

Supplementary Figure 1. Hepatitis B immunoglobulin patient research questionnaire.

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190214 Hepatitis B Immunoglobulin Patient Research

PATIENTS QUESTIONNAIRE – 20 minutes
DRAFT

Job No:						Country Code:		Fieldwork ID:		Respondent Number:			
1	9	0	2	1	4								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

190214
6 June 2023

MAIN QUESTIONNAIRE

Current condition and attitudes to post-transplant therapy

LOGIC:	SHOW ALL «TEXT»
Qintro2	<p>Thank you for taking part in this survey. We can confirm that you fit the criteria for patients we would like to include in this research.</p> <p>Just to remind you, this market research aims to understand the experiences of people after the transplantation. In particular, we are going to focus on your experiences with the treatments you have been prescribed post-transplantation for the prevention of HBV (Hepatitis B Virus) reinfection.</p> <p>HBIG (hepatitis B immune globulin) contains large amounts of hepatitis B antibodies taken from donated human blood. It is given (as a shot) when immediate protection against hepatitis B is needed (for example, to prevent hepatitis B infection in people who have been exposed to the hepatitis B virus and have not received the hepatitis B vaccine). HBIG provides immediate protection because it contains pre-formed antibodies to hepatitis B.</p> <p>Below are the treatments we are going to be referring to: [PIPE IN ANSWERS SELECTED @S6 (ANY COL) FROM HBIG GROUP (6-30)].</p>

LOGIC	ASK ALL «1-5 Scale»					
Q1	<p>We understand that the current environment is different to usual due to coronavirus (COVID-19) and that your life and lives of your loved ones may have been significantly affected. This pandemic may also be impacting what you are currently doing or how you are feeling.</p> <p>On a scale from 1 to 5, where 1 is "Insignificant impact" and 5 is "Severe impact", how much do you feel coronavirus has impacted your:</p>					
		Insignificant impact 1	Minor impact 2	Moderate impact 3	Major impact 4	Severe impact 5
1	Daily routine					
2	Emotional wellbeing					

LOGIC:	SHOW ALL «TEXT»
Qintro3	We know this may be difficult, but during this survey, please try to answer all questions based on your typical approach to your health, prior to any recent changes as a result of COVID-19.

LOGIC	ASK ALL «1-5 Scale» ROTATE STATEMENTS BUT ALWAYS SHOW STATEMENTS 6 AND 7 TOGETHER					
Q2	<p>Please think about your life after the transplantation, since you started to take HBIG treatments for the prevention of HBV (Hepatitis B Virus) reinfection. Thinking broadly, what direct impact do/ did these treatments have on you?</p> <p><i>Please read the below statements and answer on a scale of 1 to 5 where 1 is "I completely disagree" and 5 is "I completely agree."</i></p>					
		Completely disagree 1	Somewhat disagree 2	Neither agree nor disagree 3	Somewhat agree 4	Completely agree 5
01	My family / home life has been affected by the need to take HBIG treatments <i>e.g. my marriage / partner's relationships, my children's lives have been / were impacted, etc.</i>					
02	My social life has been affected by the need to take HBIG treatments <i>e.g. I have not been able to / I was unable to continue with / attend my typical social activities</i>					
03	My work duties have been affected by the need to take HBIG treatments <i>e.g. I have not been able to / I was unable to complete my typical employment responsibilities or work the required amount of hours</i>					
04	My home duties have been affected by the need to take HBIG treatments <i>e.g. I have not been able to / I was unable to complete my</i>					

	<i>typical household responsibilities</i>					
05	My emotional wellbeing has been affected by the need to take HBIG treatments e.g. <i>I have experienced / I experienced emotional problems, high level of stress etc</i>					
06	My physical capabilities have been affected by the need to take HBIG treatments e.g. <i>I have experienced / I experienced mobility and dexterity impairment</i>					
07	My physical capabilities have been affected by the need to take HBIG treatments e.g. <i>I have experienced / I experienced physical pain whilst doing my usual daily tasks</i>					

LOGIC	ASK ALL «1-5 scale» ROTATE STATEMENTS					
Q3	On a scale from 1 to 5 where 1 is "I completely disagree" and 5 is "I completely agree", please rate your experience with the HBIG treatments used for the prevention of HBV reinfection , by showing your level of agreement with the following statements. <i>Please remember to try to answer all questions based on your typical approach to your health, <u>aside from any recent changes as a result of COVID-19.</u></i>					
		Completely disagree 1	Somewhat disagree 2	Neither agree nor disagree 3	Somewhat agree 4	Completely agree 5
1	My HBIG post-transplant treatment has been easy to take / get administered for me					
2	The frequency of administration is convenient					
3	The administration is painless					
4	The time it takes to receive each dose is quick and convenient					
5	The administration of this medication means I can live a normal life and does not interfere with work/social commitments					
6	I worry that it will be difficult for me to get to the hospital to get my HBIG post-transplant treatment administered					
7	I feel I am in control of my HBIG post-transplant treatment if I see my doctor frequently					
8	I worry about missing a dose of my HBIG post-transplant treatment					

LOGIC	ASK ALL «Ranking»		
Q4	<p>If you would be in the position of choosing a HBIG treatment for the prevention of HBV reinfection, which of the below factors would be important for you?</p> <p>Please select the top 3 factors that are important to you by placing a 1,2,3 – where 1 is the most important, 2 is second most important and 3 is third most important.</p>		
	Treatment is convenient to take / fits in with my lifestyle	01	
	Treatment has less frequent dosing than my current treatment / my most recent treatment	02	
	Has few side effects, which are manageable	03	
	Improves how I feel about the quality of my life	04	
	Improves physical symptoms	05	
	Doesn't impact my emotional well-being	06	
	Improves my ability to comply / not miss a dose	07	
	Makes me feel more positive about the future	08	
	RANDOMISE CODES		

LOGIC	ASK ALL «Open end» FLAG AE IF AE CONTENT WRITTEN		
Q5	<p>Thinking only about HBIG treatments for the prevention of HBV reinfection you might take, what does the word 'convenience' mean to you in this context?</p> <p>Please provide as much detail as possible.</p>		
	[]	Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'	

LOGIC	ASK ALL «Open ended»		
Q6	<p>In relation to your post-transplant therapy, what are some of the key challenges that you have faced, <i>aside from any recent changes as a result of COVID-19</i>?</p> <p>Please provide as much detail as you feel comfortable giving.</p>		
	[]	Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'	
99	I have not faced any challenges	EXCLUSIVE CODE	

LOGIC	ASK ALL «Multicode»	
Q7	<p>When thinking about your HBIG treatments for the prevention of HBV (Hepatitis B Virus) reinfection, which of the following challenges, if any, have you faced?</p> <p>RANDOMISE CODES</p> <p><i>Please select all that apply.</i></p>	
	Difficult to manage side effects	1
	Doses have to be administered too often	2
	Pain when administered	3
	Reduced my independence / control of my life	4
	I cannot self-administer my treatment	5
	Treatments affects my ability to function and carry out my daily activities	7
	Difficulties with booking hospital appointments	8
	Need to rely on the caregiver to administer treatment	9
	Time consuming (e.g. need to travel to the hospital)	10
	Others, please specify [_____] ANCHOR	98

LOGIC	ASK ALL «Open»	
Q8	<p>When it comes to HBIG treatments for the prevention of HBV (Hepatitis B Virus) reinfection, what would be for you an ideal frequency of administration, and why?</p> <p><i>Please provide as much detail as you feel comfortable giving.</i></p>	
	[_____]	<p>Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'</p>

LOGIC	ASK ALL «1-5 scale»					
Q9	<p>If a HBIG treatment for the prevention of HBV (Hepatitis B Virus) reinfection became available for you to self-inject and after considerable training, how do you think you would find the process of self-injecting?</p> <p><i>Please answer a scale from 1 to 5, where 1 is "Extremely difficult" and 5 is "Not at all difficult."</i></p>					
		Extremely difficult 1	Somewhat difficult 2	Neither easy nor difficult 3	Somewhat easy 4	Extremely easy / Not at all difficult 5

LOGIC	ASK ALL WHO GAVE A RATING OF 1,2 @ Q9 «Open»	
Q10	<p>Please explain why do you think you would find it difficult to self-inject?</p> <p><i>Please provide as much detail as you feel comfortable giving.</i></p>	
	[_____]	Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'

LOGIC	ASK ALL «Single code per row» RANDOMISE CODES					
Q11	<p>You mentioned that you find the process of self-injecting [INSERT WORDING FROM @Q9]. In your day-to-day life, how confident are you that you can comply with self-administration of your HBIG treatment in each of the following situations...</p> <p><i>Please provide a response per row.</i></p>					
		Not at all confident 1	Not very confident 2	Neither 3	Fairly confident 4	Very confident 5
1	If you take several different treatments each day (for different conditions)					
2	If you take treatments more than once a day (for different conditions)					
3	If you are away from home					
4	If you have a busy day planned					
5	If they cause side effects					
6	If no one reminds you to take the treatment					
7	If the schedule to take the treatment is not convenient					
8	If your normal routine gets messed up					
9	If you are not sure how to take the treatment					
10	If your doctor changes your treatments					

11	If you are not sure how it works or what it does for you					
	FORCE RESPONDENT TO PROVIDE A RESPONSE FOR EACH CODE; ROTATE ORDER OF CODES					

Treatment perception

LOGIC:	SHOW ALL «TEXT»
Qintro4	Thank you for your input so far. Now we would like to know more about the HBIG treatment you have been prescribed post-transplantation, for the prevention of HBV (Hepatitis B Virus) reinfection.

LOGIC	ASK IF CURRENTLY ON HBIG TREATMENT (code 6-32 @ S6 COL A) «Numeric»		
Q12	For how long have you been receiving [PIPE IN CURRENT TREATMENT @S6 CODE 6-32] <i>Please write in. If you cannot remember the exact details, please provide your best estimate.</i>		
	[] years OE (range between 0-S2)	[] months OE (range between 0-11)	[] weeks OE (range between 0-3)
	INSERT VARIABLE TO CONVERT YEARS TO WEEKS	INSERT VARIABLE TO CONVERT MONTHS TO WEEKS ERROR MESSAGE IF ENTER ≥ 12 "If you started your current treatment more than 11 months ago, please enter data in the years column"	ERROR MESSAGE IF ENTER ≥ 4 "If you started your current treatment more than 3 weeks ago please enter data in the months column"
98	I cannot remember [EXCLUSIVE]		
	ANSWER MUST BE \leq THAN THAT GIVEN @S5 FOR TIME SINCE TRANSPLANT ERROR MESSAGE IF ENTER 0 IN EVERY BOX		

LOGIC	ASK IF CURRENTLY ON HBIG TREATMENT (code 6-32 @ S6 COL A) «1-5 Scale»					
Q13	On a scale of 1 to 5, where 1 is "Extremely dissatisfied" and 5 is "Extremely satisfied", overall, how satisfied are you with the following treatment: <i>Please select one answer only.</i>					
		Extremely dissatisfied 1	Somewhat dissatisfied 2	Neither satisfied nor dissatisfied 3	Somewhat satisfied 4	Extremely satisfied 5
	[PIPE IN HBIG TREATMENT @S6 COL A].					

LOGIC	ASK IF CURRENTLY ON HBIG TREATMENT (code 6-32 @ S6 COL A) «Open»	
Q14	What would you say are the biggest positives about taking [PIPE IN CURRENT TREATMENT @S6 COL A CODE 6-32]? <i>Please provide as much detail as you feel comfortable giving.</i>	
	[_____]	Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'

LOGIC	ASK IF CURRENTLY ON HBIG TREATMENT (code 6-32 @ S6 COL A) «1-5 Scale» RANDOMISE CODES					
Q15	Earlier, you told us you receive this treatment [PIPE IN CURRENT TREATMENT @S6 CODE 6-32] in the following way: [PIPE DESCRIPTION OF CODE SELECTED @S9]. <i>Please rate your experience of receiving this treatment by showing your level of agreement with the following statements on a scale of 1 to 5 where 1 is "I completely disagree" and 5 is "I completely agree".</i>					
		Completely disagree 1	Somewhat disagree 2	Neither agree nor disagree 3	Somewhat agree 4	Completely agree 5
1	Treatment is convenient to take / fits in with my lifestyle					
2	Has few side effects, which are manageable					
3	Improves how I feel about the quality of my life					
4	Improves physical symptoms					
5	Doesn't impact my emotional well-being					
6	Improves my ability to comply / not miss a dose					
7	Makes me feel positive about the future					

LOGIC	ASK IF AT LEAST 1 TREATMENT SELECTED AS PREVIOUS HBIG TREATMENT @S6 (COL B) «single code»	
Q16	Below is the list of treatments that you told us previously you have received in the past year . Which of the below treatments were you prescribed [SHOW IF CURRENT TREATMENT SELECTED AT @ S6 COL A: <i>immediately prior</i> to starting on your current post-transplant treatment], [SHOW IF NO CURRENT HBIG TREATMENT @S6 COL A: <i>most recently</i>] for post-transplant treatment? <i>Please select one answer.</i>	
	[PIPE IN PAST TREATMENTS CODE 6-32 @ S6 AND CODE 01-02 @S7] AUTOPUNCH IF ONLY ONE PAST TREATMENTS CODE 6-32 @ S6 AND CODE 01-02 @S7	

LOGIC	ASK IF PREVIOUS HBIG TREATMENT @S6 COL B «1-5 scale»					
Q17	<p>On a scale of 1 to 5, where 1 is "Extremely dissatisfied" and 5 is "Extremely satisfied", overall, how satisfied were you with [PIPE TREATMENT FROM Q16]?</p> <p>[SHOW ONLY IF CURRENT HBIG TREATMENT: To enable you to compare between this treatment and the one you are currently receiving, we have shown your earlier score for the current treatment.]</p>					
		Extremely dissatisfied 1	Somewhat dissatisfied 2	Neither satisfied nor dissatisfied 3	Somewhat satisfied 4	Extremely satisfied 5
	DO NOT SHOW IF NO CURRENT HBIG TREATMENT Satisfaction with [PIPE IN CURRENT TREATMENT @S6 CODE 6-32 COL A AND SATISFACTION FROM Q13]					
	Satisfaction with [PIPE TREATMENT FROM Q16]					
	PLEASE SHOW RATING PROVIDED FOR CURRENT TREATMENT SO RESPONDENT IS ABLE TO COMPARE					

LOGIC		
Q18	<p>For what reason did you stop taking this treatment [PIPE TREATMENT FROM Q16]</p> <p>RANDOMISE</p> <p><i>Please select as many answers as apply</i></p>	
	Dosing was not convenient / did not fit in with my lifestyle	1
	Route of administration was painful	2
	Dosing was more frequent than I liked	3
	Because of cost / affordability issues	4
	My doctor / nurse suggested stopping	5
	Someone else e.g. other patients /friends /relatives suggested there were better alternatives	6
	It did not work fast enough	7
	Other ANCHOR	98

LOGIC	ASK IF PREV HBIG TREATMENT @S6 «Open»	
Q19	And how did you feel about switching your HBIG treatment? <i>Please provide as much detail as you feel comfortable giving.</i>	
	[_____]	Respondent must write at least 25 letters. If not, provide error message: 'Thank you for your answer, please could you provide a little more detail?'

TPP (Fixed Profile) Assessment

Qintro5	SHOW ALL	
	<p>We'd now like to share with you the description of 3 treatments, currently in development, for the prevention of HBV (Hepatitis B Virus) reinfection after liver transplantation.</p> <p>Please note: All information you will see regarding potential new products is entirely hypothetical, and has been developed purely for market research purposes only and is not intended to sell or promote to you in any way. Please also assume for the purpose of this survey that all information regarding these products is accurate.</p> <p>Please take a moment to review the information below regarding these products. For the purpose of this survey, we will refer to these as Product X, Product Y and Product Z.</p> <p>The survey will be paused for at least 30 seconds whilst you review.</p>	
	PAUSE FOR 30 SECONDS BEFORE SHOWING THE "NEXT/>>>" BUTTON	
LOGIC	ASK ALL «Open» REPEAT THIS QN FOR PRODUCT X, PRODUCT Y, PRODUCT Z RANDOMISE ORDER X, Y, Z	
Q20a/b/c	<p>What is your overall impression of [INSERT "Product X" OR "Product Y" OR "Product Z" AND SHOW PRODUCT X OR PRODUCT Y OR PRODUCT Z TPP INCLUDING IMAGE]</p> <p><i>Please be as detailed as possible.</i></p>	
	[_____]	

LOGIC	SHOW ALL «Scale 1-5» REPEAT THIS QN FOR PRODUCT X, PRODUCT Y, PRODUCT Z SAME ORDER AS Q20					
Q21a/b/c	We would like you to evaluate/rate [INSERT Product X OR Product Y OR Product Z] on the below parameters. Please use the scale below, where 1 is 'Not at all' and 5 is 'Extremely'. [PROVIDE PRODUCT X OR PRODUCT Y OR PRODUCT Z TPP INCLUDING IMAGE] RANDOMISE CODES 1-5					
		Not at all				Extremely
1	[INSERT PRODUCT X OR PRODUCT Y OR PRODUCT Z] is a different post-liver transplant treatment, something I have not seen before	1	2	3	4	5
2	[INSERT PRODUCT X OR PRODUCT Y OR PRODUCT Z] would be a convenient treatment for me to take	1	2	3	4	5
3	I would be very interested to hear more about [INSERT PRODUCT X OR PRODUCT Y OR PRODUCT Z] from my doctor	1	2	3	4	5
4	I find the information about [INSERT PRODUCT X OR PRODUCT Y OR PRODUCT Z] clear	1	2	3	4	5
5	I would be very likely to use [INSERT PRODUCT X OR PRODUCT Y OR PRODUCT Z] if my doctor recommends it	1	2	3	4	5

Trade-off Exercise

Qintro6	SHOW ALL
	<p>Please now imagine that new treatments have become available for the prevention of HBV (Hepatitis B Virus) reinfection after liver transplantation and your doctor asks you to choose one of the options that you prefer.</p> <p>You will now be shown a series of screens describing these possible future treatments. Please assume that all treatments are as effective as each other and the parameters that are different are only those shown on the screen.</p> <p>Please treat each screen as a separate exercise / new situation where you have to make a choice and use just the information provided on that screen to answer the questions.</p> <p>You will see a total of 10 screens for this section.</p> <p>When you are ready to see the first screen please select 'Next'.</p>

LOGIC	ASK ALL «Conjoint exercise»			
Q22	<p>COUNTER Scenario n/[INSERT FROM DESIGN]</p> <p>Please review the 2 hypothetical products below.</p> <p>When you have reviewed them all please select the treatment that you would be most likely to choose if your doctor recommends these treatments.</p> <p>Please assume that all the products you review are clinically approved for the prevention of HBV (Hepatitis B Virus) reinfection after liver transplantation and have been on the market for 2-3 years. Please also assume that any aspects of the treatment not included in the profile are identical for the three treatments described.</p> <p>PLEASE SHOW ON EACH CONJOINT SCREEN THE FOLLOWING TEXT: 'The dosing and frequency values represent the most likely or standard dose/frequency for the different administration routes.'</p> <p>[SHOW 2 PRODUCT PROFILES AS PER THE EXPERIMENTAL CONJOINT DESIGN]</p>			
		A	B	Neither of these two treatments
	I will prefer to use	01	02	99
	SHOW RESPONSES AS RADIO BUTTONS UNDERNEATH EACH PRODUCT PROFILE			

Demographics and Lifestyle questions

LOGIC	SHOW ALL
Qintro7	Thank you for your input so far. Just a couple of questions left.

LOGIC	ASK ALL «Single code»	
D1	What is your gender? <i>Please select one answer.</i>	
	Male	1
	Female	2
	Non-binary	3
	Prefer not to say	98

LOGIC	ASK ALL «Single code»	
D3	Which of the following best describes your current employment status? <i>We understand that Covid-19 may have impacted your employment status so please list your employment prior to any changes made as a result of the pandemic.</i> <i>Please select one answer.</i>	
	In full / part time education	1
	Full time employed	2
	Part time employed	3
	Not working	4
	Retired	5
	Other (please specify)	98

LOGIC:	ASK ALL «Single code»	
D4	Approximately, which of the following options best reflects your annual total household income? <i>Please select one answer.</i>	
	SHOW IN ITALY AND FRANCE	SHOW IN TURKEY
1	Up to €10.000	Up to 80,000 TRY
2	€10.000-€19.999	80,000-159,999 TRY
3	€20.000-€29.999	160,000-239,999 TRY
4	€30.000-€39.999	240,000-319,999 TRY
6	€40.000-€49.999	320,000-399,999
7	€50.000-€59.999	400,000-479,999 TRY
8	€60.000-€69.999	480,000-559,999 TRY

9	€70.000-€79.999	560,000-639,999 TRY	
10	€80.000-€89.999	640,000-719,999 TRY	
11	€90.000-€99.999	720,000-799,999 TRY	
12	€100.000-€109.999	800,000-879,999 TRY	
13	€110.000-€119.999	880,000-959,999 TRY	
14	€120.000-€129.999	960000-1,039,999 TRY	
15	€130.000-€139.999	1,040,000-1,119,999 TRY	
16	€140.000-€149.999	1,120,000 – 1,199,999 TRY	
17	€150.000 or more	1,200,000 TRY or more	
99	Prefer not to answer	Prefer not to answer	

LOGIC	ASK ALL «Single code»		
D5	What is your marital status? <i>Please select one only</i>		
	Single	1	
	Civil Partnership / Married	2	
	In a relationship	3	
	Separated / Divorced	4	
	Other	99	
	Prefer not to answer	97	

LOGIC	Ask ALL «Single code»		
D6	What is your current living situation? <i>Please select one only</i>		
	Living with a partner or spouse	1	
	In a house share	2	
	Living with family members other than spouse or partner	3	
	Living with carer	4	
	Living alone	5	
	I do not have a permanent living arrangement	6	
	I live in a rehabilitation or long-term care facility	7	
	Other	99	
	Prefer not to answer	97	

LOGIC	ASK ALL «Single code»		
D7	Do you have easy geographic access to healthcare providers? <i>Please select one answer.</i>		
	Yes	1	
	No	2	

LOGIC	ASK ALL <<Numeric>>		
D8	How many children do you have? <i>Please enter the number of children you have where appropriate.</i>		
	Children who live at home aged 10 or younger	1	
	Children who live at home aged 11-18	2	
	Children who live at home aged 19 and older	3	
	Children who have left home	4	
	I have no children	5	EXCLUSIVE CODE
	Prefer not to answer	97	EXCLUSIVE CODE

LOGIC	ASK ALL «Single code»		
D9	Of the following, what is the highest level of education you have successfully completed (usually by obtaining a certificate or diploma)? <i>Please select one answer.</i>		
	No school education	1	
	Primary school	2	
	Lower secondary school or equivalent (8/9 years of schooling)	3	
	Intermediate secondary school (10 years of schooling)	4	
	[HIDE IN TURKEY] Comprehensive school	5	
	[HIDE IN TURKEY] Entrance certificate for a higher technical college/university of applied science	6	
	University first degree	7	
	Masters / Doctorate degree	8	
	Other, please specify [_____]	98	
	Prefer not to say	99	

LOGIC	ASK ALL «Single code»		
D10	Which of the following best describes where you currently live? <i>Please select one answer.</i>		
	City / Large town	1	
	Small town / village	2	
	Remote rural location	3	

LOGIC	ASK ALL «1-5 scale»					
D11	How difficult it is for you to reach the hospital / clinic for your appointments? <i>Please answer based on your typical experience, prior to any recent changes as a result of COVID-19.</i> <i>Please answer a scale from 1 to 5, where 1 is "Extremely difficult" and 5 is "Not at all difficult."</i>					
		Extremely difficult 1	Somewhat difficult 2	Neither easy nor difficult 3	Somewhat easy 4	Extremely easy / Not at all difficult 5

LOGIC	ASK ALL «Multi code»	
D12	Aside from liver disease, which of the following conditions, if any, have you been diagnosed with? <i>Please select all that apply.</i>	
	Anemia	1
	Sickle Cell Anemia	2
	Cardiovascular disease	3
	Cancer	4
	Chronic Pulmonary Disease	5
	Hypertension	6
	Hyperlipidemia	7
	Hepatitis C Disease	8
	Hepatitis D Virus	9
	Depression	10
	Gastrointestinal Disorder	11
	Lupus	12
	EBV Disease	13
	HIV/AIDS	14
	Obesity	15
	Osteoporosis	16
	Renal disease	17
	Vascular Disease	18
	Diabetes	19
	Other comorbidities (please specify)	98
	Don't know [EXCLUSIVE] [ANCHOR]	99
	None of these [EXCLUSIVE] [ANCHOR]	97

LOGIC	ASK ALL «Open numeric»		
D13	How often do you exercise / do sports? <i>Please write in the number of times per month.</i>		
	[] per month	RANGE [0-99]	

LOGIC	ASK ALL « Open numeric »		
D14	How often do you travel per year? <i>Please answer based on your typical experience, <u>prior to any recent changes as a result of COVID-19.</u></i> <i>Please write in the number of times you travel in a typical year.</i>		
01	For leisure	[] times per year RANGE [0-200]	
02	For business	[] times per year RANGE [0-200]	

Close

Qclose1	ASK ALL «Single code»		
	Would you be willing to be re-contacted in the future, if we have any clarifications or further questions related to this market research study? <i>Please select one answer.</i>		
	Yes	1	
	No	2	

Qclose2	ASK ALL «OPEN» SHOW ON THE SAME SCREEN AS THANK AND CLOSE MESSAGE, DO NOT FORCE AN ANSWER		
	Many thanks for taking part in this research Do you have any feedback on this survey? This could, for example, be regarding the layout and structure of the survey, the types of questions we asked or how engaging you found the survey.		
	[]		

END

APPENDIX

TPP1 – PRODUCT X

Intramuscular Hepatitis B Immunoglobulin
Infusion into the muscle

Intramuscular Hepatitis B Immunoglobulin	
Route of administration	Prefilled syringe with needle to be attached or drawn up from glass vial / ampulle into the muscle, e.g. of the upper arm, upper leg, buttocks [PICTURE]
Who will administer the medication	Physician, nurse or your relative
Where it will be administered	Anywhere, e.g. at home
Dose	1 syringe (5ml)
Frequency of administration	1 every two weeks
Duration of administration	Up to 5 minutes
Storage	At home, (at temperature +2°C - +8°C to be stored in the fridge)

TPP2 – PRODUCT Y

Intravenous Hepatitis B Immunoglobulin
Infusion into a vein of the patient's arm

Intravenous Hepatitis B Immunoglobulin	
Route of administration	Infusion into the vein of your arm from a glass vial [PICTURE]
Who will administer the medication	Physician or Nurse
Where it will be administered	In the hospital
Dose	30ml of fluid
Frequency of administration	1 every month
Duration of administration	Approx. 45 minutes
Storage	In hospital (at room temperature or in the fridge)

TPP3 – PRODUCT Z

Subcutaneous Hepatitis B Immunoglobulin
 Infusion into the belly fat

Subcutaneous Hepatitis B Immunoglobulin	
Route of administration	Pre-filled syringe with needle to be attached and the solution injected under the skin into the belly fat [PICTURE]
Who will administer the medication	Patient (yourself) or your relative
Where it will be administered	Anywhere, e.g. at home
Dose	1 syringe (1ml)
Frequency of administration	1 every week
Duration of administration	30 seconds
Storage	At home, (at temperature +2°C - +8°C to be stored in the fridge)

Supplementary Figure 2. Conjoint exercise: presentation of hypothetical HBIG products alongside their attributes.

Q22. Please review the 2 hypothetical products below. When you have reviewed them all please select the treatment that you would be most likely to choose if your doctor recommends these treatments.

Product X		Product Y	
Route of administration and dose	Prefilled syringe with needle to be attached or drawn up from glass vial / ampule into the muscle, e.g. of the upper arm Dose: 1 syringe (5 mL)	Route of administration and dose	Into the vein of your arm Dose: 30 mL
Who will administer the medication	Physician, nurse or a relative	Who will administer the medication	Physician or nurse
Where it will be administered	Anywhere, e.g. at home	Where it will be administered	In the hospital
Frequency of administration	1 x every two weeks	Frequency of administration	1 x month
Duration of administration	5 minutes	Duration of administration	Approx. 45 minutes

X
 Y
 Neither of these

The exercise simulates the choice of product in real life: each product is evaluated on a number of parameters (not only the mode of administration, but also frequency, duration, location etc)

Outcome: utility scores (perceived value of each product feature) showing which parameter is more/ less likely to impact product choice

The option of 'Neither of these' was offered as an additional 'attribute' during modelling of the survey, to ensure that results were realistic. However, subsequent testing of the survey revealed that this option did not contribute to an understanding of respondents' preferences, and did not directly affect the scoring of attributes. The final analysis therefore ignored the results where respondents chose this option