Appendix

Patient questionnaire for omalizumab home use

1. Gender
   - Male
   - Female

2. Age
   - <12 years
   - 12-17 years
   - 18-34 years
   - 35-64 years
   - >65 years

3. Profession
   - Student
   - Job seeking
   - In employment
   - Housewife/-husband
   - Pensioner

4. How long have you been on omalizumab therapy so far?
   - <1 year
   - 1-4 years
   - 5-9 years
   - >10 years

5. In which regular intervals are you getting omalizumab?
   - 2 Weeks
   - 4 Weeks

6. How many syringes are you getting at each visit?
   - 1
   - 2
   - 3
   - 4
7. How flexible would you describe the omalizumab therapy?
   - Not very flexible
   - Flexible
   - Highly flexible

8. What are your personal expenses for each omalizumab therapy (e.g. travel costs)?
   - <10 €
   - 11-20 €
   - 20-50 €
   - >50 €

9. How many days per year do you invest due to omalizumab application (e.g. taking vacation for practice visits)?
   - <1 day
   - 1-10 days
   - 11-20 days
   - >20 days

10. Would you welcome to inject omalizumab by yourself at home?
    - Unfavourably
    - Neutral
    - Approvingly

11. What would be the biggest advantage for you by using omalizumab in self-administration?
    - Time savings
    - Cost savings
    - Flexibility
    - Less physician visits
    - Less burden for social environment
    - None

12. How many hours would you save if you applied omalizumab by yourself at home?
    - <1 h
    - 1-5 h
    - >5 h

13. If you had any concerns about the omalizumab home use, what would they be?
    - Injection mistakes
- Miss omalizumab administration
- Half-life of omalizumab
- Appearance of adverse events
- None

14. Which support would you like to have in regard to injecting omalizumab by yourself?

- Intense personal training of injection
- Explanatory video
- Starter kit (different information material)
- Intense information material (in printed form)
- Intense information material (in digital form)
- Digital therapy pass
- Reminder system
- Automatic therapy delivery

Dear patient,

please add the folded questionnaire into the enclosed envelope and close the letter. Subsequently, hand the letter over to the assistant within your practice.

Thank you for your support!
Physician questionnaire for omalizumab home use

1. Would you advocate the home use of omalizumab for your patients?
   - [ ] Absolutely, yes
   - [ ] Yes, for specific patients
   - [ ] No

2. Which benefit would mostly appear for the practice if omalizumab was used at home?
   - [ ] Time savings
   - [ ] Cost savings
   - [ ] Flexibility
   - [ ] Less patient visits
   - [ ] More time for other patients
   - [ ] None

3. Which concerns would raise about patient self-administration of omalizumab?
   - [ ] Errors during injection
   - [ ] Forget to administer omalizumab
   - [ ] Non-observance of best-before date
   - [ ] Transport error
   - [ ] Risk of anaphylaxis
   - [ ] Other side effects
   - [ ] None

4. Which patient support material would be the most applicable one by your point of view?
   - [ ] Brochure
   - [ ] Training at site
   - [ ] Explanatory video
   - [ ] Starter kit (different information material)
   - [ ] Digital therapy pass
   - [ ] Electronic reminder system (app)
   - [ ] Automatic therapy delivery

5. How many patients would you switch to omalizumab home use?
   - [ ] <25 %
   - [ ] 25-50 %
   - [ ] 50-75 %
6. How much time would your practice save in average per month by switching patients to omalizumab home use?

- >75%
- <1 h
- 1-5 h
- >5 h

Please send your filled and all patient questionnaires back with the post-paid and enclosed envelope for analyses.

Thank you for your support!