

Appendix 1. The questionnaire: full English version

<Questions 1–9: Questions about home oxygen therapy devices>

1. Have you ever used a home oxygen therapy device?

- 1) Yes (Please answer questions 3–9)
- 2) No (Please answer question 2)

2. Are you willing to use an oxygen therapy device if your doctor recommends it?

- 1) I will use it if the doctor says it is necessary. (Please, answer question 9)
- 2) I will not use it even though the doctor says I need it. (Please, answer question 9)

3. Are you currently using a home oxygen therapy device (stationary)?

- 1) Yes, I am currently using it.
- 2) I've used it before but I am not currently using it.

4. Please answer how you use oxygen therapy (multiple answers)

- 1) I use oxygen therapy as prescribed by my doctor, even if I am not short of breath
- 2) I use it when I feel short of breath.
- 3) I use it only during sleep.
- 4) I use it when doing activities (washing, bathroom, eating).
- 5) I use it when traveling (only in a car or vehicle).
- 6) Others (Please specify:)

5. How many hours per day do you use oxygen on average? (Please answer each item below)

5-1. How many hours per day do you use oxygen at rest?

- 1) 0–2 hours
- 2) 2–4 hours
- 3) 4–8 hours
- 4) 8–12 hours
- 5) Over 12 hours

5-2 How many hours per day do you use oxygen while sleeping?

- 1) 0–4 hours
- 2) 4–8 hours
- 3) Over 8 hours

5-3. How many hours per day do you use oxygen during exercise?

- 1) 0–2 hours
- 2) 2–4 hours
- 3) 4–8 hours
- 4) Over 8 hours

* Total hours(calculated):

6. What are the disadvantages of using an oxygen therapy device? (Multiple answers are possible) Please list up to 3, in order of priority.

- 1) Noisy. (Noise problem)
- 2) Associated expenses (rent fee, electricity, etc.) are burdensome.
- 3) I didn't feel it was effective (It doesn't seem to help).
- 4) It is inconvenient to move with the oxygen device plugged in.

- 5) My nose hurts, becomes dry, or I catch a cold easily because of the oxygen line
6) Others ()

7. Was a home oxygen device helpful for your activities and breathing?

- 1) It was helpful after using it. (Please answer questions 7–1)
2) It helped a little after using it. (Please answer question 8)
3) I do not know. (Please answer question 8)

7-1. If it helped, what changes did you feel? (Multiple answers are possible)

- 1) Relief of shortness of breath
2) Feeling that way, the changes
3) Improvement of quality of life
4) Increased activity time or amount
5) Others (Please specify:)

8. Please write what you hope to be supplemented or improved about using a home oxygen device.

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9. What is the reason for your reluctance to use oxygen therapy when you are recommended or assumed to be recommended by your doctor? (Multiple answers are possible)

Please list up to 3 in order of priority.

- 1) What other people will think of me (It seems like they look at me strangely or keep staring at me).
2) I don't feel I need to use it (I'm short of breath).
3) I am afraid that if I use it once, I will continue to have to use it.
4) Oxygen seems to be harmful to the body (I'm afraid I'll get addicted).
5) It seems costly.
6) Others (Please specify:)

<Question 10–16: Questions about portable oxygen therapy devices>

10. Has a doctor ever recommended that you use a portable oxygen therapy device?

- 1) Yes
2) No

11. If your doctor recommends using a portable oxygen device, are you willing to use it?

- 1) I will use it if the doctor says it is necessary. (Please answer question 16)
2) I will not use it, even if the doctor says it is necessary. (Please answer question 16)
3) I do not know. (End of the survey)

12. Have you ever used a portable oxygen device?

- 1) Yes, I am currently using it (Please answer question 4)
2) Yes, I have used it in the past. (Please answer question 4)
3) No, I've never used it.

13. Did using a portable oxygen device help you to be active?

- 1) Using it was helpful for activities afterwards.
2) It didn't help much after using it.
3) I do not know.

14. Please select problems encountered when using a portable oxygen device. (Multiple answers are possible) Please list up to 3 in order of priority.

- 1) It is heavy and difficult to carry.
2) It doesn't seem to be providing enough oxygen.

- 3) The charge does not last long. (It cuts off while moving.)
 - 4) It is costly.
 - 5) Machine operation is complex.
 - 6) Others (Please specify:)

15. Please write what you hope to be supplemented or improved about using a portable oxygen device.

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16. What is the reason for your reluctance to use portable oxygen therapy when you are recommended or assumed to be recommended by your doctor? (Multiple answers are possible). Please list up to 3 in order of priority.

- 1) What other people would think of me (It seems like they look at me strangely or keep staring at me.)
 - 2) I don't need to use it (I'm short of breath).
 - 3) I am afraid that if I use it once, I will continue to have to use it.
 - 4) Oxygen seems to be harmful to the body (I'm afraid I'll get addicted).
 - 5) It seems costly.
 - 6) Portable oxygen devices are heavy.
 - 7) After re-charging, the charge of the oxygen device only lasts a short time.
 - 8) Others (Please specify:)