

**Box 1. Core category: Symptom perception**

<b>Dominant symptom subcategories</b>	Cough, sputum production, dyspnea, hemoptysis, chest distress, chest pain, insomnia
<b>Symptom experience subcategories</b>	Feeling bothered, attempting to suicide, bearing with immense psychological burdens, feeling difficult to tolerate nighttime symptoms, affecting daily communications, bothering family members, affecting work, resulting in fatigue, imposing tremendous economic burden, feeling that the disease gets more severe, cannot do endurance exercises
<b>Symptom management subcategories</b>	Immediately seek healthcare in emergency, seek healthcare only when symptoms are overwhelming, seek healthcare in tertiary hospitals, manage by subject's themselves, disregard all discomforts, purchase herbs to prepare for decoctions, reserving stocks of hemostatic medications and/or antibiotics at home, receiving intravenous medications, orally administer antibiotics, undergoing angioplasty, wrap up sputum in tissues, spit in toilet at home, spit elsewhere when being unattended

**Box 2. Core category: Access to healthcare resources and subject-physician communication**

<b>Motivation to seek healthcare subcategories</b>	Seeking healthcare regardless of severity, delayed hospital visits, seeking healthcare only during hemoptysis, seeking healthcare only upon exacerbations, unresolved recurrent coughing, worsened dyspnea, excessive sputum production, “catching a cold”, having fever or feeling fatigue, no longer motivated to seek healthcare provided that symptoms resolved, withdrew medications once symptoms improved, constantly administering maintenance therapy, withdrew medications despite failure of symptomatic relief, always being adherent to physician’s prescriptions, withdrew medications provided no further feedback was obtained from physicians, sparing hemostatic medications, administering folk prescriptions on their own
<b>Obstacles for seeking healthcare subcategories</b>	High costs, long waiting time, being difficult to register, need for traveling a long distance for seeking healthcare, insufficient stock medications in healthcare centers, no professional advice from attending physicians, far too many people packed inside hospitals, being difficult to ask for a sick leave, no major barrier, need to take care of children, no use to seek healthcare at all
<b>Physician-subject communication subcategories</b>	5-30 minutes of consultation time (mostly within 10 minutes), being sufficiently informed of the disease, lack of provision of information for self-management, having no idea how to comment, may sometimes surf on the internet thus sparing the need to see the doctors
<b>Respiratory comorbidities subcategories</b>	Rhinosinusitis, allergic rhinitis, chronic obstructive pulmonary disease, asthma, emphysema, overall mild adverse effects on bronchiectasis

**Box 3. Core category: Treatment outcomes and expectations**

<p><b>Maintenance of treatment subcategories</b></p>	<p>Switching from irregular to regular therapy, received treatment only upon exacerbations or during hemoptysis, constantly administering TCM, declined treatment when clinically stable, only received intravenous medications for resolving exacerbations, intermittently administering western medications, intermittently administering TCM for conditioning of the body, TCM may somehow substitute western medications, TCM failed to substitute western medications, TCM and western medications are complementary, willing to try some TCM but fear over-conditioning, TCM cannot resolve dyspnea, TCM may be less costly, acupuncture may boost immunity, chest physiotherapy is more effective than medications, progressive worsening despite TCM therapy, western medications may have more rapid onset of effects, preference of alternating use of TCM and western medications TCM may do less harm to the body, bronchoscopy may sometimes help removing excessive phlegm, postural drainage may lead to headache</p>
<p><b>Therapeutic effect assessment subcategories</b></p>	<p>Overall acceptable outcomes, moderate outcomes, poor outcomes, ease of sputum expectoration, feeling more energetic following treatment, do not wish to administer any medication due to poor outcomes, disease severity being merely within control, non-resolving sputum production despite regular treatment, dry cough can never be controlled, similar efficacy compared with other diseases, outcomes might be better than asthma and/or chronic obstructive pulmonary disease, much poorer outcomes because of non-resolving infection despite intravenous therapy and coughing</p>
<p><b>Perception of adverse effects subcategories</b></p>	<p>Gastrointestinal tract side-effects, digital numbness, dizziness, vitiligo, malaise, impaired psyche, impaired memory, loss of appetite, palpitation, limb trembling, development of drug dependence, insomnia, no potential adverse effects</p>
<p><b>Drug development subcategories</b></p>	<p>To ameliorate coughing, sputum production, hemoptysis, and dyspnea, oral administration preferred, intravenous medications may help more rapidly resolve symptoms, inhaled medications preferred, physiotherapy needed, inhaled medications help resolve dyspnea, oral administration being most convenient, inhalers needed for inhaled therapy, the short duration of intravenous therapy may not be sufficient, adverse effects for inhaled therapy being minor</p>
<p><b>Willingness to participate in clinical trials subcategories</b></p>	<p>Willing to participate, looking forward to novel therapy, being dedicated to medical research, being pleased to participate provided free of charge, or not affecting daily life, depending on the likelihood of gaining benefits, meaningful, better inform clearly of potential adverse effects, no need to participate because symptoms are under control, being resistant to oral medications, physiotherapy</p>

	being more acceptable, would not participate though being spiritually supportive, having significant concerns, would decline if proven too bothersome, not supported by the family members
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TCM: Traditional Chinese Medicine

**Box 4. Core category: Quality-of-life and social relationship**

<p><b>Attitudes of family and social members subcategories</b></p>	<p>More support from family, no additional care from family members, being carefully protected, all family members got accustomed to the disease, rarely worry about anything, going out for a walk, taking care of the children, doing the chores, being optimistic, trying to sleep, feeling humble, dare not distract from disease, not being treated differently, dare not inform other of the disease, might prefer self-isolation</p>
<p><b>Willingness to participate in subject club subcategories</b></p>	<p>Never participated in subject clubs but be willing to participate, never participated and no need to participate, willing to participate and share opinions with other subjects, being skeptic to physicians and other subjects, scarce opportunities to set up subject clubs, once shared experience with other subjects</p>
<p><b>Impact on sleep quality subcategories</b></p>	<p>Affects sleep when having cold or exacerbations, sometimes may be wakened, occasionally having insomnia, no impact except for excessive sputum production, feeling more comfortable when lying on bed, constantly suffering from insomnia, cannot have noontime nap without physiotherapy, drinking water helps sleep, facilitating sputum production helps sleep, adjusting the pillows, applying some oil, inhaling some medications</p>
<p><b>Economic burden subcategories</b></p>	<p>One third to half of the monthly income, minor to moderate burden, still acceptable, major burden, being covered by health insurance, having no regular income, costly during exacerbations, will not affect seeking healthcare, may sometimes cause troubles to physicians</p>
<p><b>Physical activity subcategories</b></p>	<p>Doing gymnastics followed by walking, playing badminton, dancing, doing Tai Chi, lifting some goods, dislike doing exercises, too preoccupied to do exercises, having some limitations, riding bicycles, cannot tolerate exercise when having hemoptysis, feeling too tired to do exercises, failed to go swimming, enjoy climbing up mountains, doing gymnastics, playing basketball, climbing upstairs, riding boats in parks, playing table tennis</p>
<p><b>Impact on fertility and infectiousness subcategories</b></p>	<p>Would not affect fertility, having impaired sperm activities, feeling uncertain of the adverse effects, cough leading to abortion, not hereditary, once concerned about heredity but finally concerns resolved, possibly hereditary because family members had bronchiectasis, no heredity of bronchiectasis but might still have concerns, not having</p>

	<p>heard of heredity, no infectiousness, using serving chopsticks to prevent from cross-infection, not being airborne, need to do preventative measures well, bronchiectasis being solely related to genetic defects, might be infected if immunity is impaired, unlikely to be infected by contacts, no infectiousness explained by the physicians</p>
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