Q1 1. For the first question, please consider the clinical scenario below: In an out-patient clinic, you are assessing a 20 year old male with chronic *P. aeruginosa* infection whose FEV1 declined from 80% to 72% and BMI dropped from 22.3 to 21.9 since his previous clinic visit 10 weeks ago. He does not currently have other overt features of a pulmonary exacerbation. We appreciate that it will be important to have information about diabetes status, microbiology, ABPA status, etc. In making a diagnosis and to manage this young man's FEV1 decline, how important is having up-to-date objective adherence data to inhaled therapies measured over the previous 6-8 weeks readily available at the point of consultation?

○ Very important (8)

○ Important (9)

○ Moderately important (10)

○ Slightly important (11)

○ Not important (12)

Q2
2. Please consider a typical out-patient clinic in your centre. Of all the adults with CF attending the clinic who are on inhaled therapies, on average what percentage would have up-to-date medication possession ratio (MPR) / pharmacy refill data to inhaled therapies measured over the previous 6-8 weeks readily available at the point of consultation? Please provide a percent, 0-100%

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Q3 3. Please consider a typical out-patient clinic in your centre. Of all the adults with CF attending the clinic who are on inhaled therapies, on average what percentage would have up-to-date I-neb® data measured over the previous 6-8 weeks readily available at the point of consultation? Please provide a percent, 0-100%

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Q4 4. If a system was available to routinely collect objective adherence data via chipped nebulisers and it readily provides a summary of up-to-date adherence data at the point of consultation, how important is it to have such a system in your centre?

○ Very important (1)

○ Important (2)

○ Moderately important (3)

○ Slightly important (5)

○ Not important (6)

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Q5 5. If a system was available to routinely collect objective adherence data via chipped nebulisers and it readily provides a summary of up-to-date adherence data at the point of consultation, what do you think the key features of such a system should be for it to benefit the CF community?

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