
2. Internal medicine with an interest in lung diseases
3. Respiratory nurse
4. Other

**S2.** Are you personally involved in the treatment and / or management of Idiopathic Pulmonary Fibrosis (IPF)?
**[TERMINATE IF CODE 2 SELECTED]**

1. Yes
2. No

**S3.** What is your role with IPF patients?
**[MULTIPLE; TERMINATE IF CODE 2 or 3 IS NOT SELECTED]**

1. Diagnosis
2. Initiation of any type of drug treatment
3. Management of treatment and follow up
4. Disease state education
5. Medication education
6. None of the above

**S4.** How many patients affected by IPF, both **new and follow-up in total**,

*Please count all IPF patients, regardless of level of severity, type of treatment and whether or not they receive a pharmacological treatment.*

are in the care of your centre? |__|__|__|
do you personally have in your care? |__|__|__|

**S5.** Thinking about all IPF patients in your care, how many of them are currently receiving an antifibrotic treatment, *i.e.* Esbriet® (pirfenidone) or Ofev® (nintedanib)? **[TERMINATE IF < 10]**

|__|__|__|

**S6.** Thinking about all your IPF patients currently receiving an antifibrotic treatment, how many of them are prescribed with the following?
**[TERMINATE IF CODE 3 <3]**

1. Esbriet® (pirfenidone) 267mg capsules (3 capsules x 3 times a day) |__|__|__|
2. Esbriet® (pirfenidone) 267mg tablets (3 tablets x 3 times a day) |__|__|__|
3. Esbriet® (pirfenidone) 801mg tablets (1 tablet x 3 times a day) |__|__|__|
4. Ofev® (nintedanib) 100mg capsules (1 capsule x 2 times a day) |__|__|__|
5. Ofev® (nintedanib) 150mg capsules (1 capsule x 2 times a day) |__|__|__|

## 2) GENERAL ATTITUDES TOWARDS IPF AND ANTIFIBROTICS

**In this first part of the questionnaire, we would like to ask a few questions regarding your general attitudes when treating [PHYSICIAN] / managing [NURSE] IPF.**

**A1.** Please rate your level of agreement with the following statements in relation to how well they describe your general attitudes towards IPF.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

1. I feel that I am more knowledgeable about IPF than most of my peers
2. I am less comfortable in managing IPF than other conditions that I manage
3. I believe I can make a big positive difference to my IPF patients' life post diagnosis
4. I always keep up to date with the latest developments in IPF including guidelines
5. I am willing to prescribe IPF treatments before I see my peers prescribing them **[PHYSICIAN ONLY]**
6. I am comfortable managing all the adverse events that can be associated with some IPF treatments **[PHYSICIAN ONLY]**
7. I need to observe disease progression before initiating any pharmaceutical treatment for IPF **[PHYSICIAN ONLY]**

**A2.** Below are some potential treatment goals in IPF. Please select **your Top 3 goals** for you when managing IPF.

**[RANDOMISE; SELECT 3 OPTIONS]**

*We are interested in your gut instinct with regard to these goals, so please answer this question based on your first instinct and do not over think your answer.*

1. Maintaining patients' current quality of life for as long as possible, *e.g.* minimizing side effects on treatment, reducing practical burden on dosing treatment, increasing patient's autonomy
2. Delaying potential disease progression for as long as possible
3. Reducing risk of acute exacerbation and hospitalisation
4. Minimising IPF symptoms
5. Providing symptom relief
6. Reducing risk of mortality

**A3.** Approximately, for how long have you been prescribing [PHYSICIAN] / managing [NURSE] patients treated with antifibrotic therapies?

|__|__| Month(s) |__|__| Year(s)

**A4.** In general, how satisfied are you with currently available antifibrotic therapies for IPF?

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

## 3) TRANSITIONING / SWITCHING FROM 267 MG TO 801 MG + PATIENT TYPES (PHYSICIAN ONLY)

*You mentioned that you have experience managing IPF patients with different formulations available for Esbriet® (pirfenidone). In this section, we would like to ask a few questions about how you discuss with your patients and make decisions about these formulations.*

*Please note that **Esbriet® (pirfenidone) 267mg** refers to both capsule and tablet formulation unless otherwise specified.*

**B1.** In general, how would you rate your experience presenting **Esbriet® (pirfenidone) 267mg** or **801mg** as treatment options to your patients?

Not easy at all 1 2 3 4 5 6 7 Extremely easy

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg capsules | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 267mg tablets | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**B2.** Thinking about all your patients currently receiving **Esbriet® (pirfenidone) 801mg**, what proportions of them fall into the following categories?

a. New patients (*i.e.* patients who are being treated with an antifibrotic for the first time) |__|__| %
b. Switch patients (*i.e.* patients already established on **Esbriet® (pirfenidone) 267mg** before being switched to **801mg**) |__|__| %

NEW PATIENTS **[ONLY IF B2a > 0]**

**B3.** Thinking about your new patients, to what extent do the following factors have an impact on your decision to initiate **Esbriet® (pirfenidone) 801mg**?

*New patients refer to patients who are being treated with an antifibrotic for the first time.*

**[RANDOMISE]**

No impact at all 1 2 3 4 5 6 7 Significant impact

1. Length of time since diagnosis
2. Level of disease severity
3. Co-morbidities
4. Type of IPF progression (*i.e.* stable vs. progressive)
5. Type of diagnosis (*i.e.* confirmed vs. suspected)
6. Patient age
7. Level of pill burden (from medication for conditions other than IPF)
8. Quality of life
9. Patient lifestyle
10. Patient request
11. Availability of caregiver support
12. Tolerability to treatment
13. Other (please specify) **[ANCHOR]**

**B4.** Still thinking about your new patients, how would you describe your treatment approach with **Esbriet® (pirfenidone) 801mg**? Please indicate the likelihood of each patient type receiving **Esbriet® (pirfenidone) 801mg** using scales below.

**[RANDOMISE; ONLY SHOW CODES RATED > 1 AT B3]**

a. Patients recently diagnosed (*i.e.* within 6 months) 1 2 3 4 5 6 7 No difference in likelihood Patients diagnosed more than 6 months ago

b. Mild patients 1 2 3 4 5 6 7 No difference in likelihood Moderate [EU ONLY] / Severe [US ONLY] patients
c. Patients without / not at risk of skin conditions 1 2 3 4 5 6 7 No difference in likelihood Patients with / at risk of skin conditions
d. Patients without / not at risk of GI conditions 1 2 3 4 5 6 7 No difference in likelihood Patients with / at risk of GI conditions
e. Patients with stable disease 1 2 3 4 5 6 7 No difference in likelihood Patients with progressive disease
f. Patients with confirmed IPF 1 2 3 4 5 6 7 No difference in likelihood Patients with suspected IPF
g. Patients aged 65 or below 1 2 3 4 5 6 7 No difference in likelihood Patients aged 65+
h. Patients with low pill burden 1 2 3 4 5 6 7 No difference in likelihood Patients with high pill burden
i. Patients with high QoL 1 2 3 4 5 6 No difference in likelihood Patients with low QoL
j. Patients with active lifestyle 1 2 3 4 5 6 7 No difference in likelihood Patients with sedentary lifestyle
k. Caregiver support available 1 2 3 4 5 6 7 No difference in likelihood Caregiver support not available

**B5.** Thinking about the first conversation between you and your new patients about **Esbriet® (pirfenidone) 801mg**, what proportions of these conversations fall into the following categories?

a. I mentioned **Esbriet® (pirfenidone) 801mg** to my patient first |__|__| %
b. My patient mentioned **Esbriet® (pirfenidone) 801mg** to me first |__|__| %

**B6.** How would you describe the decision to start treatment with **Esbriet® (pirfenidone) 801mg** among your new patients?

It is entirely my decision 1 2 3 4 5 6 7 It is entirely my patient's decision

**B7.** What kind of questions do you tend to receive from your new patients when **Esbriet® (pirfenidone) 801mg** is presented them?
*Please use the text box below to give as much details as possible.*

**B8.** Overall, how would you rate your experience presenting **Esbriet® (pirfenidone) 801mg** to your new patients?

Not easy at all 1 2 3 4 5 6 Extremely easy

**B9.** What challenges, if any, have you experienced when presenting **Esbriet® (pirfenidone) 801mg** to your new patients?
*Please use the text box below to give as much details as possible.*
**[ONLY IF B8 <= 3]**

**B10.** Thinking about new patients treated with **Esbriet® (pirfenidone) 801mg**, how long does the titration period last on average?

|__|__| Weeks

**B11.** Once patient reaches the full daily dosage (*i.e.* 2403mg), how long do you tend to monitor the patient before starting **1 tablet x 3 times a day**?

|__|__| Weeks

**B12.** How would you rate your overall experience initiating **Esbriet® (pirfenidone) 801mg** in new patients?
*Please consider the whole process from titration to starting 1 tablet x3 times a day.*

Not easy at all 1 2 3 4 5 6 Extremely easy

SWITCH PATIENTS **[ONLY IF B2B > 0]**

**B13.** Thinking about your switch patients, to what extent do the following factors have an impact on your decision to switch to **Esbriet® (pirfenidone) 801mg**?

*Switch patients refer to patients already established on **Esbriet® (pirfenidone) 267mg** before being switched to **801mg.***

*Please note that **Esbriet® (pirfenidone) 267mg** refers to both capsule and tablet formulation unless otherwise specified.*

**[RANDOMISE]**

No impact at all 1 2 3 4 5 6 7 Significant impact

1. Length of time since diagnosis
2. Level of disease severity
3. Co-morbidities
4. Type of IPF progression (*i.e.* stable vs. progressive)
5. Type of diagnosis (*i.e.* confirmed vs. suspected)
6. Patient age
7. Level of pill burden (from medication for IPF and other conditions)
8. Patient lifestyle
9. Patient request
10. Availability of caregiver support
11. Length of time since **Esbriet® (pirfenidone) 267mg** initiation
12. Level of adherence for **Esbriet® (pirfenidone) 267mg**
13. Patient tolerability of **Esbriet® (pirfenidone) 267mg**
14. Other (please specify) **[ANCHOR]**

**B14.** Still thinking about your switch patients, how would you describe your treatment approach with **Esbriet® (pirfenidone) 801mg**? Please indicate the likelihood of each patient type being switched from **Esbriet® (pirfenidone) 267mg to 801mg** using scales below

**[RANDOMISE; ONLY SHOW CODES RATED > 1 AT B13]**

a. Patients recently diagnosed (*i.e.* within 6 months) 1 2 3 4 5 6 7 No difference in likelihood Patients diagnosed more than 6 months ago
b. Mild patients 1 2 3 4 5 6 7 No difference in likelihood Moderate [EU ONLY] / Severe [US ONLY] patients
c. Patients without / not at risk of skin conditions 1 2 3 4 5 6 7 No difference in likelihood Patients with / at risk of skin conditions
d. Patients without / not at risk of GI conditions 1 2 3 4 5 6 7 No difference in likelihood Patients with / at risk of GI conditions
e. Patients with stable disease 1 2 3 4 5 6 7 No difference in likelihood Patients with progressive disease
f. Patients with confirmed IPF 1 2 3 4 5 6 7 No difference in likelihood Patients with suspected IPF
g. Patients aged 65 or below 1 2 3 4 5 6 7 No difference in likelihood Patients aged 65+
h. Patients with low pill burden 1 2 3 4 5 6 7 No difference in likelihood Patients with high pill burden
i. Patients with active lifestyle 1 2 3 4 5 6 7 No difference in likelihood Patients with sedentary lifestyle
j. Caregiver support available 1 2 3 4 5 6 7 No difference in likelihood Caregiver support not available
k. Established on **Esbriet® (pirfenidone) 267mg** for less than 6 months 1 2 3 4 5 6 7 No difference in likelihood Established on **Esbriet® (pirfenidone) 267mg** for longer than 6 months
l. Patients with low adherence to **Esbriet® (pirfenidone) 267mg** 1 2 3 4 5 6 7 No difference in likelihood Patients with high adherence to **Esbriet® (pirfenidone) 267mg**

m. Patients with low tolerability of **Esbriet® (pirfenidone) 267mg** 1 2 3 4 5 6 7 No difference in likelihood Patients with high tolerability of **Esbriet® (pirfenidone) 267mg**

**B15.** Thinking about the first conversation between you and your switch patients about **Esbriet® (pirfenidone) 801mg**, what proportions of these conversations fall into the following categories?

a. I mentioned **Esbriet® (pirfenidone) 801mg** to my patient first |__|__| %
b. My patient mentioned **Esbriet® (pirfenidone) 801mg** to me first |__|__| %

**B16.** How would you describe the decision to switch from **Esbriet® (pirfenidone) 267mg to 801mg** in your switch patients?

It is entirely my decision 1 2 3 4 5 6 7 It is entirely my patient's decision

**B17.** What kind of questions do you tend to receive from your switch patients when **Esbriet® (pirfenidone) 801mg** is presented them?
*Please use the text box below to give as much details as possible.*

**B18.** Overall, how would you rate your experience presenting **Esbriet® (pirfenidone) 801mg** to your switch patients?

Not easy at all 1 2 3 4 5 6 7 Extremely easy

**B19.** What challenges, if any, have you experienced when switching patients from **Esbriet® (pirfenidone) 267mg** to **801mg**?
*Please use the text box below to give as much details as possible.*
**[SHOW IF B18 <= 3]**

**B20.** Thinking about all cases of patients switched from **Esbriet® (pirfenidone) 267mg to 801mg**, how long have they been established on **Esbriet® (pirfenidone) 267mg** before being switched to **801mg**?

a. On average: |__|__| Months
b. The shortest case: |__|__| Months
c. The longest case: |__|__| Months

**B21.** Have you ever reverted back to **Esbriet® (pirfenidone) 267mg** after switching patients from **267mg to 801mg?**

1. Yes
2. No

**B22.** What was the reason for reverting back to **Esbriet® (pirfenidone) 267mg** after switching to **801mg?**
*Please use the text box below to give as much details as possible.*
**[SHOW CODE 1 SELECTED AT B21]**

**B23.** How would you rate your overall experience switching patients from **Esbriet® (pirfenidone) 267mg** to **801mg**?

Not easy at all 1 2 3 4 5 6 7 Extremely easy

## 4) TRANSITIONING / SWITCHING FROM 267 MG TO 801 MG + PATIENT TYPES (NURSES ONLY)

*You mentioned that you have experience managing IPF patients with different formulations available for Esbriet® (pirfenidone). In this section, we would like to ask a few questions about your role in supporting patients with these treatment options.*

*Please note that **Esbriet® (pirfenidone) 267mg** refers to both capsule and tablet formulation unless otherwise specified.*

**C1.** Thinking about all your patients currently receiving **Esbriet® (pirfenidone) 801mg**, what proportions of them fall into the following categories?

a. New patients (*i.e.* patients who are being treated with an antifibrotic for the first time) |__|__| %
b. Switch patients (*i.e.* patients already established on **Esbriet® (pirfenidone) 267mg** before being switched to **801mg**) |__|__| %

**C2.** Are you, in any way, involved in the following?
**[SHOW CODES > 0 AT C1]**

| | |
|---|---|
| Initiating **Esbriet® (pirfenidone) 801mg** among new patients | Yes / No |
| Switching established patients from **Esbriet® (pirfenidone) 267mg to 801mg** | Yes / No |

**C3.** In which of the following ways are you involved in initiating / switching to **Esbriet® (pirfenidone) 801mg**?
**[SHOW YES TO EITHER CODE AT C2]**

1. I join the first conversations between patients and physicians about **Esbriet® (pirfenidone) 801mg**
2. I am responsible for providing additional information about **Esbriet® (pirfenidone) 801mg** to my patients after their initial discussion with their physician
3. I am responsible for following up with patients after they have been prescribed with **Esbriet® (pirfenidone) 801mg**
4. I am the primary contact / one of the primary contacts for patients after they have been prescribed with **Esbriet® (pirfenidone) 801mg**
5. Other (please specify)

**C4.** In general, how would you rate your experience explaining / providing information for **Esbriet® (pirfenidone) 267mg** or **801mg** as treatment options to your patients?
**[SHOW YES TO EITHER CODE AT C2]**

Not easy at all 1 2 3 4 5 6 7 Extremely easy

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg capsules | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 267mg tablets | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

## 5) EXPERIENCE 267MG VS. 801MG

*With the next few questions, we would like to understand your experience with **Esbriet® (pirfenidone) 267mg and 801mg**, and your patients' experience on these two formulations.*

*Please note that **Esbriet® (pirfenidone) 267mg** refers to both capsule and tablet formulation unless otherwise specified.*

**D1.** Overall, please indicate the level of convenience of **Esbriet® (pirfenidone) 267mg and 801mg** for:

Extremely inconvenient 1 2 3 4 5 6 7 Extremely convenient

| | Esbriet® (pirfenidone) 267mg | Esbriet® (pirfenidone) 801mg |
|---|---|---|
| Yourself as a healthcare professional | | |
| Your IPF patients | | |

**D2.** Thinking about your patients' experience **taking the medication**, please indicate your level of satisfaction with **Esbriet® (pirfenidone) 267mg and 801mg** for the following**:**
**[RANDOMISE]**

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

| | Esbriet® (pirfenidone) 267mg | Esbriet® (pirfenidone) 801mg |
|---|---|---|
| 1. Number of pills | | |
| 2. Size of pills | | |
| 3. Ease of swallowing | | |
| 4. Taste | | |
| 5. Dosing frequency | | |

**D3.** Thinking about your patients prescribed with **Esbriet® (pirfenidone) 267mg or 801mg**, how would you rate the two Esbriet (pirfenidone) formulations in terms of controlling IPF symptoms?
**[RANDOMISE]**

Not well controlled at all 1 2 3 4 5 6 7 Very well controlled

| Esbriet® pirfenidone 267mg | Esbriet® pirfenidone 801mg |
|---|---|
| | |

**D4.** Thinking about your patients prescribed with **Esbriet® (pirfenidone) 267mg or 801mg**, how would you rate the two Esbriet (pirfenidone) formulations in terms of the impact of treatment-related side effects for your patients?

No impact at all 1 2 3 4 5 6 7 Significant impact

| Esbriet® pirfenidone 267mg | Esbriet® pirfenidone 801mg |
|---|---|
| | |

**D5.** Thinking about your patients prescribed with **Esbriet® (pirfenidone) 267mg or 801mg**, how would you rate the two Esbriet (pirfenidone) formulations in terms of patients' tolerability?

Not tolerated at all 1 2 3 4 5 6 7 Very well tolerated

| Esbriet® pirfenidone 267mg | Esbriet® pirfenidone 801mg |
|---|---|
| | |

**D6.** While your patients are treated with **Esbriet® (pirfenidone) 267mg or 801mg**, have you ever had discussions with your patients about taking a "treatment break" or discontinuing treatment?

| | Treatment Break | Treatment Discontinuation |
|---|---|---|
| Esbriet® (pirfenidone) 267mg | Yes / No / Not sure | Yes / No / Not sure |
| Esbriet® (pirfenidone) 801mg | Yes / No / Not sure | Yes / No / Not sure |

**D7.** With what proportions of your patients treated with **Esbriet® (pirfenidone) 267mg or 801mg** have you discussed taking a treatment break or treatment discontinuation?

**[ONLY IF FORUMLATION IS MARKED AS "YES" AT D6]**

| | Treatment Break | Treatment Discontinuation |
|---|---|---|
| Esbriet® (pirfenidone) 267mg | \|__\|__\|% / Not sure | \|__\|__\|% / Not sure |
| Esbriet® (pirfenidone) 801mg | \|__\|__\|% / Not sure | \|__\|__\|% / Not sure |

**D8.** Overall, how comfortable are <u>you</u> with the prospect of keeping your patients on treatment with **Esbriet® (pirfenidone) 267mg or 801mg** on a long-term basis?

Extremely uncomfortable 1 2 3 4 5 6 7 Extremely comfortable

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D9.** Overall, how comfortable would <u>your patients</u> be with the prospect of staying on treatment with **Esbriet® (pirfenidone) 267mg or 801mg** on a long-term basis?

Extremely uncomfortable 1 2 3 4 5 6 7 Extremely comfortable

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D10.** Thinking about your patients prescribed with **Esbriet® (pirfenidone) 267mg or 801mg**, how would you rate their overall level of adherence to taking the medication as prescribed?

Extremely low 1 2 3 4 5 6 7 Extremely high

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D11.** As far as you are ware, what proportions of your patients have ever missed a dose / doses when receiving **Esbriet® (pirfenidone) 267mg or 801mg**?
*Please insert 0 if none of your patients has ever missed a dose / doses.*

| | Missed a dose / doses |
|---|---|
| Esbriet® (pirfenidone) 267mg | \|__\|__\|% / Not sure |
| Esbriet® (pirfenidone) 801mg | \|__\|__\|% / Not sure |

**D12.** As far as you are aware, what is the <u>most common reason</u> for patient non-adherence when receiving **Esbriet® (pirfenidone) 267mg or 801 mg**?
**[ONLY SHOW CODES > 0 AT D11] [RANDOMISE]**

| | Esbriet® (pirfenidone) 267mg | Esbriet® (pirfenidone) 801mg |
|---|---|---|
| 1. There are too many pills to take | | |

| | | |
|---|---|---|
| 2. Patients forget to take the medication | | |
| 3. Patients do not feel the medication are working for them | | |
| 4. Patients cannot cope with the side effects | | |
| 5. The medication is not convenient to bring with them when patients are out | | |
| 6. The medication interferes with patients' daily living (*e.g.* mealtime experience) | | |
| 7. Other (please specify) **[ANCHOR]** | | |

**D13.** Please rate the extent to which your patients are able to enjoy life while being treated with **Esbriet® (pirfenidone) 267mg or 801 mg**.

Patients are not able to enjoy life at all 1 2 3 4 5 6 7 Patients are able to enjoy life to the fullest extent

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D14.** Please rate your patients' overall emotional wellbeing while being treated with **Esbriet® (pirfenidone) 267mg or 801 mg**.

Not good at all 1 2 3 4 5 6 7 Very good

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D15.** Please indicate your level of satisfaction with **Esbriet® (pirfenidone) 267mg and 801mg**. **[RANDOMISE]**

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

| | Esbriet® (pirfenidone) 267mg | Esbriet® (pirfenidone) 801mg |
|---|---|---|
| 1. Ease of storage | | |
| 2. Easy of transportation (*i.e.* taking the medication with them when patients are out / away) | | |
| 3. Convenience of fitting into patients' daily routine | | |
| 4. Convenience of fitting with other mediations patients take (if any) | | |

**D16.** Overall, how would you rate your experience treating / managing IPF with **Esbriet® (pirfenidone) 267mg or 801mg**?

Extremely dissatisfied 1 2 3 4 5 6 7 Extremely satisfied

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D17.** Overall, how much of a practical burden does **Esbriet® (pirfenidone) 267mg or 801mg** represent for your patients?

Not a burden at all 1 2 3 4 5 6 7 A significant burden

| | |
|---|---|
| Esbriet® (pirfenidone) 267mg | 1 2 3 4 5 6 7 |
| Esbriet® (pirfenidone) 801mg | 1 2 3 4 5 6 7 |

**D18.** Please indicate to how well the following statements describe your experience treating / managing IPF with **Esbriet® (pirfenidone) 267mg or 801mg**.

Not well at all 1 2 3 4 5 6 7 Very well

| | Esbriet® (pirfenidone) 267mg | Esbriet® (pirfenidone) 801mg |
|---|---|---|
| 1. It helps me to preserve my IPF patients' way of life | | |
| 2. It gives patients a hope for their future | | |
| 3. It makes me feel stronger in my fight against IPF | | |
| 4. I would start it early in the treatment of IPF [PHYSICIAN ONLY] | | |
| 5. It better meets my needs in the management of IPF | | |
| 6. It gives my patients more independence in life | | |
| 7. It provides a psychological improvement to my patients | | |
| 8. It provides to my patients a feeling of being in control of their IPF | | |
| 9. It provides to my patients a feeling of being less stigmatized | | |
| 10. I am more confident about my patients being compliant to dosing and have a better treatment outcome as a result and have a better treatment outcome as a result | | |

**D19.** Thinking about your experience so far with **Esbriet® (pirfenidone) 801mg**, please indicate to what extent you agree with the following statements.
**[RANDOMISE]**

Completely disagree 1 2 3 4 5 6 7 Completely agree

1. I am still worried that the switch from **Esbriet® (pirfenidone) 267mg** to **Esbriet® (pirfenidone) 801mg** may interrupt the effect of the medication
2. I am still worried that my patients may experience different side effects with **Esbriet® (pirfenidone) 801mg**
3. **Esbriet® (pirfenidone) 801mg** fits well into my patients' daily living
4. **Esbriet® (pirfenidone) 801mg** helps my patients manage their condition effectively
5. I am interested in receiving more information about **Esbriet® (pirfenidone) 801mg**

**D20.** Thinking about your experience so far with **Esbriet® (pirfenidone) 801mg**, what gaps / unmet needs can you identify?
*Please use the text box below to give as much details as possible.*

**D21.** What kind of support services can help to address your unmet needs?
*Please use the text box below to give as much details as possible*

## 6) PROFILE QUESTIONS

**Finally, we have a few quick questions about yourself.**

**E1.** Please indicate your gender.

1. Male
2. Female

**E2.** How many years have you been in medical practice since graduation?

|__|__| Years

**E3.** How many patients do you see and manage in an average month <u>for any condition</u>?

|__|__|__|__|

*CLOSING MESSAGE: Thank you for your participation! Your time and input are much appreciated.*