# Appendix 1

# BEAMS Study

# Patient’s and Caregiver’s Sub-study

# ***Interview guide***

# **(Patients)**

**Participant Screening Number \_ \_ / \_ \_ / \_ \_ \_**  **Date** \_ \_ / \_ \_ / \_ \_ \_ \_

**Drop Out □ Study Stage \_\_\_\_\_**

**Conclusion □**

**You were proposed to participate in this study because you have COPD and feel short of breath…**

**Before taking the study medication…**

**Did shortness of breath affect your life? In what way?**

* Were there any activities you could not do?

(e.g.: Get up, get dress, have a shower, cook, clean the house, do the loan, go out and have a walk, drive, sleep)

* From the things you were not able to do, which ones were the most important to you?
* How did you generally feel when you had shortness of breath? (Well adapted, anxious, concerned…)
* Did your relationships change because of your shortness of breath? (ie: Spouse, family members, friends) If so, in what way?
* For you, what was the worst thing about being short of breath?
* What were your hopes for the future?
* Did you have any fears or concerns about the future?
* Overall, do you think your quality of life changed as a result of being short of breath?