Supplementary File 1

**The Global Usability Score Questionnaire**

## Check with an X, or describe your answer) n.: ………

**INTRODUCTORY SECTION**

- Previous instructions to the DPI use? Yes No if YES, from whom? ...................

(Dry Powder Inhalers)

- Previous instructions to the MDI use? Yes No if YES, from whom? ...................

(Metered Dose Inhalers)

- Previous instructions to the SMI use? Yes No if YES, from whom ? ..................

(Soft Mist Inhalers)

**THE ASSESSING TRACK**

**- To the Nurse: please report the duration of your explanation (in sec.): A .... B .... C .... D .....**

1. **Questions to the patient, after the nurse’s explanation:**

**1.a** Which device did you prefer “at glance” **(1 point) A B C D**

**1.b** Which device did you perceive as the easiest to use ? **(1 point)** **A B C**  **D**

**1.c** Which device did you perceive as the most difficult to use ? **(0 point)** **A B C**  **D Score: ….. ….. ….. …..**

**1.c.1** why ?: ………………………………..……………………

1. **Questions to the Patient and to the Nurse, after the Patient’s practicing:**

**2.a** Grade devices by difficulties you encountered in their use (by increasing order):

**(The Patient’s Opinion : 1=4 points ; 2=3 points ; 3=1 point ; 4=0 points)**

**1st …… 2nd …… 3rd …… 4th ……..**

**Score : …… …… …… …….**

**2.b** Please, report your most difficult step in actuating each device:

(**The** **Patient’s Opinion**)

**A …………………… B…………………… C………………….. D……………………..**

**2.c** Please, grade devices by difficulties the patient encountered(by increasing order):

(**Nurse’s Assessment : 1=5 points ; 2=3points ; 3=1points 4=1points**)

**1st …… 2nd …… 3rd …… 4th ……..**

**Score : …… …… …… …….**

**2.d** Please, report the most difficult patient’s actuation step with each device::

**(The Nurse’s Assessment**)

**A …………………… B…………………… C………………….. D……………………..**

1. **Please, report the overall n. attempts for the 1st proper actuation with each device:**

**(The Nurse’s Assessment) (score: 1= 5 points; 2= 3 points; 3= 1 point; >3 = 0 points)**

**A …… B …… C …… D……..**

**Score:** -------- -------- ------- --------

1. **Total time spent for the 1st proper actuation with each device (in sec.):**

**(The Nurse’s Assessment)**

**(score: <120”= 5 points; ≥120” <180”= 3 points; ≥180” < 360”= 1 point; ≥360”= 0 point)**

**A …… B …… C …… D ……..**

**Score** -------- -------- ------- -------

1. **Please indicate which device you prefer in terms of :**

**(The Patient’s Preference score: items a - d = 1 point; items e - f = 3 points; g - j = 5 points)**

**Device ------------------------------------**

1. **Shape (1 point) A B C D**
2. **Size (1 point) A B C D**
3. **Mouthpiece (1 point) A B C D**
4. **Hygiene (1 point) A B C D**
5. **Presence of a dose counter (3 points) A B C D**
6. **Ease of gripping (3 points) A B C D**
7. **N. manoeuvres for actuation (5 points) A B C D**
8. **Ease of use (5 points) A B C D**
9. **Perception of inhaled dose (5 points) A B C D**
10. **Presence of a trigger valve (5 points) A B C D**

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**Score ….. .….. …… …….**

**Please, sum the 1;2;3;4, and 5 item scores:**

**The Global Score (range 0-50) …..…. …….. …….. .…….**

**Age:** ………… **Gender:** M F **Region of living**: ............................................

**Education**: 0 = none; 1 = elementary; 2 = middle; 3 = high; 4 = degree