Supplementary File 1

Patient Information Form

Sociodemographic and Clinical Characteristics

1. Gender
    - Female
    - Male
2. Age: _____ years
3. Marital Status
    - Married
    - Single
4. Educational Status
    - Illiterate
    - Literate
    - Primary School
    - Secondary School
    - High School
    - Associate Degree
    - Bachelor's Degree
    - Postgraduate Degree
5. Occupation
    - Unemployed
    - Housewife
    - Civil Servant
    - Self-Employed / Merchant
    - Farming / Animal Husbandry
    - Other (please specify): _____
6. Height: _____ cm
7. Weight: _____ kg
8. Place of Residence
    - Village

- District
- City Center

9. Do you have health insurance?
    - Yes
    - No
10. Is there any other individual diagnosed with COPD in your family?

- Yes
- No

11. Habits

Smoking

- Current smoker
- Non-smoker

If former smoker:
Duration since quitting: _____ years

Previous smoking amount: _____ packs/day

If current smoker:
Smoking duration: _____ years

Smoking amount: _____ packs/day

Alcohol Consumption

- Yes
- No

Average consumption: _____ glasses/week

If stopped drinking, specify duration: _____

Respiratory Symptoms and Findings

12. Shortness of Breath

- Yes
- No

13. Cough

- Yes
- No

14. Sputum Production

- Yes
- No

15. Fatigue

- Yes
- No

16. Other Symptoms

Patient and Caregiver Cost Form

Dear Participant,

This questionnaire was prepared for a doctoral dissertation conducted at the Department of Health Management, Institute of Health Sciences, Ankara University. The study aims to determine the economic burden and quality of life associated with Chronic Obstructive Pulmonary Disease (COPD). This form is intended to assess the indirect costs incurred by patients and their caregivers due to COPD. Please indicate the average amount spent for each cost item in Turkish Lira (TL). All information obtained through this questionnaire will remain confidential and will be used solely for scientific purposes.

Patient Cost Questionnaire

1. Outpatient Examination Co-payment: _____ TL
2. Medication Expenses (amount paid at the pharmacy): _____ TL
3. Transportation Expenses: _____ TL
4. Nutrition Expenses: _____ TL
5. Accommodation Expenses: _____ TL
6. Income Loss (monthly): _____ TL
7. Expenses incurred due to inability to provide care for dependents (e.g., children): _____ TL

Caregiver Cost Questionnaire

1. Transportation Expenses: _____ TL
2. Nutrition Expenses: _____ TL
3. Caregiver/Companion Expenses: _____ TL
4. Accommodation Expenses: _____ TL
5. Income Loss (monthly): _____ TL
6. Expenses incurred due to inability to provide care for other dependents (e.g., children): _____ TL