Additional file. The survey questionnaire.

**Preliminary questions**

1. Which of the following airborne allergens are you allergic to?
*You may give several answers, if applicable*
* Grass pollens
* Tree pollens
* House dust mites
* Animal hair/dander
* Other aeroallergens (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which of the following nasal, eye, chest and other symptoms (i.e. allergic rhinitis with or without conjunctivitis) do you suffer from?

*You may give several answers, if applicable*

* Runny nose
* Blocked nose
* Itchy nose
* Sneezing
* Itchy eyes
* Tearing
* Red eyes
* Swollen eyes
* Difficulty breathing
* Wheezing
* Cough
* Asthma
* Itchy throat
* Sore throat
* Itchy mouth
* Itchy ears
* Eczema
* Skin rash
* Other symptoms (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How would you evaluate the impact of these symptoms on your personal life?
*Please give one answer only*
* No impact
* A slight impact
* A moderate impact
* A severe impact
1. How would you evaluate the impact of these symptoms on your professional life?
*Please give one answer only*
* No impact
* A slight impact
* A moderate impact
* A severe impact
1. Who is the key physician (the one you consult most) for the management of your allergies?
*Please give one answer only*
* General practitioner/family physician
* Allergist
* Pulmonologist
* ENT
* Dermatologist
* Pediatrician
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What type of medicines do you take for your allergies?
*You may give several answers, if applicable*
* Antihistamines
* Nasal sprays/drops
* Eye drops
* Corticoids/corticosteroids
* Asthma drugs
* Homeopathic medicines
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What is satisfactory about those medicines?

*Open-ended question*

1. What is unsatisfactory about those medicines?

 *Open-ended question*

1. What are your expectations in terms of your allergy treatment?

 *Open-ended question*

1. What would you need to improve the management of your allergy?

 *Open-ended question*

**Section 1
Recall/perception of the information about allergen immunotherapy (AIT) provided by the physician at the time of consultation**

1. Which words would you use to describe the presentation of allergen immunotherapy (AIT, also known as desensitization) given by your physician?

*Open-ended question*

1. Did a physician explain to you that respiratory allergy…
	1. Is a chronic disease?
* Yes
* No
	1. Results from a disorder of your immune system?
* Yes
* No
	1. Is associated with a risk of worsening (i.e. the risk of developing an allergy to other allergens and/or developing asthma over time)?
* Yes
* No
1. Do you know which allergen(s) was/were targeted by the AIT your physician recommended or prescribed?
* Yes

If yes, please specify: *You may give several answers, if applicable*

* + Grass pollens
	+ Tree pollens
	+ House dust mites
	+ Animal hair/dander
	+ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. In terms of the AIT:
	1. Did the physician explain to you how the treatment works?
* Yes
* No
	1. Did the physician speak about possible side effects?
* Yes
* No
	1. Did the physician asked you about your treatment preferences / expectations before prescribing it to you?
* Yes
* No
	1. What form of AIT did the physician propose?
	*Please give one answer only*
* Injections
* Drops
* Tablets
* Don’t know
	1. What was the treatment period suggested by the physician:
	*Please give one answer only*
* All year long
* Discontinuous (only a part of the year)
* I can't remember
	1. Did the physician mention the total duration of the treatment (e.g. for how many years you should take the treatment)?
* Yes
* No

If Yes: what total duration of treatment was mentioned?

*Please enter a number between 1 and 30*

 /\_\_\_\_\_/ years

1. What were the most convincing arguments about the presentation/proposal of AIT?

*Open-ended question*

1. And what were the least convincing arguments about the presentation/proposal of AIT?

*Open-ended question*

1. Which aspects of AIT did you perceive to be barriers to treatment?

*Open-ended question*

1. Which benefits of AIT did the physician talk about?

*You may give several answers, if applicable*

* Better quality of life
* Reduction in nose/eye symptoms
* Reduction in the use of symptomatic medications (antihistamines, corticoids, etc.)
* An overall, specific treatment for allergy
* Complete relief of symptoms
* Efficacy over the long term or a cure for the allergy
* Efficacy visible in the first few months
* A preventive effect on other allergies and on asthma
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For "early abandoners" only (*i.e. patients who started the treatment but stopped it early)***

1. How long did you take the AIT for?

*Please give one answer only*

* Several days
* Several months
1. Which expectations prompted you agree to the prescription of AIT?

*You may give several answers, if applicable*

* To reduction the symptoms within weeks/years
* To get rid of nose/eye symptoms
* To limit the use of symptomatic medications
* To cure your allergy in the long term
* To prevent the development of other allergies and/or asthma
* To improve your quality of life
* Because you trust your physician
* Because AIT was recommended by relatives
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Could you explain why you stopped your AIT prematurely?

 *You may give several answers, if applicable*

* The treatment was too burdensome (please specify):
	+ The need to go to the physician's office frequently was too demanding.
	+ The requirement to take the AIT once a day or several times a week was too frequent.
	+ The total treatment duration was too long.
* The treatment was too expensive
* You received some discouraging information about AIT from:
	+ The internet
	+ The media
	+ Relatives
	+ Your general practitioner/family doctor
	+ Another physician (please specify): ………
* You perceived the treatment to be weakly effective or ineffective.
* You did not perceive any change in your symptoms.
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Today, how would you evaluate your willingness to start or resume AIT, on a scale from 0 (you absolutely do not want to start or resume AIT) to 10 (you absolutely want to start or resume AIT)?

*Please enter a number between 0 and 10*

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**Non-starters only (*i.e. patients who did not start AIT)***

1. Why didn't you start the AIT after the physician had presented/suggested it?
* The treatment was too burdensome (please specify):
	+ The need to go to the physician's office frequently was too demanding.
	+ The requirement to take the AIT once a day or several times a week was too frequent.
	+ The total treatment duration was too long.
* The treatment was too expensive
* Your symptoms were not severe enough
* You received some discouraging information about AIT from:
	+ The internet
	+ The media
	+ Relatives
	+ Your general practitioner/family doctor
	+ Another physician (please specify): ………
* You were not convinced by the physician's presentation
* You were afraid of possible side effects
* You did not perceive AIT as having benefits over symptomatic drugs (antihistamines, corticoids, etc.)
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Today, how would you evaluate your willingness to start or resume AIT, on a scale from 0 (you absolutely do not want to start or resume AIT) to 10 (you absolutely want to start or resume AIT)?

*Please enter a number between 0 and 10*

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**Section 3
Feedback on the new presentation of allergy and AIT**

1. You have just read the new presentation. Which words would you use to describe it?

*Open-ended question*

1. Which items about **allergies** do you remember?

*Open-ended question*

1. Which of the following items do you remember reading about **allergies**?

*You may give several answers, if applicable*

* Allergy results from a disorder of the immune system
* Allergy is caused by genetic and environmental factors
* Allergy is a real disease that requires medical management
* Allergy is a chronic disease
* Allergy is a progressive disease that can worsen into asthma
* Allergy has a strong impact on personal/professional life
1. How did the new presentation of respiratory allergies and AIT compare with that given by your physician?

In terms of detail: *Please give one answer only*

* + More detailed
	+ Less detailed
	+ Much the same

In terms of language/wording: *Please give one answer only*

* + Easier to understand
	+ More difficult to understand
	+ Much the same
1. Which items about **AIT** do you remember?

*Open-ended question*

1. Which of the following items do you remember reading about **AIT**?

*You may give several answers, if applicable*

AIT:

* alleviates symptoms
* is effective on all symptoms
* rebalances the immune system
* induces tolerance to allergens
* has long-term efficacy
* is intended for patients who cannot manage their allergy with symptomatic drugs alone
* is a targeted/tailored treatment
* exists as several modes of administration (shots/injections, drops and tablets)
* reduces the use of symptomatic medications.
1. Is the way AIT works clearly explained in the new presentation?
* Yes
* No
1. To what extent would you say the benefits of AIT are convincing, on a scale from 0 (not convincing at all) to 10 (extremely convincing).

*Please enter a number between 0 and 10*

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1. Would you say that AIT could meet your needs?
* Yes
* No: please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Would you say that this new presentation reassures you about AIT?
* Yes
* No
1. How does this new presentation of AIT compare with that given by your physician?

In terms of detail: *Please give one answer only*

* + More detailed
	+ Less detailed
	+ Much the same

In terms of language/wording: *Please give one answer only*

* + Easier to understand
	+ More difficult to understand
	+ Much the same

In terms of convincingness: *Please give one answer only*

* + More convincing
	+ Less convincing
	+ Much the same
1. Is there anything that your physician told you about AIT that is not included in this new presentation?
* Yes, please specify: ………
* No
1. On the other hand, is there anything included in this new presentation that your physician did NOT tell about AIT?
* Yes

 If yes, please specify: *You may give several answers, if applicable*

* + Different forms are available (drops, tablets, shots/injections)
	+ Tailored /targeted treatment
	+ Long-term efficacy
	+ Induces tolerance to allergens
	+ Rebalances the immune system
	+ Has an effect on all the symptoms
	+ Allows a reduction in the use of symptomatic medications
	+ Other: please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are these items important to you?
	+ Yes
	+ No
* No

**Section 4
Assessment of willingness to start or restart AIT after the new presentation**

1. Now imagine that your physician had suggested AIT to you after having given the new presentation.
* Would you have felt better informed?
	+ Yes
	+ No
* Would you have been more inclined to start /resume AIT?
	+ Yes
	+ No
1. Now that you have viewed the new presentation, do you think that you will start/restart AIT?
* Yes
* No
1. Why?

*Open-ended question*

1. After having viewed the new presentation, how would you evaluate your willingness to start or resume AIT, on a scale from 0 (you absolutely do not want to start or resume AIT) to 10 (you absolutely want to start or resume AIT)?

*Please enter a number between 0 and 10*

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