

Table SIII. Sample questions from telephone interviews with physicians

Section 1: Physician self-introduction

- Physicians were asked to provide a general overview of their professional experience and practice (e.g. specialty, time in practice, type of practice setting) in addition to questions such as number of patients assessed for chronic spontaneous urticaria (CSU) in the last year and severity of CSU in the patients seen.

Section 2: Understanding patient types

- Do you use the terms mild, moderate, and severe for CSU? How do you determine severity?
- What do you see as the most important differences among CSU patients?
- What is the 'tipping point' at which you refer patients on to other healthcare providers (HCPs)/physicians?

Section 3: Patient flows, screening, diagnosis

- Which physicians typically refer patients to you (e.g., primary care physicians, Emergency Room physicians, obstetricians/gynecologists, dermatologists, allergists, etc.)?
- What do patients already know about CSU when they first get to your office? How often do patients arrive at your office with a diagnosis? Who provides that diagnosis?
- In your experience, how long does it typically take for CSU patients to be diagnosed (months, years)? What factors are involved in earlier/later diagnosis?
- What information, education or support do you feel that patients and their loved ones need at this point?

Section 4: Disease management

- How do you assess CSU patients? What conversations do you typically have with them to determine/confirm their severity and the impact of CSU on their lives?
- What is the standard algorithm for treatment for CSU? What is your preferred pathway through the various options?
- What are your goals for treatment? What are the benefits or limitations of treatment?
- What is it like to manage CSU patients, from a clinical as well as interpersonal or emotional perspective?
- What are the types of information/support that patients do not have today but should have?
- What do these patients need in terms of practical or logistical support? Dietary advice? Financial support?

The interview guide for use with physicians was not intended as a rigid script but as a flexible tool to facilitate conversation. Researchers could adapt their inquiries as the interview evolved, allowing physicians to share significant perspectives and insights that the researcher may not have previously contemplated.