

Appendix Table 1. Study characteristics

Study ID	Values and preferences category	Instrument	Study design	Description of health states	Age: Mean (SD) or other format	Country or countries of Origin	Setting	Gender (Male/Female)	Sample size	Sampling Strategy	Response rate	Funding Sources
Agh 2011	Utility	Time trade off	Cross-sectional survey	EQ-5D	63.83 years (SD 11.24); 40–50 years 16 (9.5%) 51–60 years 57 (33.5%) 61–70 years	Hungary	outpatient	Males 71 (41.8%) Females 99 (58.2%)	170	Consecutive	77.5%	Unclear

					48 (28.2%) ≥71 years 49 (28.8%)							
Alcazar 2012	Utility	VAS	Cross-sectional survey	EQ-5D	67.3 (8.7)	Spain	hospital centres	119(93.7%) /8(6.3%)	127	Unclear	Unclear	industry (GlaxoSmit hKline)
Allen- Ramey 2012	Utility	SF-6D	Cross-sectional survey	SF-6D	63.24 (10.90)	USA	self- reported survey	559 (57.63)/411 (42.37)	970	Random	Unclear	industry
Antoni 2014	Utility	VAS	Cohort study	EQ-5D	67.03 (10.12)	Romania	inpatient, the Pulmonary Disease Universtiy Hospital in Iasi, Romania	62/18 (77.5%/22. 5%)	80	Consecut ive	unclear	The authors have no relevant affiliations or financial involvement with any organization or entity with a financial interest in

												or financial conflict with the subject matter or materials discussed in the manuscript.
Arne 2009	Utility	EQ-5D	Cross-sectional survey	EQ-5D	69.1 (95% CI 68.3 69.9)	Sweden	self-reported survey	55.7%/44.3% (95% CI 40.0 48.9)	526	Random	64%	the Swedish Heart-Lung Foundation , the Swedish Heart and Lung Association and the County Council of

												Va"rmland
Berkius 2013	Utility	VAS, EQ-5D	Cohort study	EQ-5D	69.7 (8.7) completed; dead or lost 70.7 (9.0)	Sweden	secondary	12/19 completed; dead or lost 6/14		Consecutive	58.9% for ICU patients at 6 months after discharge ; 60.7% for COPD patients	

											at 24 months	
Boland 2014	Utility	VAS, EQ-5D	Cross-sectional survey	EQ-5D	68 (11) - average	the Netherlands	primary	Men 56%/Women 44%	611	Other: based on a database	43% (611 out of 1431)	Stichting Achmea, a Dutch Healthcare Insurance Company, and the Netherlands Organisation for Health Research

												and Development (Zon-MW), subprogramme Effects & Costs (project number 171002203)
Boland 2015	Utility	EQ-5D, mapping	Cross-sectional survey (data from 3 clinical trials)	EQ-5D	68 (11)	the Netherlands	primary, secondary	men 55.0; women 45%	1303	Other: trial based	Unclear	Unclear
Borge 2014	Uncategorized survey	Illness perception scale	Cross-sectional survey	Booklet/card	64.6 (10.2); in 36, max 87	Norway	outpatient	male 79 (51.3) Female 75 (48.7)	154	Consecutive	40%	Unclear
Boros 2012	Utility	VAS	Cross-sectional survey	EQ-5D, VAS	64.41 (9.86)	Poland	primary, secondary	men 64%; women	8537	Other: asking	92%	industry support

								36%		physicians to provide enrolled patients		
Bourbeau 2007	Utility	VAS	Cohort study	EQ-5D	mean 66 (range 41–88)	Canada	primary, secondary	male: 239 (57)/female 182 (43%)	421	Unclear	Unclear	Unclear
Bratas 2010	Direct choice	Preferred treatment: treatment	Cross-sectional survey	Narrative explained by interviewer, Booklet/card	rehab 65.0 (9.1)/outpatients 67.2 (10.2)	Norway	secondary	male 110/female 95	205	Consecutive	57%	
Brophy 2008	Direct choice	forced choice: inhaler	Randomized controlled trial	No description	68 (SD 7)	UK	secondary	male 13/female 12	25	Unclear	89% completed	Unclear
Bulcun 2014	Direct choice	Conjoint analysis/Discrete choice	Cross-sectional survey	Booklet/card	60.8 (SD 8.6)	Turkey	secondary	male 45/female 3	49	Consecutive	Unclear	Unclear

		analysis										
Chakrabarti 2009	Direct choice	forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer , Decision aid	Median 69, IQR: 14 years	UK	Hospitalize d patients	34/16 68%/32%	50	Consecut ive	82.0% (50/61)	Unclear
Chapman 1993	Direct choice	forced choice: inhaler	Cross-sectional survey	Narrative explained by interviewer	70.8 (SD 5.4); range 63-85	Canada	outpatients	men 41; women 39	80	Voluntar y sample	Unclear	Asthma Society of Canada and by educational grants from Claxo Canada and 3M Pharmaceu ticals, United States. Manuscript received



												December 3, 1992;
Chapman 2011	Direct choice	forced choice: inhaler	Randomized controlled trial	Narrative explained by interviewer, Booklet/card	63.9 (SD 9.21)	Canada, USA	UNCLEAR	male 60%, female 40%	82	Unclear	Unclear	Industry - Novartis
Chen 2014	Utility	VAS, EQ-5D, and SF-6D	Cross-sectional survey	EQ-5D, SF-12/SF-36	72.9 (8.1)	China	outpatient	male 152(98.7%) /female 2 (1.3%)	154	Consecutive	92.77%	University of Hong Kong Technology and Innovation seed funding
Chrystyn 2014	Utility	EQ-5D	Cross-sectional survey	EQ-5D	65.2 (range 40-90)	France, Germany, Italy, Spain and the UK	primary, outpatients	male 1035 (71.8)/408 (28.2)	1443	Other: "pragmatic"	49%	Almirall S.A., Barcelona, Spain
Claessens	Direct	Forced	Cohort study	no	median 70	USA	Hospitalizat	517/491	1008	Consecut	Unclear,	SUPPORT

2000	choice	choice: treatment		description			ion	(51.3%/48.7%)		ive	for both lung cancer and COPD/Response rates for patient interviews were 87% for Week 1 and 72% for Week 2 interviews for the 56% and 67% of patients, respectively, who	was made possible by grants from the Robert Wood Johnson Foundation . Dr. Claessens was supported by a Veterans Administration Ambulatory Care Fellowship, White River Junction, Vermont, and a
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											were not comatose, intubated, or otherwise incapable of response.	Fellowship in Palliative Medicine, Ottawa, Ontario.
Cleland 2007	Utility	VAS	Cross-sectional survey	EQ-5D, VAS	67.80 (SD 10.59)	UK	primary	Male 57 (51.8)/ Female 53 (48.2)	110	Consecutive	47.6%	Aberdeen City Collective, Grampian Primary Care Trust and by an unconditional educational grant from

												Glaxo Smith Kline
Cross 2010	Utility	VAS, EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD) MCP arm 69.08 (9.85); No MCP arm 69.58 (9.51)/ 34–91 years	UK (4 centers in the UK)	All participants hospitalized at the beginning. But within the follow-up duration of 6 months, the study included both inpatient and outpatient	MCP arm, 143/115 55.43%; no MCP arm, 155/109, 58.71% / 41.29%)	522 (MCP arm 258, no MCP arm 264)/ 526 enrolled	Consecutive	70.5%, 527 recruited, 748 consent requested. 83.1% followed up (99 participants without response); 70.7% followed up, out of 526, 372 participants	Governmental/ NHS Health Technology Assessment (HTA) research funding

											nts provided evaluable data.	
Dacosta Dibonavent ura 2012	Utility	SF-6D	Cross-sectional survey	SF-12/SF- 36	all participants 65 to 69 years 2269/70 to 74 years 770/75 to 79 years 239/80 years or older 80	USA	web-based consumer panel	male 1851	all 3358/CO PD 297	Random	Unclear	industry
Dales 1999	Direct choice	Probability trade off	Repeated surveys	Narrative explained by interviewer , Decision aid, Audiobookl et	66 years (range, 42 to 84 years; quartile 57- 74)	Canada	outpatient (pulmonary function laboratory, as well as ambulatory respiratory and	10men/10 women	20	Consecut ive	0.9	Ontario Thoracic Society

							general medicine clinics of the Ottawa General Hospital, affiliated with the University of Ottawa, Canada)					
Decramer 2001	Utility	VAS	Randomized controlled trial	EQ-5D, Pictorial descriptions of risk (pictogram)	63 (SD 8)	10 European Countries	unclear	male 413 (78%)/female 110 (22%)	523	Unclear	Unclear	Unclear
DiBonaventura 2012	Utility	SF-6D	Cross-sectional survey	SF-12/SF-36	40–64 years (mean (SD))	USA	UNCLEAR	male 53.4%	(COPD 1112)	Random	Unclear	Kantar Health, Pfizer
Downey 2009	Uncategorized survey	End of life Priority Score	Cross-sectional survey (9 - interview with	No description	1. Total COPD sample	United States	Outpatient/hospitalized (not	(% - female) 1. Total	1. Total COPD sample	Unclear	Unclear	National Institutes of Health,

		quantitative survey	(n=156): 62.4 (13.4) 2. COPD patient sample (n=96): 66.7 (9.2) 3. COPD nonpatient sample (family member or friend from subset of the COPD patients) (n=60): 55.5 (16.0)	specified) for COPD patients; community for nonpatients	COPD sample (n=156): 45.5% 2. COPD patient sample (n=96): 28.1% 3. COPD nonpatient sample (family member or friend from subset of the COPD patients) (n=60): 73.3%	(n=156) 2. COPD patient sample (n=96) 3. COPD nonpatient sample (family member or friend from subset of the COPD patients) (n=60)	National Cancer Institute grant # R01 CA106204; an American Lung Association Career Investigator Award; the Robert Wood Johnson Foundation ; and the Lotte & John Hecht Memorial Foundation
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Downey 2013	Uncategorized survey	Preference Rating (from 1 definitely no to 4 definitely yes)	Cross-sectional survey	Booklet/car d	68.6 (9.6)	USA	primary	male 100%	196	Unclear	93%	
Dowson 2004	Direct choice	ranking: treatment	Cross-sectional survey	Narrative explained by interviewer	Mean (SD): 71.3 (7.2)	New Zealand	inpatients	16/23	39	Consecut ive	83.0% 39/47	Unclear
Eakin 1997	Uncategorized survey	The perceived importance of COPD self- care on a 5- point scale	Cross-sectional survey	Narrative explained by interviewer Other: perceived importance of COPD self-care (1 = not	66.3 (10.6)	USA	research institute	female 43.0%	65	Voluntar y sample	70%	



				important, 5 = extremely important)								
Egan 2012	Utility	EQ-5D	Trial, non- randomized or non-controlled	EQ-5D	UNCLEAR	Ireland, the Netherland s	secondary	UNCLEAR	47	Consecut ive	72%	
Eskander 2011	Utility	EQ-5D, VAS, Standard gamble	Cohort study	EQ-5D, Computer program or Software	BODE 0-4: 58 (7) BODE 5-6: 57 (8) BODE 7-10: 57 (8)	Canada	utpatients at the Toronto General Hospitla and St. Michael's Hospital in Toronto	male/femal e: n, percentage BODE 0-4: 7/2 78%/22% BODE 5-6: 24/34 42%/58% BODE 7-10: 28/32 47%/53%	112	Consecut ive	93.3%	Governmen tal, Private not for profit/ Canadian Institutes of Health Research, Physicians of Ontario through the PSI Foundation , Canadian

												Lung Transplant Study Group, University of Toronto–Comprehensive Research Experience for Medical Students (CREMS) and the Nelson Arthur Hyland Foundation
Ferreira 2014	Utility	EQ-5D, and SF-6D	Cross-sectional survey	EQ-5D, SF-12/SF-36	68.6 (9.5)	Portugal	secondary	Female 2.8%	72	Consecutive	Unclear	
Fishwick 2014	Utility	EQ-5D	Cross-sectional survey	EQ-5D	69.4 (8.2)	UK	primary, comunit	male 92 (62.2)	148	Random	Unclear	

							care					
Fletcher 2011	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	45-54: 1029 [42]; 55-64: 971 [40]; 65-67: 426 [18]	Brazil, China, Germany, Turkey, US, UK	community	male 49%	2426	Random	80% of those eligible and willing to take part	
Fox 1999	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer	unclear	USA	hospitalized	unclear	1016	Consecutive	89% (11% died)	Robert Wood Johnson Foundation
Fried 2002	Direct choice	Probability trade off	Cross-sectional survey	Narrative explained by interviewer, Pictorial descriptions of risk (pictogram)	72.2±7.0	USA	inpatients and outpatients	male 49%	81	Consecutive	82% participation rate	
Fried 2007	Direct choice	Probability trade off	Repeated surveys	Narrative explained by	UNCLEAR for COPD	USA	hospitalized	UNCLEAR for COPD	64	Consecutive	81% complete three	grants from the Department

				interviewer , Pictorial description s of risk (pictogram)						or more interview s, and 65% complete d four or more	t of Veterans Affairs Health Services Research and Developme nt Service, from the National Institute on Aging (NIA), from the Claude D. Pepper Older Americans Independe nce Center at Yale and a Paul
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												Beeson Physician Faculty Scholars Award, from the National Institute of Arthritis and Musculoskeletal and Skin Diseases.
Gaber 2004	Direct choice	Forced choice: treatment	Repeated surveys	Narrative explained by interviewer	Mean (range) 74.1 (48-92)	UK	outpatients	41/59	100	Unclear	Unclear	
Galaznik 2013	Utility	SF-6D	Cross-sectional survey	SF-12/SF-36	Current smokers (n = 1685) 57.18 (9.66)	USA	self-report of a physician diagnosis of	Current smokers (n = 1685): 689/996	5189	Random	unclear	Pfizer, Inc

					Quit 0–5 years (n = 923) 61.74 (9.88) Quit 6–10 years (n = 649) 64.19 (9.21) Quit >11 years (n = 1932) 66.71 (9.30)		COPD in a random population of adults in USA	(40.9%/59.1%) Quit 0–5 years (n = 923): 458/465 (49.6%/50.4%) Quit 6–10 years (n = 649): 332/317 (51.2%/48.8%) Quit >11 years (n = 1932): 996/936 (51.6%/48.4%)				
García-Polo 2012	Utility	EQ-5D, VAS	cross-sectional survey	Narrative explained	Mean (SD) 66.9 (8.7)	Spain	Unclear	107/8	115	Consecutive	unclear for	

				by interviewer , EQ-5D							response rate, for follow up 83.9%, 137 patients were recruited and 115 completed the necessary data to be included in the study	
Gillespie 2013	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Unclear	Ireland	general practices	unclear	350	Unclear	Unclear	Governmental and Private for Profit/ This

												project was funded by the Health Research Board of Ireland (grant number NMRPS/07/01) and by an unconditional educational grant from Pfizer.
Goossens 2011	Utility	EQ-5D, VAS	Cohort study	EQ-5D	Mean age 61.1 (10.4)	USA	outpatients	67.8%/32.2%, 40/19	59 (65 in total)	Unclear	unclear how many participants sought,	Governmental/Netherlands Organisation for Health Research



											65 enrolled and 59 followed. 90.8%	and Development
Goossens 2014	Direct choice	Willingness to pay, Conjoint analysis/Discrete choice analysis	Cross-sectional survey	Other: Discrete choice experiment questionnaire	Mean 68.1	Netherlands	inpatient (hospitalization as usual vs early discharge)	66/41 62%/38%	107	Other: Trial based	77.0% 107 of 139	Governmental/ Netherlands Organisation for Health Research and Development
Guyatt 1999	Utility	Standard gamble, QWB	Randomized controlled trial	Decision board, Quality of Well-Being	Mean (SD) 66 (7)	Canada	rehabilitation or conventional community care	44/45 49.4%/50.6%	89	Consecutive	70.6% (89/126); and for the follow up, 87.6%	Governmental and Private not for profit/ West Park Hospital Foundation

											finished the follow up (78/89)	, Ontario Ministry of Health grant 02196, and the Respiratory Health Network of Centres of Excellence
Gvozdenovic 2007	Utility	15D	Cross-sectional survey	Narrative explained by interviewer	Mean (SD) 58 (12)	Serbia	outpatient s	46/39	85	Unclear	Unclear	
Hanada 2015	Direct choice	Forced choice: treatment	Repeated surveys	no description	First survey: 73.6 (7.1) range: 53-87 Second survey: 73.1 (7.3)	Japan	Department of Respiratory Medicine and Allergology at Nara	First survey: 52/5, 91.2%/8.8 % Second survey:	First survey: 57 Second survey: 39	Unclear	Unclear	Private/ Department of Respiratory Medicine and Allergology,

							Hospital, Kinki University Faculty of Medicine, Ikoma, Japan between August 2010 and May 2011	37/2, 94.9%/5.1 %				Nara Hospital, Kinki University Faculty of Medicine
Hansen 1990	Direct choice	Forced choice: treatment	Randomized controlled trial	no description	Mean (range) 66 (45-83)	Denmark	outpatients	24/24	48	Random	Unclear	
Hansen 1994	Utility, Direct choice	VAS, Forced choice: inhaler	Trial, non- randomized or non-controlled	no description	Mean (range) 66 (54-81)	Denmark	outpatients		25	Random	Unclear	
Haughney 2005	Direct choice	Conjoint analysis/Dis crete	Cross-sectional survey (A fractional	Booklet/car d	66	France, Germany, Spain,	outpatients	82/43	125	Consecut ive	Unclear	

		choice analysis	factorial design)			Sweden and the UK						
Harper 1997	Utility	VAS	Cross-sectional survey	EQ-5D	Mean (SD) 67 (10,4)	UK	outpatients	76/80	156	Unclear	74.4%, First follow-up 128 patients	
Hernández 2013	Uncategorized survey	Impact of shortness of breath	Cross-sectional survey	Narrative explained by interviewer, Booklet/card	Mean 68,7	Canada	outpatients	491/440	931	Consecutive	Unclear	
Heyworth 2009	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Age unclear exclusively for COPD	UK	outpatients	Unclear exclusively for COPD	280	Unclear	46.9%	
Hoogendoorn 2010	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD) Intercom 66 (9); Usual care 67 (9)	Netherlands	outpatient	Intercom 30/72, 29%, 71%; Control 28/69	199	Unclear	Unclear, of the 199 participants, 158	Governmental and Private for profit/ the Netherlands

								29%/71%			completed the 2-yr study period. 79%	s Asthma Foundation (NAF; 3.4.01.63; Leusden, the Netherlands), the “Stichting Astma Bestrijding” (SAB; Amsterdam, the Netherlands), Nutricia Netherlands and Pfizer and Partners in Care Solutions
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												(PICASSO) for COPD (Capelle aan den IJssel, the Netherland s)
Hwang 2011	Direct choice	Forced choice: treatment	Cross-sectional survey	no description	Age group: Percentage 40~49: 2.3% 50~59: 13.3% 60~69: 35.3% 70~79: 40.0% ≥80: 9.0%	Korean	university- affiliated hospital	256/44 85.3%/14.7 %	300	Unclear	unclear	
Janssen 2011	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Mean (SD) 66.3 (9.2)	Neitherland	outpatient	65/40, 61.9%/38.1 %	105	Unclear	62.9%	Governmental/ Proteion Thuis, Horn, The Netherland s; CIRO+, Horn, The

												Netherlands; Grants 3.4.06.082 of the Netherlands Asthma Foundation, Leusden, The Netherlands; Stichting Wetenschappelijke Verpleeghuiszorg (SWBV), Utrecht, The Netherlands.
Janssen	Direct	Probability	Cross-sectional	Other:						Unclear	62.9%	

2011b	choice	trade off	survey	questionnaire with description of scenarios								
Janssen 2011c	Direct choice	Forced choice: treatment	Cross-sectional survey	no description	Dutch patients: 66.7 (9.3) US patients: 68.7 (10.0)	Dutch, US	outpatient	Dutch patients: 75/47, 61.5%/38.5 % US patients: 360/31 92.1%/7.9 %	Dutch patients: 122 US patients: 391	Consecutive and other	unclear	This project was part of an international research fellowship supported by CIRO+ (Centre of Expertise for Chronic Organ Failure, Horn, the Netherlands). The original







												and the American Lung Association . J.R. Curtis was funded by a K24 Award from the National Heart, Lung, and Blood Institute (grant K24 HL068593).
Janssen 2014	Utility	EQ-5D	Cohort study (baseline information of a cohort)	EQ-5D	66.3 (9.2)	Dutch	outpatient	65/40 61.9%/38.1%	105	convenience sample	62.9%	Proteion Thuis, Horn, The Netherlands; CIRO+, Center of



												Netherlands; and Stichting Wetenschappelijke Verpleeghuiszorg (SWBV), Utrecht, The Netherlands.
Jarvis 2007	Direct choice	Forced choice: inhaler	Cross-sectional survey	Narrative explained by interviewer	Mean (range) 73,5 (65-89)	UK	outpatients	36/17	53	Random	Unclear	
Jordan 2014	Direct choice	Forced choice: Preferences of Information	Cross-sectional survey	Other: questionnaires on patient preference	Mean (SD) 60 (1.16)	Argentina	outpatient	19/25 43.2%/56.8 %	44	Random	unclear	

		n		regarding information desired from their doctors								
Katajisto 2012	Utility	15D	Cross-sectional survey (cross-sectional study in a cohort)	Other: 15 D questionnaire	Mean 63.4 (7.0)	Finland	both inpatient and outpatient	419/280 60%/40%	719	Other: Cohort based sampling (all cohort participants)	87% (719/827)	
Katula 2004	Uncategorized survey	physical function and perceived importance items	Randomized controlled trial	Other: questionnaire	Mean/95% CI short term group 66.9(65.5-68.3), long-term group 68.4 (67.0-69.8)	USA	outpatient	short term group: 39/31, 55.7%, 44.3%; long term group: 39/31, 55.7/44.3%	142	Consecutive	84.3% 118/142 completed the study	

Kawata 2014	Direct choice,	Willingness to pay, Conjoint analysis/Dis crete choice analysis	Cross-sectional survey	decision aid on the Discrete Choice Experiment Questionna ires	Mean (SD) 62.3 (9.99); Range 40-88		Unclear/ reached through emails to patients diagnosed with COPD	230/285 44.66% 55.34%	515	Other: voluntary online survey	57% responde s (n=2930); 24% eligible; while the majority of these 74% (n=515, 74%) complete d the survey
Kessler 2006	Uncatego rized survey	Impact of exacerbatio n	Cross-sectional survey	Narrative explained by interviewer	Mean (SD) 664, (8,5)	France, Germany, Spain, Sweden and UK (Europe)	outpatients	82/43	125	Consecut ive	Unclear
Khdour	Utility	EQ-5D	Randomized	EQ-5D	Mean (SD)	UK	outpatient	Education	127: 64	Consecut	73.4%

2011			controlled trial		education self-management 66.2 (9.8); usual care 66.6 (9.1)			self-management group 27/37 42.2%/57.8%; Usual care group 28/35, 45%/55%	in education self-management group, 63 in usual care group	ive	(127/173)	
					Mean (SD) 68.5 (9.1); Number (proportion): less than 60, 25 (12.5%); 60-69, 74 (37.0%); 70-79, 85 (42.5%), 80 and more, 16 (8%)							
Kim 2014	Utility	EQ-5D,VAS	Cross-sectional survey	EQ-5D		Korea	outpatient	183/17 (91.5% / 8.5%)	200	Consecutive	Unclear	
Kontodimo	Utility	EQ-5D, SF-	Cross-sectional	EQ-5D, SF-	unclear	Greece	Outpatients		29	Consecutive	90.1%	Unclear



poulos 2012		6D, 15 D	survey	6D and SF-15D						ive	(319 out of 354)	
Koskela 2014 a and Koskela 2014b	Utility	15D	Cohort study	15D	Mean (SD): 64 (7)	Finland	All patients with COPD	473/266 (64%/36%)	739	Other: consecutive	27%	
Kotz 2009	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD): 53.7 (7.0) in the experimental group and 54.9 (8.0) in the control group	Dutch and Belgian Limburg	primary care	71/45 (61.2%/38.8%) in the experimental group and 74/38 (66.1%/33.9%) in the control group	228	Consecutive	unclear	University/ Education: University Maastricht (UM), CAPHRI Research Institute (The Netherlands)
Kruis 2013	Utility	EQ-5D, VAS	Randomized controlled trial	EQ-5D	68.3 (11.2)	Netherlands	general practices	585/501 (53.9%/46.1%)	1086	Consecutive	unclear	Governmental and Private for profit/ Netherlands

												s Organisatio n for Health Research and Developme nt (Zon- MW), subprogra m Effects & Costs (project number 171002203 ), and Stichting Achmea, a Dutch Healthcare insurance company
Kuyucu	Uncatego	Expectation	Cross-sectional	No	(mean (SD)	Turkey	Secondary	91% male;	514	Unclear	UNCLEAR	Astra-

2011	rized survey	of treatment	survey	description	(range): 64.1 (9.5) (41-92)		and tertiary care centres; primary physician offices	9% female				Zeneca Turkey
Lemmens 2008	Utility	VAS	Cross-sectional survey	EQ-5D	Mean (SD) 63 (11)	Neitherland	general practice/ home care	156/122 56%/44%	278	Unclear	74%	Private for profit and Private not for profit /an unrestricte d grant from PICASSO for COPD, an initiative of Pfizer B.V. and Boehringer Ingelheim B.V. in

												cooperation with research institute Caphri (Care and Public Health Research Institute) of Maastricht University
Lemmens 2010	Utility	VAS	Trial, non-randomized or non-controlled	EQ-5D	Mean (SD) 66 (11)	Neitherland	general practice/home care	122/67 65%/35%	189	Unclear	73% (189 of 259) consented to participate, 79.4% 150/189	Private for profit and Private not for profit /an unrestricted grant from PICASSO for COPD,

												an initiative of Pfizer B.V. and Boehringer Ingelheim B.V. in cooperation with research institute Caphri (Care and Public Health Research Institute) of Maastricht University
Lewis 2010	Utility	EQ-5D	Randomized controlled trial	EQ-5D	median interquartile range telemonitorin	UK	outpatient	in both group: 10/10 50%/50%	40	Consecutive	51.9% 40/77	Governmental/ EU grant (C046225)

					g group 70 (61, 73); control 73 (63, 79)							
Lin 2014	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Mean (SD) Total sample 68.5 (10.4);	USA (seven sites)	Unclear	387/283 57.8%/42.2 %	670	Random	36%	Governmental/National Heart, Lung, and Blood Institute (NHLBI RC2 HL101618).
Lynn 2000	Direct choice	Forced choice: treatment	Cohort study	no description	Median (25th, 75th percentile) Died during index hospitalization (n=116) 73 (68, 80) Died after index	USA	Hospitalization for exacerbation of COPD at five US teaching hospitals	Died during index hospitalization (n=116) 64/52, 55%/45% Died after index hospitalization (n=300)	416 died among 1016 enrolled	Other: cohort based	unclear	SUPPORT was made possible by grants from the Robert Wood Johnson Foundation . Dr. Claessens

					hospitalization (n=300) 72 (66, 79) Alive at 1 year (n=600) 69 (61, 76)			150/150, 50%/50% Alive at 1 year (n=600) 309/291, 52%/48%				was supported by a Veterans Administration Ambulatory Care Fellowship, White River Junction, Vermont, and a Fellowship in Palliative Medicine, Ottawa, Ontario.
Mahler 2014	Direct choice	Forced choice: treatment	Randomized controlled trial	no description	71.6 (7.4)	UK	unclear	5/15 25%/75%	20	Unclear	unclear	Boehringer Ingelheim, GlaxoSmith Kline,

												Novartis, and Sunovion
Martínez 2012	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer , Booklet/car d	Males Mean (SD) at time of survey 73,1 (8,3)	USA	outpatients	273/295	568	Random	7.2%	
Menn 2010	Utility	EQ-5D, and SF-6D	Cross-sectional survey	Narrative explained by interviewer , EQ-5D, SF- 12/SF-36	Stage III Mean (SD) 67 (8) Stage IV: 68 (8)	Germany	Hospitalize d	Stage III :59%/41 % Unclear	117	Unclear	Unclear	
Miller 1999	Utility	HUI	Cross-sectional survey	HUI	Mean (SD): 62.8 (7.5)	Canada	university- affiliated hospital	M/F: 17/7	24	Consecut ive	unclear	Governmen tal and Private for profit: Ontario Thoracic



												Society, Toronto, Onatrio, Autosuture Company Canada, St Laurent, Quebec and Bio- Vascular Inc. St Paul, Minnesota
Milne 2014	Utility	EQ-5D, Mapping	Randomized controlled trial	Narrative explained by interviewer , Health state utility	Unclear	New Zealand	Unclear	Unclear	87	Random	Unclear	
Miravittles 2007	Uncatego rized survey	Ideal characterist ics of a COPD	Cross-sectional survey	Narrative explained by interviewer	%Patients age >51= 51%	Germany, France, Italy, Spain and UK and	Outpatients	39%/61%	1100	Random	Unclear	

		therapy		, Computer program or Software, Audiobooklet		USA						
Miravittles 2011a	Utility	EQ-5D, VAS	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	Mean (SD) 68,5 (9,5)	Spain	Ambulatory patients	90,7%/9,3 %	346	Consecutive	81.4%	
Miravittles 2009	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Mean (SD) 69 (10)	Spain	General practice	715/112 86.5%/13.5 %	827	Other (randomly selected GPs. Participants were requested to include the first five	68% (248 in 360 GPs)	Unclear

										consecutive unselected COPD patients)		
Miravittles 2011b	Utility	EQ-5D, VAS	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	Mean (SD) 67,06 (10,04)	Spain	Ambulatory	3802(83,79%)/772(16.3%)	4574	Random	93.5%	
Miravittles 2014a	Utility	EQ-5D, VAS	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	Mean (SD) 68,3 (9,3)	Spain	Ambulatory	713(83%)/133(17%)	836	Unclear	68.1%	
Miravittles 2014b	Utility	EQ-5D, VAS	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	Mean (SD) 67,9 (9,7)	Spain	Outpatient	296(85,5%)/50(14,5%)	346	Consecutive	81.4%	
Mittmann 1999	Utility	HUI	Cross-sectional survey	HUI	age group, number and	Canada	community	8058/9568 457.7%/54.	17626	Random	83%	Governmental/

				frequency: 12 to 19: 1847, 10.5% 20 to 29: 2982, 16.9% 30 to 39: 3704, 21.0% 40 to 49: 2891, 16.4% 50 to 59: 2116, 12.0% 60 to 69: 1904, 10.8% 70 to 79: 1547, 8.8% 80: 635, 3.6%		3%				Statistics Canada.
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Mittmann 2001	Utility	HUI	Cross-sectional survey	HUI	unclear	Canada	community		274	Random	The longitudinal response rate for cycle 2 was 93.6%. For cross-sectional purposes, the response rate for the health component was 93.1% for the longitudinal	Governmental/ Statistics Canada.
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											respondents and 75.8% for the RDD portion among respondents aged 12 or older, for an overall response rate of 79.0%.	
Mo 2004	Utility	HUI	Cross-sectional survey	HUI	unclear	Canada	Community	653/722 47.5%/52.5%	1375	Random	80% (20% non-response, but not only for COPD )	Unclear

Molimard 2005	Direct choice	Conjoint analysis/Dis crete choice analysis	Cross-sectional survey	Computer program or Software, Sawtooth Software's adaptive choice based conjoint analysis and choice- based conjoint analysis product	Mean 60.7	US, UK, Germany, France	Unclear	Unclear	245	Unclear	unclear	Private for profit/ Novartis Pharma
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Moore 2004	Direct choice	Forced choice: inhaler	Cross-sectional survey	questionnaire	Mean: German 58, Dutch 61	Germany and Netherlands	Outpatients	120/136 46.9%/53.1 %	256	Unclear	Unclear	
Mutterlein 1990	Direct choice	Forced choice: device	Cross-over study	questionnaire	Unclear	Germany	Ambulatory patients	Unclear	60	Unclear	unclear	Unclear
Nabera 2012	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D, EQ- 5D VAS	Mean (SD) 67.1 (10)	Spain	unclear	3792/740; 83.3%/16.7 %	4552	Consecutive	4891 were recruited , 317 (6.5%) were excluded because they met one or more exclusion criteria	
Nilsson	Utility	VAS	Repeated	EQ-5D, SF-	Age >65 56%,	Sweden	outpatients	women	70 before	Unclear	70	



2007			surveys	12/SF-36	no mean was reported			54%/ men 46%	/60 after measure ments in project; 61 before/ 51 after measure ments in study		patients included in the study with COPD, 60 patient that fulfilled question naires before and after the intervent ions	
Nishimura 2008	Utility	QWB	Cross-sectional survey	Narrative explained by interviewer	Mean age 70±6 years	Japan	unclear	100% male	161	Unclear	unclear	
Norris 2005	Direct choice	Forced choice:	Cross-sectional survey	questionnai re	Mean (SD) 67.2 (9.5)	US	outpatient	81/30 73.0%/27.0	111	Consecut ive	76%	Private not for profit

		treatment						%				and Governmen tal/ Clinical Research Trainee Award in Critical Care from the CHEST Foundation /K24 Award from the National Heart Lung and Blood Institute (K24 HL68593)
Nyman 2007	Utility	Time trade off	Cross-sectional survey	unclear	unclear	USA	study on population of USA	unclear	39751 (597 diagnose d with	Unclear	unclear	University grant

									emphysema)			
Ohno 2014	Direct choice	Forced choice: treatment	Trial, non-randomized or non-controlled	Narrative explained by interviewer	75,7±7,0	Japan	outpatients	male/female = 26/2	28	Unclear	29 included/28 completed follow up	
Ojoo 2002	Direct choice	Forced choice: treatment	Randomized controlled trial	no description	Mean 70.1 in conventional arm and 69.7 in domiciliary arm	UK	inpatient at the beginning, either hospital or at home after	31/29 51.6%/48.4% in total; 15/15 50%/50% in conventional arm and 16/15 53.3%/47.7% in the domiciliary arm	61	Other (Recruitment into the study was carried out from Monday to Thursday .)	51.2% 88.5% (54/61, six patients failed to complete the trial, one patient did not provide preference	Governmental and unclear/ Part of the funding of this study was obtained from East Yorkshire Hospitals NHS Trust.

											informati on)	
Oliver 1997	Direct choice	Ranking: treatment	Cross-over study	unclear	unclear	UK	unclear	Unclear	20	unclear	Unclear	unclear
Olszanecka- Glinianowicz 2014	Uncatego rized survey	Brief Illness Perception Questionna ire	Cross-sectional survey	No description	Mean (SD) 60.0 (13.5)	Poland	general practice	1491/1111 57.3%/42.7 %	2602	Consecut ive	Unclear	Unclear
Osman 2008	Utility	VAS	Cross-sectional survey	EQ-5D	69 (SD - 8,2)	UK	patients living in home	Male 67 (45%), female (55%)	206	Unclear	47.5% 534 invited, 148 after initial survey	Funded by Eaga Partnership Charitable Trust
O'Reilly 2007	Utility	EQ-5D, VAS	Repeated surveys	Narrative explained by interviewer , EQ-5D	69,89 (SD=8,59)	UK	hospitalize d patients	Female 81 (54%), male (46%)	149	Consecut ive	69% follow up sample n=39	

Pallin 2012	Direct choice	Willingness to pay, Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer	64,4 ±6,7	Ireland	outpatient, or hospitalized on the day of discharge	male 26 (46,4%), female (53,6%)	146 patient approached/ 142 completed survey	Consecutive	97%	
Patridge 2011	Uncategorized survey	perception of disease severity	Cross-sectional survey	No description	Mean (SD) 62.4 (8.6)	UK, Germany, France, Italy and Spain	Unclear	406/313 56.5%/43.5 %	719	Random	Exact data on response rates following random selection (from	Private not for profit/ Chiesi Foundation

												among the asthma and COPD patients listed in each country as part of the pre- recruited panel of 1,835,00 0 individual s) and invitation to participat e are unavailab	
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											le... Approximately 50%	
Paterson 2000	Utility	EQ-5D, VAS	Repeated surveys	Narrative explained by interviewer , EQ-5D	61	Scotland, UK	outpatients	male/female - 37(46%)/43 (53%)	81	Consecutive	83.9%	Funding by Glaxo Wellcome Research and Development
Persson 2005	Uncategorized survey	Importance of life values	Cohort study	Narrative explained by interviewer	64,7 (min- max – 54-71)	Sweden	hospitalized and outpatients	Male 43 (63%)/ Female 22 (37%)	65	Consecutive	46 (29% drop out rate)	Financially supported by the Medical Faculty, University of Goteborg
Peters 2014a	Utility	EQ-5D, VAS	Repeated surveys	EQ-5D	unclear	UK	outpatients	unclear	279 (responses)	Unclear	38.4%	Funded by the

									rate 49,2%).			Departmen t of Health (England)
Pickard 2011	Utility	EQ-5D, VAS	Cross-sectional survey	Narrative explained by interviewer , EQ-5D	71,2 (SD - 10,3)	UK	outpatients and hospitalize d patients	Male - 118 (98,3)/ Female 2 (1,7%)	120	Unclear	Unclear	
Pisa 2013	Direct choice	Conjoint analysis/Dis crete choice analysis	Cross-sectional survey	Narrative explained by interviewer	years: 1. 40- 50 - 32%; 2. 51-60 - 43%; 3. 61-70 - 25%; Agerage age - 55,3 years	Germany	unclear	Male/ female: 63%/37%	300	Unclear	Unclear	funded by Novartis Pharma GmbH



Polati 2012	Uncategorized survey	Expectation of treatment	Cross-sectional survey	Narrative explained by interviewer	63,3 (SD - 9,3)	Turkey	outpatients	male/ female - 89,9%/10,1 %	497	Unclear	Unclear	Funded by AstraZeneca Turkey
Price 2013a	Utility	EQ-5D	Cross-sectional	EQ-5D	65.7 (10.5)	France, Germany, Italy, Spain, UK	outpatients	Male/ female - 69,9%/ 30,1%	2807	consecutive	unclear	

Price 2013b	Direct choice	Forced choice: treatment	Cohort study	no description	Mean (SD) 70.4 (9.8)	UK (England or Scotland)	general practice	1058/980 54.2%/45.8%	2138	Other: based on a database	42%	Private for profit
Puhan 2004	Utility	VAS	Cross-sectional survey	Narrative explained by interviewer	69,0 (7,2)	Switzerland, Germany, Austria		Male/ Female - 43 (65,5%)/18 (34,5%)	80	Consecutive	76.25%	
Puhan 2007	Utility	Standard gamble, VAS, HUI	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	69,0 (8,7)	Canada, USA	hospitalized	males/ females - 59%/41%	281	Unclear	177	
Punekar 2007	Utility	EQ-5D	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	66 (SE 0,29)	USA, France, Germany, Italy, Spain, UK	outpatients	Male/ female - 66/ 34%	1381	Random	>75%	

Reinke 2011	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer , In-person contact with someone who has experience d the health event	69,4 (sd=10,0)	USA	outpatient	male/female – 96,8%(333) /3,2%	376	Consecut ive	29.2%	
Reinke 2013	Uncatego rized survey	Forced choice: treatment	Cross-sectional survey	No description	Mean (SD) 69.4 (10.0)	USA	Unclear	97%/3%	376	Other: Trial based sample	29.2%	
Ringbaek 2008	Utility	EQ-5D, VAS	Repeated surveys	Narrative explained by interviewer , EQ-5D	69,1 (8,1)	Denmark	unclear	male/ female – 31,9%/68,1 %	229	Unclear	95.1%	

Rinnenburger 2012	Direct choice	Preferences of decision making mode	Repeated surveys	Narrative explained by interviewer	unclear	Italy	hospitalized	unclear	84 (what was the 84% of whole population with other illnesses)		unclear	
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Rocker 2008	Uncategorized survey	Questionnaire with 28 elements that addressed importance of five domains	Cross-sectional survey	HUI, questionnaire	Mean (SD) 73.27 (7.84)	Canada	tertiary referral teaching hospitals	62/54/2 missing, 52.5%/45.8 %/1.7%	118	Unclear	Unclear	Governmental/the National Health Research and Development Program of Canada.
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Rocker 2013	Uncategorized survey	Reasons to continue (or not) with opioids	Cohort study	no description	74 (51-89 YEARS)	Canada	unclear	Male/female – 19 (42%) / 26 (58%)	55 enrolled / 32 finished the study	Unclear	85.5% 45 patients, 31 finished study	This study was funded by the Canadian Institutes of Health Research
Rodriguez Gonzalez-Moro 2009	Utility, Uncategorized survey	VAS, importance of family habits changes because of COPD	Cross-sectional survey	Narrative explained by interviewer, EQ-5D	67,8 (67,3-68,3)	Spain	outpatient	Male/female – 88%/12%	1596	Unclear	Unclear	
Rutten van Molken 2006	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	64,5 (8,4)	USA, Czech Republic, Spain, Denmark, Germany,	Male/female – 902 (73%) / 333 (27%)		1235	Consecutive	Unclear	

						Poland, the Netherlands, Italy, France, Hungary, Russia, Belgium, Australia						
Rutten van Molken 2009	Utility	VAS, Time trade off	Cross-over study	Narrative explained by interviewer	45 (16)	The Netherlands	Male/ Female – 48%/52%		239	Unclear	84%	Financial support for this study was provided by Boehringer Ingelheim International and Pfizer Global Pharmaceuticals
Sassi-	Utility	QWB	Randomized	Other:Healt	(mean (SD))	United	Community	Total:	Initial: 98	Voluntar	Unclear	grant

Dambron 1995			controlled trial	h-Related Quality of Well-Being Scale	1. Treatment: 67.5 (8.0) 2. Control: 67.3 (8.0)	States	; primary (communit y physicians and clinics)	49M/40F 1. Treatment: 26M/20F 2. Control: 23M/20F	subjects (47 treatmen t, 51 control). After dropout: 89 (46 treatmen t; 43 control)	y sample	for response rate. Drop- out: 98 subjects randomiz ed; 9 drop- outs; final = 89 subjects (90.82%). Of the 98 subjects randomly assigned to treatmen t (n= 47)and control(n	2RT0268 from the University of California Tobacco Related Disease Research Program and grant R01 HL34732 from the National Heart, Lung & Blood Institute.
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											ontrol= 4),and lack ofi nterest (control= 3).	
Scharf 2011	Utility	HUI	Cross-sectional survey	Narrative explained by interviewer	65,9 (11,7)	Israel	hospitalize d	male/femal e - 140 (77,8%)/ 40 (22,2%)	180	Unclear	90%	The study was funded by a grant from the Dean's office, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beersheba, Israel
Schuneman	Utility	Standard	Randomized	HUI, other:	66 (7) With	Canada	rehabilitati	46/38	84	Consecut	84/130=6	Governmen

n 2003		gamble, VAS	controlled trial	marker states	marker states 66.8 (7.6); without marker states 64.7 (7.5)		on or conventional community care	54.8%/45.2%		ive	4.6%	tal/ Medical Research Council of Canada
Schuneman n 2007	Utility	Standard gamble, VAS	Cross-sectional survey	HUI, other: clinical marker states	68.2 (8.1)	Canada, the US	respiratory rehabilitation programs at four centers in Canada and the United States	54/37 (59.3%/40.7%)	91	Consecutive	Unclear	Private for profit/ an unrestricted grant from AstraZeneca, Inc.
Seymour 2010	Utility	VAS	Randomized controlled trial	EQ-5D	UC group 65 (10); PEPR 67 (10)	UK	Hospitalization patients and 3-month follow up	UC group: 14/16 46.7%/53.3%; PEPR group: 13/17 43.3%/56.7%	60	Unclear	unclear; 60 of 61 randomized	Governmental/ JMS was funded by a British Lung Foundation Project Grant

												(P04/8). CJJ was funded by the Medical Research Council UK. JSS was funded by the European Respiratory Society. WDCM was funded by the Medical Research Council UK and the National Institute for Health.
Sharafkhan	Uncatego	Primary	Cross-sectional	no	Age group:	USA	COPD	140/260	400	Random	10.4%	Private for

eh 2013	rized survey	disadvantages of nebulization therapy	survey	description	n(%) 18-24: 4 (1) 25-34: 5 (1) 35-44: 23 (6) 45-64: 168 (42) ≥65: 200 (50)	households compiled from a variety of sources (i.e., direct outreach, magazine, and publication subscriptions)	(35%/65%)		(800 of 7691)	profit/ Mylan Specialty L.P.
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Siler 2014	Direct choice	Patient's expectation of treatment adherence	Randomized controlled trial	no description	Overall: 61.5 (8.68) Indacaterol/placebo: 62.2 (10.29) Placebo/indacaterol: 60.8 (6.90)	USA	unclear	Overall: 27/13 68%/32% Indacaterol/placebo: 11/9 55%/45% Placebo/indacaterol: 16/4 80%/20%	40	Unclear	unclear	Private for profit
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Simon 2013	Uncategorized survey	A 5-point scale, on behaviour and own efforts that the patient is willing to mobilize in order to achieve greater health)	Cross-sectional survey	no description	Age group: number (%) -40 years: 4 (2.7%) 41-60 years: 71 (48.3%) 61- years: 72 (49.0%)	Hungary	six out of the seven pulmonary centers of Hungary	74/73 50.3%/49.7%	147	convenience sample	unclear	Unclear/ The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.
Solem 2013	Utility	EQ-5D	Cross-sectional survey	EQ-5D	68.0 (9.6), severe COPD:	US	Practice of pulmonology	161/153 (51.3%)/	314	Random	unclear	Private not for profit/

					67.4 (9.8), very severe COPD: 68.8 (9.2)		gist and primary care physicians: A stratified random quota sample of 100 physicians (with a target of equal representat ion by pulmonolo gists and primary care physicians drawn in equal	48.7%) severe COPD: 94/96 (49.5%/50. 5%) very severe COPD: 67/57 (54.0%/46. 0%)				Forest Research Institute
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							proportions from the four major census regions of the United States)					
Spencer 2013	Uncategorized survey	importance of exercise and support, and the importance of seeing the same person each time	Randomized controlled trial	no description	IG: 65 (8); CG: 66 (8)	Australia	Outpatients	IG: 9/10; CG: 10/7	48	Unclear	36/48	Unclear
Stahl 2005	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Mean (range): 64.3 (28-80)	Sweden	subjects with COPD from the general population	98/70 58.3%/41.7%	168	Unclear	unclear	Private for profit (Astra Zeneca)

							in Northern Sweden					
Stapleton 2005	Direct choice	Forced choice: treatment	Cross-sectional survey	Booklet/card	Median (interquartile range): 67.4 (59.4–74.3)	USA	End of life care/ ambulatory pulmonary clinics in three hospitals (university, county, and Veterans Affairs Medical Center) and through an oxygen delivery company	78/23	101	Consecutive	34.2% (101/295)	
Starkie 2011	Utility	EQ-5D, mapping	Cross-sectional survey	EQ-5D	Mean (SD) 64.7 (8.4)	444 centers in 42 countries	Unclear	2586/1054 (71%/29%)	3640	Unclear	Unclear for the response	

											rate, and for the response rate of the EQ-5D from TORCH trial: 59.6% (3640/6112)	
Stavem 1999	Utility	Standard gamble, Time trade off, 15D	Cross-sectional survey	Narrative explained by interviewer	Mean (SD) 57 (9.1)	Norway	outpatients	34/25	59	Consecutive	76.6% (59 in 77)	
Stavem 2002a	Utility	Time trade off	Cross-sectional survey	Decision board	Mean (SD) 57 (10)	Norway	outpatients , identified the Central Hospital of Akershus,	34/25 57.6%/42.4 %	59	Consecutive	29.8% (59/198)	Unclear

							Norway					
Stavem 2002b	Utility, Direct choice	Time trade off, Standard gamble, VAS, 15 D, willingness to pay	Cross-sectional survey	EQ-5D, a script and a payment card with a range of 13 amounts						Consecutive		Unclear
Stein 2009	Utility	Standard gamble	Cross-sectional survey	Booklet/card (The COPD vignettes were based on the Chronic	Mean (SD) 48.2(13.3)	UK	General population	54/58 48.2%/51.2 %	112	Random	2.1% (Overall, 5,320 people were contacted	Governmental/ NHS R&D Programme ; National Institute for Health and

				Respiratory Disease Questionnaire (CRDQ), as used in a trial of community-based pulmonary rehabilitation)						through the electoral roll. Only 1215 (23%) of those approached responded to the initial invitation letter. Of this group, 286 (23.6%) expressed willingness to	Clinical Excellence (NICE); NHS Quality Improvement Scotland (NHSQIS)
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											participate in the project and 112 (39% of those who agreed) attended a training session. Only people who attended a training session were considered part of the panel.
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											Thus, the net final recruitment was 2.1% of those initially approached.)	
Steuten 2006	Utility	VAS	Trial, non-randomized or non-controlled	EQ-5D	mean (SD) 61 (14)	Netherlands	university hospital and 16 general practices	56/44%	317 (1062 in total)	Consecutive	Unclear 685/1062 (317 are COPD)	Unclear
Sutherland 2009	Direct choice	Forced choice: device	Randomized controlled trial	Narrative explained by interviewer	Mean (SD) 62 (10)	USA	outpatients	49/50 50%/50%	99/ 109	Unclear	73.2% (109 of 149) enrolled; 85.3% (93 of 109) followed	Private for profit/ Dey LP

Svedsater 2013	Direct choice	Forced choice: inhaler	Cross-sectional survey	Narrative explained by interviewer	Mean: 61	USA	Unclear	Unclear	42	Other: Trial based	unclear	Private for profit/ GlaxoSmith Kline
Szende 2009	Utility	EQ-5D, SF-6D	Cross-sectional survey	EQ-5D, SF-12/SF-36	Mean (SD) 64 (12.3)	Sweden	Unclear	74/102 (42%/58%)	176	Other: based on two cross-sectional surveys	unclear	Unclear
Tabak 2014	Utility	EQ-5D, VAS	Randomized controlled trial	EQ-5D	Mean (SD) Telehealth group 64.1 (9.0); Usual care 62.8 (7.4)	Netherlands	Outpatients	All: 12/12, 50%/50% Telehealth: 6/6 50%/50%, Usual care: 6/6, 50%/50%	24	Unclear	29% for response rate, while 24/29 finished the follow up	Governmental/ NL Agency, a division of the Dutch Ministry of Economic Affairs (grant CALLOP9089)
Taylor 2012	Utility	EQ-5D	Randomized	EQ-5D	Mean (SD)	UK	10 primary	Interventio	116	Consecut	22.9%,	the



			controlled trial		Intervention: 69.0 (9.8); control: 70.5 (10.0)		care teams or from a community respiratory clinic	n: 40/38, 51.3%/48.7 %; Control: 13/25, 34.2%/65.8 %		ive	116/507	National Institute for Health Research (NIHR)
Torrance 1999	Utility, Direct choice	HUI, willingness to pay	Randomized controlled trial	HUI	Mean (SE) ciprofloxacin: 54.9 (1.46); Usual care: 55.8 (1.36)	Canada	outpatients	ciprofloxaci n: 44/71 38%/62%; Usual care: 53/54 50%/50%	222 in 240	Unclear	unclear	Private for profit/ Bayer Inc.

Travaline 1995	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer	median (range): 67 (43-81)	USA	University Health Center of the University of Maryland Hospital and the Baltimore Veterans Administration Hospital	29/8 78.4%/21.6 %	37	Consecut ive	96.25%	Unclear
Turner 2014	Utility	EQ-5D, VAS	Repeated surveys	EQ-5D	Mean (SD) 68.3 (9.3)	UK	primary and secondary care	90/115 44.1%/55.9 %	205	Consecut ive	65.7% 205/312 who contacte d the recruime nt helpline	Private not for profit/ Health Foundation (UK)
Utens 2013	Direct	Forced	Randomized	no	Mean (SD)	Netherland	hospitalize	usual	139	Consecut	139 of	Governmen

	choice	choice: place of treatment	controlled trial	description	usual hospital group 67.8 (11.3); early assisted discharge 68.31 (10.34)	s	d patients first and discharge later	hospital: 38/31 55.1%/44.9 %, early assisted discharge: 48/22 68.6%/31.4 %		ive	479 (29.0%)	tal/ Netherland s Organizatio n for Health Research and Developme nt (945-50- 7730)
Utens 2014	Direct choice	Forced choice: place of treatment	Randomized controlled trial	no description	Unclear	Netherland s	hospitalize d patients first and discharge later	usual hospital: 38/31 55.1%/44.9 %, early assisted discharge: 48/22 68.6%/31.4 %	124 (62 caregiver s each in either groups)	Consecut ive	unclear	Governmen tal/ Netherland s Organizatio n for Health Research and Developme nt (945-50- 7730)
Utens 2012	Utility	EQ-5D	Randomized	EQ-5D	Mean (SD)	Netherland	hospitalize	usual	139	Consecut	139 of	Governmen

			controlled trial		usual hospital group 67.8 (11.3); early assisted discharge 68.31 (10.34)	s	d patients first and discharge later	hospital: 38/31 55.1%/44.9 %; early assisted discharge: 48/22 68.6%/31.4 %		ive	479 (29.0%) randomized, 115 of 139 finished the survey	tal/ Netherlands Organization for Health Research and Development (945-50-7730)
van den Bemt 2009	Utility	EQ-5D	Randomized controlled trial	EQ-5D	monitoring group: 62(10.5); usual care group 64 (10.5)	Netherlands	general practice	monitoring group: 56/26 68.3%/31.7 %; usual care: 47/41, 53.4%/46.6 %	170	Consecutive	59.4% , 170/286	Private not for profit/"Partners in Care Solutions for COPD" (PICASSO)

van der Palen 2013a	Direct choice, Uncategorized survey	Forced choice: inhaler, willingness to continue inhaler use scale, importance core of inhaler attributes	Randomized controlled trial	No description	Mean (SD) 65.9 (8.6) for the safety population, 65.7 (8.5) for the ITT population	Germany and Netherlands	Unclear	87/42 67.4%/32.6% for the safety population, and 75/30 (71.4%/28.6%) for the ITT population	129	Unclear	response rate unclear, 70.5% 91/105 patients indicating the preference	Private for profit/ Almirall, S.A., Barcelona, Spain, and Forest Laboratories, Inc., New York, USA
van der Palen 2013b	Direct choice, Uncategorized survey	Forced choice: inhaler, willingness to continue	Randomized controlled trial	Narrative explained by interviewer	Mean (SD) 65.3 (9.8) for overall (both asthma and COPD)	Netherlands	unclear/ Medisch Spectrum Twente Hospital at	52/61 46%/56% for overall study population	113, while 82 for COPD	Unclear	Unclear	Private for profit/ Glaxo Smith Kline, Zeist, the

		inhaler use scale, importance core of inhaler attributes					Enschede, and Gelre Hospital at Zutphen, the Netherlands					Netherlands.
van der Valk 2002	Utility	VAS	Randomized controlled trial	EQ-5D	Mean (SD) Fluticasone propionate group: 64.1 (6.8); placebo: 64.0 (7.7)	USA	outpatient	84.0% 205/39, Fluticasone propionate: 104/19; placebo: 101/20	244	Unclear	47.9% 244 of 509	Governmental and Private for Profit/ Netherlands Asthma Foundation, Amicon Health Insurance Co., Boehringer Ingelheim, and GlaxoSmith

												Kline BV.
Vestbo 2014	Utility	EQ-5D	Cross-sectional survey	EQ-5D	(mean) 1. GOLD category A (n=152): 62.0 2. GOLD category B (n=739): 63.5 3. GOLD category C (n=13): 60.2 4. GOLD category D (n=604): 67.3	Five European countries (France, Germany, Italy, Spain and UK) and United States	Primary (primary care physician and pulmonogis t-referred). Outpatient clinics	UNCLEAR	1508 patients 1. GOLD category A (n=152) 2. GOLD category B (n=739) 3. GOLD category C (n=13) 4. GOLD category D (n=604)	Consecut ive	1508/381 3 = 39.55%	Writing support was funded by Novartis.
Villar Balboa 2014	Utility	VAS	Cross-sectional survey	EQ-5D	Proportion	Spain	NR	NR	98	Not reported	11.00%	Not reported
Walters 2003	Utility	SF-6D	Cohort study	SF-12/SF- 36	Unclear	Unclear	Unclear	Unclear	60	Unclear	Unclear	Unclear

Wildman 2009	Utility, Direct choice	VAS, forced choice: treatment	Cohort study	EQ-5D	unclear 66.2 (9.9) from patient recruited in CMP	UK	hospitalized patients first and discharge later	316/332 48.8%/51.2 % overall (both asthma and COPD)	752 COPD (832 in total)	Consecutive	39.4% (648 of 1644) in CMP	Governmental/ MRC Health Services Research Fellowship
Wilke 2012	Utility	EQ-5D, VAS	Cohort study	EQ-5D, SF-12/SF-36	(mean (SD)): 1. Total	Netherlands	Outpatient clinic	(male - n (%)):	105	Consecutive	Response rate	Proteion Thuis,



				<p>sample (n=105): 66.3 (9.2)</p> <p>2. Study completed (n=86): 65.7 (9.3)</p> <p>3. Dropout (n=19): 68.8 (8.2)</p>			<p>1. Total sample (n=105): 65 (61.9%)</p> <p>2. Study completed (n=86): 54 (62.8%)</p> <p>3. Dropout (n=19): 11 (57.9%)</p>		<p>UNCLEAR . Follow- up complete for 86 (81.90%) patients in the total sample.</p>	<p>Horn, The Netherland s; CIRO+, Horn, The Netherland s; Grants 3.4.10.015 (S. Wilke) and 3.4.06.082 (D.J.A. Janssen) of the Netherland s Asthma Foundation , Leusden, The Netherland s; Stichting Wetenscha psbeorder</p>
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												ing Verpleeghu is zorg (SWBV), Utrecht, The Netherland s.
Wilson 2005	Direct choice, Uncatego rized survey	Forced choice: treatment, importance of mechanical ventilation	Trial, non- randomized or non-controlled	SF-12/SF- 36, Decision aid	Mean 68.4, range: 37-68 years Mean (SD) Forego MV (n=23) 71.0 (8.6); uncertain/Ac cept MV (n=10): 62.4 (15.4)	Canada	Outpatients who participate d in a pulumnary rehabilitati on program	15/8 (65%/35%) for those forego MV, and 3/7 (30%/70%) for those uncertain/a ccept MV	33	Consecut ive	93 of 120 was contacte d, 78%; 38 of the 93 agreed, 41%	Governmen tal/Researc h Developme nt Fund of The Rehabilitati on Centre and by an Ontario Thoracic Society Block Term grant.

Wilson 2007	Direct choice	Forced choice: device	Randomized controlled trial	no description	unclear (>50 years old)	UK	secondary care	Unclear	30	Unclear	unclear	Private for profit/ Glaxo Smith Kline, Zeist, the Netherlands.
Youngmi-2011	Utility	EQ-5D	Cross-sectional	EQ-5D	UNCLEAR for COPD	Korea	Unclear	UNCLEAR	217	stratified multistage clustered probability design	unclear	Unclear
Zanini 2014	Utility	VAS	cross-sectional survey	EQ-5D	71 (8)	Italy	in-patient, rehabilitation center	364/75 (82.9%/17.1%)	439	Consecutive	unclear/retrospective analysis, not sure about the exclusion	No extramural funding was used to support this study

