

Part 1:

Patient self-reported air clearance therapies adherence evaluation

The questions below relate to how often you use treatment for cystic fibrosis. We would like you to read each of these questions carefully, and mark the option that best corresponds to the frequency of your treatment.

- 1) In relation to **respiratory therapy**, I would say that:
- a) I do respiratory therapy every day of the week;
 - b) I do respiratory therapy 5 or 6 days a week;
 - c) I do respiratory therapy 3 or 4 days a week;
 - d) I do respiratory therapy 1 or 2 days a week;
 - e) I don't do respiratory therapy;
 - f) I have not been recommended to do respiratory therapy.

- 2) How many times a day do you do respiratory therapy?
- a) I do respiratory therapy more than 3 times a day
 - b) I do respiratory therapy 3 times a day.
 - c) I do respiratory therapy twice a day.
 - d) I do respiratory therapy once a day.
 - e) I don't do respiratory therapy;
 - f) I have not been recommended to do respiratory therapy.

- 3) How long does each respiratory physiotherapy session last?
- a) 1 hour and 30 minutes;
 - b) 1 hour;
 - c) 45 minutes;
 - d) 30 minutes;

e) 15 minutes.

4) Do you do respiratory physiotherapy by yourself?

a) Yes

b) No

5) If you **do not do respiratory physiotherapy**, mark one or more reasons below that explain why you do not perform this treatment:

a) Lack of time;

b) I am unable to commit myself;

c) Because I do physical activity, so I don't feel it is necessary;

d) I feel tired;

e) I don't think it is necessary;

f) I don't like the techniques;

g) I lack motivation;

h) I feel depressed;

i) I don't see any immediate benefit;

j) Other reasons: _____.

6) In relation to **physical activity** (physical exercise like walking, running, skipping, swimming, hydrogymnastics, cycling, playing football, playing volleyball, playing basketball, weight training, etc), I would say that:

a) I do **physical activity** every day of the week;

b) I do **physical activity** 5 or 6 days a week;

c) I do **physical activity** 3 or 4 days a week;

d) I do **physical activity** 1 or 2 days a week;

e) I don't do physical activity;

f) I have not been recommended to do physical activity.

7) For how long do you do physical activity?

- a) 1 hour and 30 minutes;
- b) 1 hour;
- c) 45 minutes;
- d) 30 minutes;
- e) 15 minutes.

8) If you **do not do physical activity**, mark one or more reasons below that explain why you do not perform this treatment:

- a) Lack of time;
 - b) I am unable to commit myself;
 - c) Because I do respiratory physiotherapy, so I don't feel it is necessary;
 - d) I feel tired;
 - e) I don't think it is necessary;
 - f) I don't like it;
 - g) I lack motivation;
 - h) I feel depressed;
 - i) I don't see any immediate benefit;
 - j) Other reasons:_____.
- _____.

Part 2:

Physiotherapist's recommendations of air clearance therapies

The questions below refer to the recommendations given to the patient in relation to respiratory therapy and physical activity. We would like you to read each of these questions carefully, and mark the option that best corresponds to your recommendation.

- 1) In relation to **respiratory therapy**, do you recommend that:
 - a) The patient does respiratory physiotherapy every day;
 - b) The patient does respiratory physiotherapy 5 or 6 days a week;
 - c) The patient does respiratory physiotherapy 3 or 4 days a week;
 - d) The patient does respiratory physiotherapy 1 or 2 days a week;
 - e) The patient is not recommended to do respiratory physiotherapy.

- 2) How many times a day do you recommend the patient does respiratory physiotherapy?
 - a) The patient should do respiratory physiotherapy more than 3 times a day
 - b) The patient should do respiratory physiotherapy 3 times a day
 - c) The patient should do respiratory physiotherapy twice a day
 - d) The patient should do respiratory physiotherapy once a day
 - e) The patient is not recommended to do physiotherapy.

- 3) How long do you recommend each respiratory physiotherapy session should last?
 - a) 1 hour and 30 minutes;
 - b) 1 hour;
 - c) 45 minutes;
 - d) 30 minutes;
 - e) 15 minutes.

- 4) Which of the following techniques do you recommend for the patient? (you may mark more than one option)
 - a) Chest clapping

- b) Mechanical Vibration
- c) Chest vibrocompression
- d) PMET
- e) Postural drainage
- f) Autogenic drainage
- g) Forced Expiration Technique (Huffing)
- h) Cough
- i) Flutter
- j) Active Breathing Cycle technique
- k) Positive Expiratory Pressure Mask - PEPM
- l) Water column
- m) Acapella
- n) Shaker
- o) ELTGOL
- p) Others: Please specify: _____

5) In relation to **physical activity** (physical exercise like walking, running, skipping, swimming, hydrogymnastics, cycling, playing football, playing volleyball, playing basketball, weight training, etc), you recommend that:

- a) The patient does physical activity every day of the week;
- b) The patient does physical activity 5 or 6 days a week;
- c) The patient does physical activity 3 or 4 days a week;
- d) The patient does physical activity 1 or 2 days a week;
- e) The patient is not recommended to do physical activity.

6) For how long do you recommend the physical activity be done?

- a) 1 hour and 30 minutes;
- b) 1 hour;
- c) 45 minutes;
- d) 30 minutes;
- e) 15 minutes.