Title – Supplemental file 1. Patient Interview Topic Guide – Supplemental material for Experiences of patients and practitioners of intravitreal anti-VEGF injection procedures and the associated factors: a qualitative study

Supplemental file 1. Patient Interview Topic Guide

This topic guide should be used as reference during qualitative interviews with patients. The precise questions used will vary according to what is discussed. The interviews will be semi-structured and will explore the perspectives of patients having anti-VEGF injections and their experiences and understanding of these procedures.

A: Introductory Script

Thank you for volunteering to participate in this study. Before you consent to taking part in the interview, we will go over the information sheet with you and answer any questions you may have.

Do you remember the last time you had an eye injection? We are interviewing you because we want to better understand the aspects that can affect the experiences of patients who receive injections into the eye to treat wet age-related macular degeneration. So, there are no right or wrong answers to any of our questions, we are interested in your own experiences.

Participation in the study is purely voluntary and your decision to participate, or not participate, will not affect the care you currently receive from eye injections. This interview could take between 30-60 minutes depending on how much information you would like to share. With your permission, I would like to audio record the interview because I do not want to miss any of your comments. All responses will be kept confidential. This means that the interview responses you give will only be shared with research team members using codes to protect your identity and privacy, and any information we include in our report does not identify you as the respondent in any way. Please ask for further explanation if you do not understand a question during the interview and give yourself time to pause and reflect, if you need it. Are there any questions about what I have just explained?

I will now ask you to read carefully and sign the consent form if you wish to take part. Please let me know if you have any further questions.

Before we start, I would like to remind you that you may decline to answer any question or stop the interview at any time without giving us a reason. Feel free to interrupt me or stop the interview at any time if you need to take a break.

May I turn on the digital recorder?

B. Background

1. Please tell me the story of the health condition that brought you into the clinic. Take your time.
   Prompts: loss of vision, blur, support, difficulties in daily life, problems seeing to do certain activities, feelings
   a. How did you deal with that? Whom did you talk to when you had that kind of a problem? Who helped you with any difficulties (Practitioner, family member, friend)?
   b. What were your particular concerns about your health (e.g. driving, reading, sadness/depression)?

2. What usually happens during your eye appointments at the hospital?
   Prompts: initial discussion, eye tests, eye injection
   a. Do you understand the reason why you are getting the eye injections?
   b. How often do you have to come to the clinic to be assessed (may require injection or not)?
   c. How long have you been receiving the injections?
   d. How many injections have you received up until now?

C: Experience of Injections

3. How did you feel when you were first told that you would need a series of eye injections to treat your condition?
   Prompts: reactions, thoughts, feelings, concerns, practicalities
   a. What stands out for you about that experience?
   b. Did you have any concerns prior to receiving treatment?
   c. Did you discuss these concerns with your care team?

4. Tell me about your experiences of the injections.
   a. Was there anything you particularly liked about the injection procedure?
Prompts: care team, quality of care, duration, treatment outcome, confidence in care, safety
- Could you tell me more about it?
- What does that mean to you?
- Are you satisfied with the outcome of the treatments?

b. Was there anything you did not like about the injection procedure?
   Prompts: care team, quality of care, procedural steps, injection, pain/discomfort, anxiety, anticipation, safety
- Could you elaborate on that?
- How did you feel? Which words would you choose to describe your experience/pain/discomfort?
- What does that mean to you?
- How long does your discomfort/pain usually last?

c. How does pain/discomfort affect your daily life?
   Prompts: sleep, appetite, mood, medication for pain
- Is there anything that has changed in your daily life because of your pain/discomfort?
- Have you used or currently using any strategies to control or decrease your pain/discomfort?

5. Can you think of anything else about the appointment you would like to have changed?
   Prompts: access, organisation, staffing, waiting time, frequency of appointments

6. Is there anything else you would like to tell me?

D: Demographic Information

This information will not be linked to any participant's name. A number will be assigned as a code reference for analysis purposes.
- Patient Code (to match data from before/after surveys)
- Gender, Age
- Place of primary residence (lives alone, lives with family, nursing home, other)

Thank you very much for your time today.