

Additional file 2. Codes, categories and themes used in the qualitative analysis.

Theme	Category	Code
PRE-DIAGNOSIS: JOURNEY TO REFERRAL	Self-reported presenting symptoms	- (Recurrent) fever - Abdominal cramps - Abnormal stool pattern - Arthralgia - Back complaints - Chronically slightly elevated body temperature - Cough - Development of speech - Diarrhea - Dyspnea - Dizziness - Exercise intolerance - Fatigue - Feeling ill - Forgetful - Growth problem - Hair loss - Headache - Hospital admission - Impaired sense of smell - Impaired sense of taste - Lymphadenopathy - Muscle pains - Nasal polyps - Nausea - Night sweats - Overall malaise - Pain - Palpitations - Reduced vision - Stomach and bowel complaints - Swallowing - Tonsillectomy - Tympanostomy - Vomiting - Weight gain - Weight loss
	Self-reported presenting clinical manifestations	- Abscesses - Alopecia areata - Allergic reaction to influenza vaccination - Allergic reaction(s) - Aphthous lesions - Aphthous stomatitis - Anemia - Arthrosis - Asthma - Bronchitis - Bronchiectasis - Cataract - Chronic hives - Chronic otitis - Chronic sinusitis

		-Chronic dermatitis -Contact dermatitis -Eczema -Erythema nodosum -Food hypersensitivity -‘Flu’ -Gastritis -GLILD -Graves’ disease -Growth retardation -Headaches/migraine -Hepatitis -Hip injury -Hypertension -Hypothyroidism -Iron deficiency -ITP -‘Kind of flu that does not really break through’ -Laryngitis -Mucoepidermoid carcinoma -Non-responder to hepatitis A/B vaccination -Peritonitis -Pharyngitis -Pneumonia -Pyelonephritis -Recurrent typical childhood diseases -Recurrent cystitis -Recurrent lower respiratory tract infections -Recurrent otitis -Recurrent meningitis -Recurrent rhinitis -Recurrent sinusitis -Recurrent pharyngitis/tonsillitis -Respiratory tract infections (not further specified) -Salpingitis -Sclerosis -Splenomegaly -Urticaria -Warts
	Time pattern in clinical manifestations	-Impact of seasons -Pattern of signs and symptoms -‘Life line’ of signs and symptoms
	Symptom appraisal	-Interpretation of signs and symptoms by patients -Interpretation of signs and symptoms by the social environment -Interpretation of signs and symptoms by the consulting doctor -‘Doctors don’t know’
	Emotional toll of the diagnostic process	-Impact of symptoms on future perspectives -Impact of symptoms on mental well being -Impact of symptoms on relationships -Impact of symptoms on quality of life -Impact of symptoms on regular activities -Battle for legitimacy -The time it took to receive a correct diagnosis -Losing confidence in the healthcare system
	Coping with symptoms	-Fighting against symptoms

		-Trivializing symptoms -Adjustments in daily life -Role of the social environment
	Family history	-Family member with the same diagnosis -Family member with symptoms suggesting primary immunodeficiency, but not investigated -Family member passed away at young age -Family member passed away because of infections
DIAGNOSIS: EXPERIENCE OF RECEIVING THE DIAGNOSIS	Care-seeking	-The cue to seek help -The cue for the doctor to conduct further investigations -The patient journey -Fighting for right referrals and pre-diagnosis treatment -Shared decision-making regarding diagnostic analysis / referral -Person who made/suggested the diagnosis -The way the PAD diagnosis was communicated by doctors -Reaction to receiving a PAD diagnosis -Explanation of the diagnosis by the patient -Patient's view on reducing diagnostic delay
POST-DIAGNOSIS: IMPACT OF THE DIAGNOSIS	Issues relating to care-provision	-Care after the PAD diagnosis -The speed of initial treatment -Shared decision-making regarding treatment -Perceived effect of treatment by patient -Patient autonomy -Patient expertise -Retrospective patient view on care-provision -Disagreement between different doctors -Knowledge about PAD by doctors
	Impact of the diagnosis and/or treatment	-Impact of illness and/or treatment on patient's own and family's activities -Impact of illness on being able to work -Post-diagnosis stress / frustrations -Treatment burden -Complications discovered after diagnosis
	Coping with the diagnosis	-Adjustments in daily life -Support from the social environment -Developing resilience