Appendix 3. Supplementary tables

Supplementary 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 48 (28.2%) ≥71 years 49 (28.8%)	Hungary	outpatient	Males 71 (41.8%) Females 99 (58.2%)	170	Consecutive	77.50%	Not reported
Alcazar 2012	Utility	VAS	Cross-sectional survey	EQ-5D	67.3 (8.7)	Spain	hospital centres	119(93.7%) /8(6.3%)	127	Not reported	NR	industry (GlaxoSmithKline)
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	NR	industry
Antoniu 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	Consecutive	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	64.00%	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	61% followed	not reported

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 cllinical trials)	EQ-5D	68 (11)	the Netherlands	primary, secondary	men 55.0; women 45%	1303	Other: trial based	NR	Not reported
Boland 2016	Utility	EQ-5D utility	Randomized controlled trial	EQ-5D	Mean (SD) RECODE Group: 68.2 (11.3), Usual care Group: 68.4 (11.1)	The Netherlands	primary care	Male/female in Number (percentage) RECODE Group: 280 (50.5%)/274 (49.5%) Usual care group: 305 (57.3%)/227 (42.3%)	1086	not reported	not reported	private for profit and governmental: grants from Stichting Achmea Gezondheidszorg (SAG), a research fund of a Dutch Healthcare insurance company, and the Netherlands Organisation for Health Research and Development (Zon-MW)(171002203)
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	40.00%	Not reported
Boros 2012	Utility	VAS	Cross-sectional survey	EQ-5D, VAS	64.41 (9.86)	Poland	primary, secondary	men 64%; women 36%	8537	Other: asking physicians to provide enrolled patients	92.00%	industry support
Bourbeau 2007	Utility	VAS	Cohort study	EQ-5D	mean 66 (range 41–88)	Canada	primary, secondary	male: 239 (57)/female 182 (43%)	421	Not reported	NR	Not reported
Braido 2016	Uncateogrized survey	syptoms patients would like to be improved most	Cross-sectional study	no description	Mean (SD) 73.88 (8.33)	Italy	University hospitals	90 (62.5%)/54 (37.5%)	144	consecutive	89.3% (150 of 168)	not reported
Bratas 2010	Direct choice	forced choice: 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	57.00%	Not reported

Brophy 2008	Direct choice	forced choice: inhaler	Randomized controlled trial	No description	68 (SD 7)	UK	secondary	male 13/female 12	25	Not reported	89% completed	Not reported
Bulcun 2014	Direct choice	Conjoint analysis/Discrete choice analysis	Cross-sectional survey	Booklet/card	60.8 (SD 8.6)	Turkey	secondary	male 45/female 3	49	Consecutive	NR	Not reported
Burns 2016	Utility	EQ-5D utility	Randomized controlled trial	EQ-5D	Mean (SD) intervention group: 67.3 (15.1), control group: 69.3 (8.9)	UK	Primary and secondary care	male/female number (percentage): 41 (56.2%)/32 (43.8%) 50 (66.7%)/25 (33.3%)	148	not reported	62.4% (148 of 237) completed at least 60% of the program	Governmental (funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference No. PB-PG-0408-16225))
Carlucci 2016	Direct choice	Forced choice: treatment	Cross-sectional study	book/card	median [IQR]: 72 [65-78]	Italy	Inpatient; three Respiratory Units in Italy (two Rehabilitation Centres and one Respiratory Critical Care Unit)	46 (82%)/9 (18%)	55	not reported	60.4 (55 of 91)	not reported
Chakrabarti 2009	Direct choice	forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer, Decision aid	Median 69, IQR: 14 years	UK	Hospitalized patients	34/16 68%/32%	50	Consecutive	82.0% (50/61)	Not reported
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	Voluntary sample	NR	Asthma Society of Canada and by educational grants from Claxo Canada and 3M Pharmaceuticals, United States.
Chapman 2011	Direct choice	forced choice: inhaler	Randomized controlled trial	Narrative explained by interviewer, Booklet/card	63.9 (SD 9.21)	Canada, USA	NR	male 60%, female 40%	82	Not reported	NR	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	9277.00%	University of Hong Kong Technology and Innovation seed funding

Chen 2016	Utility, Direct choice	EQ-5D utility, willingness to pay	Cross-sectional study	EQ-5D	Mean (SD) Whole sample 73.11 (9.99 mild 75.94 (9.54) moderate 71.11 (9.78) severe 74.88 (9.72) very severe 69.00 (9.96)	Taiwan	Outpatient	112 (86%)/30 (14%)	142	not reported	57.25% (142/248)	Governmental and private not for profit: Taiwan's Ministry of Science and Technology for providing research grant. Other support included a grant from Buddhist Tzu-Chi General Hospital and from National Taiwan Normal University
Chou 2017	Uncateogriz ed survey	Palliative Care Willingnes s Survey (PCWS) score	Cross-sectional study	Not reported	Mean 72.66 (SD, 10.34) years	Taiwan	outpatient	101/0	101	Purposive sampling	71.00%	not reported
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"	49.00%	Almirall S.A., Barcelona, Spain
Claessens 2000	Direct choice	Forced choice: treatment	Cohort study	no descripti on	median 70	USA	Hospital ization	517/491 (51.3%/48. 7%)	1008	Consecutiv e	Unclear, 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 were not comatose, intubated, or otherwise incapable of response.	SUPPORT 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 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	Consecutiv e	31.00%	Aberdeen City Collective, Grampian Primary Care Trust and by an unconditional educational grant from Glaxo Smith Kline
Collado-Mateo 2017	Utility	SF-6D utility	Cross-sectional study	SF-6D	Age group: n (%) 40-49: 36 (19.05%) 50-59: 43 (22.75%) 60-69: 52 (27.51%) 70-79: 27 (14.29%) 80-89: 28 (14.81%) 90+: 3 (1.59%)	Chile	general population (COPD subsample)	69/120	189	Diagnosed patients from a random sample	not reported	The author DCM is receiving a grant from the Spanish Ministry of Education, Culture and Sports (FPU14 / 01283). The author was previously granted a scholarship Predoctoral by the Tatiana Foundation Pérez de Guzmán the Good.

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%/ 44.57%; 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 provided evaluable data.	Governmental/ NHS Health Technology Assessment (HTA) research funding
Dacosta Dibonaventura 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/COPD 297	Random	NR	industry
Dal Negro 2016	Direct choice	Forced choice: inhaler	Cross-sectional study	Verbal	68 years	Italy	outpatient	unclear for COPD subgroup, 47% males in the entire sample, not reported for COPD only	157 (47% of 333 patients had COPD, the rest had asthma)	Consecutive	not reported	not reported

Dales 1999	Direct choice	Probability trade off	Repeated surveys	Narrative explained by interviewer, Decision aid, Audiobooklet	66 years (range, 42 to 84 years; quartile 57-74)	Canada	outpatient (pulmonary function laboratory, as well as ambulatory respiratory and general medicine clinics of the Ottawa General Hospital, affiliated with the University of Ottawa, Canada)	10men/10 women	20	Consecutive	90.00%	Ontario Thoracic Society
Decramer 2001	Utility	VAS	Randomized controlled trial	EQ-5D, Pictorial descriptions of risk (pictogram)	63 (SD 8)	10 Europen Countries	unclear	male 413 (78%)/female110 (22%)	523	Not reported	NR	Not reported
DiBonaventura 2012	Utility	SF-6D	Cross-sectional survey	SF-12/SF-36	40–64 years	USA	NR	male 53.4%	(COPD 1112)	Random	18.50%	Kantar Health, Pfizer
Ding 2017	Utility	SF-6D utility	Cross-sectional study	SF-6D	5 European countries: mean±SD 57.6±13.2 years; USA: mean±SD 62.0±12.2 years	France, Germany, Italy, Spain, UK (5EU) and USA	outpatient	5EU: 54,3%/45,7%; USA: 58,8%/41,2%	3672 (5EU: 2006; USA: 1666)	Online survey respondents	USA: 13,53%; 5EU 2011 period: 19,69%; 5EU 2013 period: 15,95	AstraZeneca

Doñate-Martínez 2016	Utility	EQ-5D utility	Cohort study	EQ-5D	67.95 (11.14) - whole sample, not reported for COPD only	Spain	outpatient	49 (66.22%)/25 (33.78%) - whole sample, not reported for COPD only	74 (12 COPD patients)	Random	74% ("dropout in the sample of 26 non-responders in the case of the EQ-5D tool and 27 for the satisfaction and usefulness perception's questionnaire" for the whole sample), not reported for COPD only	financing from the Agencia Valenciana de Salud of Ministry of Health of Valencia (2011) and from the Valencian Government through the project Prometeo-OpDepTec Fase II (Project reference: PROMETEUII/2014/0 74); A. Doñate-Martínez is supported by a predoctoral FPU fellowship of the Spanish Ministry of Education (AP2010-5354
Downey 2009	Uncategorized survey	End of life Priority Score	Cross-sectional survey (9 - interview with quantitative survey	No description	(mean (SD)) 1. Total COPD sample (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)	United States	Outpatient/hospitalized (not specified) for COPD patients; community for nonpatients	(% - female) 1. Total 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%	1. Total COPD sample (n=156) 2. COPD patient sample (n=96) 3. COPD nonpatient sample (family member or friend from subset of the COPD patients) (n=60)	Not reported	NR	National Institutes of Health, National Cancer Institute grant #5 R01 CA106204; an American Lung Association Career Investigator Award; the Robert Wood Johnson Foundation; and the Lotte & John Hecht Memorial Foundation.
Downey 2013	Uncategorized survey	Preference Rating (from 1 definitely no to 4 definitely yes)	Cross-sectional survey	Booklet/card	68.6 (9.6)	USA	primary	male 100%	196	Not reported	93.00%	Not reported
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	Consecutive	83.0% 39/47	Not reported

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 important, 5 = extremely important)	66.3 (10.6)	USA	research institute	female 43.0%	65	Voluntary sample	70.00%	not reported
Egan 2012	Utility	EQ-5D	Trial, non-randomized or non-controlled	EQ-5D	NR	Ireland, the Netherlands	secondary	NR	47	Consecutive	72.00%	Not reported
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/female: n, percentage BODE 0-4: 7/2 78%/22% BODE 5-6: 24/34 42%/58% BODE 7-10: 28/32 47%/53%	112	Consecutive	93.30%	Governmental, 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
Farmer 2017	Utility	EQ-5D	Randomized controlled trial	EQ-5D	mean (SD): 69.8 (9.1) in EDGE intervention group and 69.8 (10.6) in the standard care group	the UK	a variety of settings encompassing primary and secondary care as well as community services	68/42 (61.8%/38.2%) in the EDGE intervention group and 34/22 (60.7%/39/3%) in the usual care group	166	voluntary sample		Governmental: This publication presents independent research supported from the Department of Health and Wellcome Trust through the Health Innovation Challenge (HIC) Fund commissioned by the Health Innovation Challenge Fund (HICF-1010-032), a parallel funding partnership between the Wellcome Trust and the Department of Health
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	NR	not reported

Fishwick 2014	Utility	EQ-5D	Cross-sectional survey	EQ-5D	69.4 (8.2)	UK	primary, comunit care	male 92 (62.2)	148	Random	NR	not reported
Fletcher 2011	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	number [percentage]: 45-54: 1029 [42]; 55-64: 971 [40]; 65-67: 426 [18]	Brazil, China, Germany, Turkey, US, UK	commu nity	male 49%	2426	Random	80% of those eigible and willing to take part	not reported
Fox 1999	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer	nr	USA	hospital ized	nr	1016	Consecutiv e	89% (11% died)	Robert Wood Johnson Foundation
Fried 2002	Direct choice	Probabilit y trade off	Cross-sectional survey	Narrative explained by interviewer, Pictorial descripti ons of risk (pictogra m)	72.2±7.0	USA	inpatien ts and outpait ents	male 49%	81	Consecutiv e	82% participation rate	not reported
Fried 2007	Direct choice	Probabilit y trade off	Repeated surveys	Narrative explained by interviewer, Pictorial descripti ons of risk (pictogra m)	NR for COPD	USA	hospital ized	NR for COPD	64	Consecutiv e	81% participation rate	grants from the Department of Veterans Affairs Health Services Research and Development Service, from the National Institute on Aging (NIA), from the Claude D. Pepper Older Americans Independence Center at Yale and a Paul 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	outpati ents	41/59	100	Not reported	Not reported	not reported

Galaznik 2013	Utility	SF-6D	Cross-sectional survey	SF-12/SF-36	Current smokers (n = 1685) 57.18 (9.66) 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)	USA	self-report of a physician diagnosis of COPD in a random population of adults in USA	Current smokers (n = 1685): 689/996 (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%)	5189	Random	unclear	Pfizer, Inc
Garcia-Gordillo 2017	Utility	EQ-5D, VAS	Cross-sectional study	EQ-5D	Age group: n (%) 15-39: 129 (11.42%) 40-65: 397 (35.13%) 66-102: 604 (53.45%)	Spain	general population (COPD subsample)	550/580 (48.67%/51.33%)	1130	Diagnosed patients from a random sample	not reported	The author DCM was supported by a grant from the Spanish Ministry of Education, Culture and Sport (FPU14/01283).
García-Polo 2012	Utility	EQ-5D, VAS	cross-sectional survey	Narrative explained by interviewer, EQ-5D	Mean (SD) 66.9 (8.7)	Spain	Not reported	107/8	115	Consecutive	137 patients were recruited and 115 completed the necessary data to be included in the study	not reported
Gillespie 2013	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Unclear	Ireland	general practices	unclear	350	Not reported	Not reported	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)	Not reported	unclear how many participants seeked, 65 enrolled and 59 followed. 90.8%	Governmental/Netherlands Organisation for Health Research 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	Neitherland	inpatient (hospitalization as usual vs early discharge)	66/41 62%/38%	107	Other: Trial based	77.0% 107 of 139	Governmantal/ Netherlands Organisation for Health Research and Development
Gruenberger 2017	Utility	SF-6D utility	Cross-sectional study	SF-6D	Mean (SD) lower dyspnea 61.39 (9.78) Higher dyspnea 62.65(9.03)	France, Germany, Italy, Spain, UK (5EU) and USA	outpatient	lower dyspnea 58.9%/41.1% Higher dyspnea 57.6%/42.4%	lower dyspnea (n=523) Higher dyspnea (n=245)	Online survey respondents	USA: 13,53%; 5EU 2011 period: 19,69%; 5EU 2013 period: 15,95	AstraZeneca
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% finished the follow up (78/89)	Governmental and Private not for profit/ West Park Hospital Foundation, 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	outopatients	46/39	85	Not reported		not reported
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 Hospital, Kinki University Faculty of Medicine, Ikoma, Japan between August 2010 and May 2011	First survey: 52/5, 91.2%/8.8% Second survey: 37/2, 94.9%/5.1%	First survey: 57 Second survey: 39	Not reported	Not reported	Private/ Department of Respiratory Medicine and Allergology, 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		not reported
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		not reported
Harper 1997	Utility	VAS	Cross-sectional survey	EQ-5D	Mean (SD) 67 (10,4)	UK	outpatients	76/80	156	Not reported	First follow-up 128 patients	not reported
Haughney 2005	Direct choice	Conjoint analysis/Discrete choice analysis	Cross-sectional survey (A fractional factorial design)	Booklet/card	66	France, Germany, Spain, Sweden and the UK	outpatients	82/43	125	Consecutive	Not reported	not reported
Hawken 2017	Direct choice	Conjoint analysis/Discrete choice analysis, willingness to pay	Cross-sectional study	Other: Discrete choice experiment questionnaire	Mean (SD): 48.48 (15.16)	France	unclear	42/51 (45.16%/54.84%)	93	convenience sample	not reported	private for profit: This study was sponsored by Teva Pharmaceuticals Inc.
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		not reported
Heyworth 2009	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Age not reported exclusively for COPD	UK	outpatients	Not reported exclusively for COPD	280	Not reported		not reported
Hohmeier 2016	Direct choice	patient perception survey	Cohort study	No description	64 years (range 42-76 years)	USA	outpatient	Male: 5/ femaile: 7	12	not reported	55% (of the 22 individuals who were identified by study personnel as eligible to participate in the survey, 12 completed the survey)	not reported

Hong 2015	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	Mean (SD) 63.7 (9.5)	South Korea	outpatient	817 (69%) /361 (31%)	1178 (mild COPD = 497, moderate COPD = 612, severe COPD = 69)	stratified multistage probability sampling	not reported (among the 33,829 subjects who completed the question- naire and underwent the medical examination in the na- tional survey from 2007 to 2010, 16,703 were aged C40 years and 12,562 performed PFT. Of these, 9789 performed acceptable and reproducible spirometry; 1188 subjects with a restrictive spirometry pattern and 31 sub- jects without EQ-5D scores were excluded. Among the 8570 subjects, there were 7301 non-COPD subjects and 1269 COPD subjects. After an age- and sex-matching process, 1178 subjects in both the COPD and non-COPD groups were selected and compared in the analysis)	not reported
Hoogendoorn 2010	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD) Intercom 66 (9); Usual care 67 (9)	Neitherland	outpatient	Intercom 30/72, 29%, 71%; Control 28/69 29%/71%	199	Not reported	Unclear, of the 199 participants, 158 completed the 2-yr study period. 79%	Governmental and Private for profit/ the Netherlands 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 (PICASSO) for COPD (Capelle aan den Ussel, the Netherlands)
Hoyle 2016	Utility	CAT mapping	Randomized	COPD assessme	Mean (SD) Male: 64.5	USA, France,	not reporte	68.8%/31.2 %	1658	not reported	80.1% during follow up (1447 in visit 1, 1341 in visit 2, 1658	Funding for this study, the development of the
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	not reported
Hyland 2016	Uncateogrized survey	ranking: treatment	Cross-sectional study	Verbal	67 years (range 47–84)	UK	Inpatient	7 (35%)/13 (65%)	20	not reported	not reported	Royal Devon & Exeter NHS Foundation Trust

Jakobsen 2015	Utility	VAS, EQ-5D utility	Randomized controlled trial	EQ-5D	5 patients <60 years in control group 5 patients <60 years in intervention group 8 patients 60-70 years in control group 8 patients 60-70 years in intervention group 9 patients 70-80 years in control group 10 patients 70-80 years in intervention group 6 patients >80 years in control group 6 patients >80 years in intervention group	Denmark	Inpatient	[n (%)] of females: control (n=28) - 17 (60.7); intervention (n=29) - 18 (62.1); [n (%)] of males: control (n=28) - 11 (39.3); intervention (n=29) - 11 (37.9)	57 (28 control, 29 intervention)	Consecutive	49.1% (57/116) (646 assessed for eligibility, 116 met criteria, 59 declined to participate; of the 57 who were randomized 15 were lost to follow-up (8 unavaliable for contact, 7 died))	The Philanthropic Foundation TrygFonden (grant 7561-08), The Health Insurance Foundation (grant 2011B003), The Danish Lung Association, The Toyota Foundation (grant OH/BG 7003), The Frederiksberg Foundation (grant 2010-88), and a Lykfeldt's grant.
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	Not reported	Not reported	Governmental/ Proteion Thuis, Horn, The Netherlands; CIRO+, Horn, The Netherlands; Grant 3.4.06.082 of the Netherlands Asthma Foundation, Leusden, The Netherlands; Stichting Wetenschapsbevordering Verpleeghuiszorg (SWBV), Utrecht, The Netherlands.
Janssen 2011b	Direct choice	Probability trade off	Cross-sectional survey	Other: questionnaire with description of scenarios	Mean (SD) 66.3 (9.2)	Neitherland	outpatient	65/40, 61.9%/38.1%	105	Not reported		not reported

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	not reported	This project was part of an international research fellowship supported by CIRO+ (Centre of Expertise for Chronic Organ Failure, Horn, the Netherlands). The original Dutch study was supported by: Proteion Thuis (Horn, the Netherlands); CIRO+; grant 3.4.06.082 from the Netherlands Asthma Foundation (Leusden, the Netherlands); and Stichting Wetenschapsbevordering Verpleeghuiszorg (Utrecht, The Netherlands). The original US studies were supported by the Health Services Research and Development, Dept of Veterans Affairs (grant IIR 02-292) 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 infromation of a cohort)	EQ-5D	66.3 (9.2)	Dutch	outpatient	65/40 61.9%/38.1 %	105	convenience sample	not reported	Proteion Thuis, Horn, The Netherlands; CIRO+, Center of Expertise for Chronic Organ Failure, Horn, The Netherlands; The Netherlands Lung Foundation, Leusden, The Netherlands (Grant number 3.4.06.082); The Weijerhorst Foundation, Maastricht, The Netherlands; and Stichting Wetenschapsbevordering 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		not reported

Jia 2016	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	age 65 years and older (not reported for COPD only)	USA	general population (COPD subsample)	not reported for COPD only	140	random	not reported	not reported
Jordan 2014	Direct choice	Forced choice: Preferences of Information	Cross-sectional survey	Other: questionnaires on patient preference regarding information desired from their doctors	Mean (SD) 60 (1.16)	Argentina	outpatient	19/25 43.2%/56.8%	44	Random	unclear	not reported
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)	not reported
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% 118/140 completed the study	not reported
Kawata 2014	Direct choice,	Willingness to pay, Conjoint analysis/Discrete choice analysis	Cross-sectional survey	decision aid on the Discrete Choice Experiment Questionnaires	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% respondes (n=2930); 24% eligible; while the majority of these 74% (n=515, 74%) completed the survey	not reported
Kessler 2006	Uncategorized survey	Impact of exacerbation	Cross-sectional survey	Narrative explained by interviewer	Mean (SD) 664, (8,5)	France, Germany, Spain, Sweden and UK (Europe)	outpatients	82/43	125	Consecutive		not reported

Khdour 2011	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD) education self-management 66.2 (9.8); usual care 66.6 (9.1)	UK	outpatient	Education self-management group 27/37 42.2%/57.8%; Usual care group 28/35, 45%/55%	127: 64 in education self-management group, 63 in usual care group	Consecutive	73.4% (127/173)	not reported
Kim 2014	Utility	EQ-5D,VAS	Cross-sectional survey	EQ-5D	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%)	Korea	outpatient	183/17 (91.5% / 8.5%)	200	Consecutive	Not reported	not reported
Kim 2015	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	age for male 19-64: 49.3%, 65- : 50.7%; age for female 19-64: 37.5%, and 65- : 62.5%	South Korea	general population (COPD subsample)	556/195	751	rolling survey sampling	not reported	not reported
Koehorst-ter Huurne 2016	Utility	VAS	Cohort study	EQ-5D	ICS users - 67.1 (9.7); Tiotropium users - 65.5 (9.7)	Netherlands	both hospitalized patients and outpatients	377/258 ICS, 269/169 tiotropium	795 (635 ICS, 438 tiotropium)	consecutive	not reported	GlaxoSmithKline
Kontodimopoulos 2012	Utility	EQ-5D, SF-6D, 15D	Cross-sectional survey	EQ-5D, SF-6D and SF-15D	unclear	Greece	Outpatients		29	Consecutive	unclear (319 out of 354)	Not reported
Koskela 2014	Utility	15D	Cohort study	15D	Mean (SD): 64 (7)	Finland	All patients with COPD	473/266 (64%/36%)	739	Other: consecutive	Not reported	not reported
Koskela 2014b	Utility	15D	Cohort study	15D	Mean (SD): 64 (7)	Finland	All patients with COPD	473/266 (64%/36%)	739	Other: consecutive	Not reported	not reported

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 Organisation for Health Research and Development (Zon-MW), subprogram Effects & Costs (project number 171002203), and Stichting Achmea, a Dutch Healthcare insurance company
Kuyucu 2011	Uncategorized survey	Expectation of treatment	Cross-sectional survey	No description	(mean (SD) (range)): 64.1 (9.5) (41-92)	Turkey	Secondary and tertiary care centres; primary physician offices	91% male; 9% female	514	Not reported	NR	Astra-Zeneca Turkey
Kwon 2016	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	60.37 (SE 0.34)	South Korea	general population (COPD subsample)	72.36% (SE 0.12) males	2734 with COPD	stratified multistage probability sampling	not reported	no external funding sources for the study
Lacasse 2015	Utility	SF-6D utility	Cross-sectional	SF-6D	71 (7) - cases; 68 (8) - controls	Canada	outpatient	42 (62%) - male cases; 84 (62%) - male controls	Cases (n = 68); Controls (n = 136)	not reported	One hundred and seventy-six (176) patients with oxy-gen-dependent COPD were registered at the Quebec City area respiratory home care program. Of those, 74 did not fill in the SF-36	Groupe de recherche en santé respiratoire de l'Université Laval (GESER)
Lemmens 2008	Utility	VAS	Cross-sectional survey	EQ-5D	Mean (SD) 63 (11)	Neitherland	general practice / home care	156/122 56%/44%	278	Not reported	Not reported	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

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	Not reported	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 telemonitoring group 70 (61, 73); control 73 (63, 79)	UK	outpaient	in both group: 10/10 50%/50%	40	Consecutive	51.9% 40/77	Governmental/ EU grant (C046225)
Lin 2014	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	Mean (SD) Total sample 68.5 (10.4);	USA (seven sites)	Not reported	387/283 57.8%/42.2%	670	Random	26.2% (1293/4935)	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 hospitalization (n=300) 72 (66, 79) Alive at 1 year (n=600) 69 (61, 76)	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) 150/150, 50%/50% Alive at 1 year (n=600) 309/291, 52%/48%	416 died among 1016 enrolled	Other: cohort based	unclear	SUPPORT 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 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	Not reported	unclear	Boehringer Ingelheim, GlaxoSmithKline, Novartis, and Sunovion
Manca 2014	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	AATD COPD - 56.5 (10.6); Non-AATD COPD - 70.3 (9.2)	Spain	not reported	AATD COPD - 57.1% males; Non-AATD COPD - 80.3% males	96 (35 were AATD patients and 61 non-AATD COPD)	not reported	not reported	Grifols

Martínez 2012	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer, Booklet/card	Males Mean (SD) at time of survey 73,1 (8,3)	USA	outpatients	273/295	568	Random		not reported
Martinez Rivera 2016	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	66.9 (8.8)	Spain	outpatient	93%/7%	115	consecutive	not reported	No data provided.
McDowell 2015	Utility, Direct choice	VAS, EQ-5D utility, forced choice: treatment	Randomized controlled trial	EQ-5D	Telemonitoring with usual care: 69.8 (SD: 7.1); Usual care: 70.2 (SD: 7.4)	Northern Ireland	patients treated at home	Telemonitoring with usual care: 58.2% females Usual care: 54.5% females	110	consecutive	94.0% (117 assessed for eligibility and 110 recruited); 90.9% (110 recruited/ 100 finished study)	The study was funded by a grant from the European Centre for Connected Health. The researchers were independent from the funders.
McNamara 2015	Direct choice	Forced choice: place of treatment	Randomized controlled trial	No description	mean: 72 (SD: 10)	Australia	outpatient	uncertain	53	not reported	100% during follow up	Supported by a research grant from the Physiotherapy Research Foundation. The research funding body had no involvement in the study design, collection, analysis and interpretation of data; writing of the manuscript; or in the decision to submit the manuscript for publication.
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)	Germany	Hospitalized	Stage III 59%/41%	34	Not reported		not reported
Miller 1999	Utility	HUI	Cross-sectional survey	HUI	Mean (SD): 62.8 (7.5)	Canada	university-affiliated hospital	M/F: 17/7	24	Consecutive	unclear	Governmental 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	Not reported	New Zealand	Not reported	Not reported	87	Random		not reported

Miravitlles 2007	Uncategorized survey	Ideal characteristics of a COPD therapy	Cross-sectional survey	Narrative explained by interviewer, Computer program or Software, Audiobooklet	%Patients age >51= 51%	Germany, France, Italy, Spain and UK and USA	Outpatients	39%/61%	1100	Random		not reported
Miravitlles 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 consecutive unselected COPD patients)	68% (248 in 360 GPs)	Not reported
Miravitlles 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		not reported
Miravitlles 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		not reported
Miravitlles 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%)	846	Not reported		not reported
Miravitlles 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		not reported
Miravitlles 2015	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	67.9 (SD: 9.7)	Spain	outpatient	85.5%: males	346	consecutive	No data provided	This study was funded by GlaxoSmithKline (study HZC116842).

Mittmann 1999	Utility	HUI	Cross-sectional survey	HUI	age group, number and 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%	Canada	community	8058/9568 457.7%/54.3%	17626	Random	83.00%	Governmental/ Statistics Canada.
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 respondents and 75.8% for the RDD portion among respondents aged 12 or older, for an overall response rate of 79.0%.	Governmental/ Statistics Canada.
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)	Not reported
Molimard 2005	Direct choice	Conjoint analysis/Discrete 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	Not reported	unclear	Private for profit/ Novartis Pharma

Moore 2004	Direct choice	Forced choice: inhaler	Cross-sectional survey	questionnaire	Mean: German 58, Dutch 61	German and Dutch	Outpatients	120/136 46.9%/53.1%	256	Not reported	Not reported	not reported
Mutterlein 1990	Direct choice	Forced choice: device	Cross-over study	questionnaire	Unclear	Germany	Ambulatory patients	Unclear	60	Unclear	unclear	Unclear
Naberan 2012	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D, EQ-5D VAS	Mean (SD) 67.1 (10)	Spain	not reported	3792/740; 83.3%/16.7%	4552	Consecutive	4891 were recruited, 317 (6.5%) were excluded because they met one or more exclusion criteria	not reported
Nakken 2017	Utility	VAS, EQ-5D utility, AQoL-8D utility	Cross-sectional study	EQ-5D	63.3 (8.0) for female patients and 68.7 (8.3) for male patients	The Netherlands	outpatient	45.2%/54.8%	188 patient-partner couples	consecutive		This project is financially supported by Lung Foundation Netherlands, Leusden, the Netherlands, Grant 3.4.12.024 and by a research grant from Boehringer-Ingelheim, the Netherlands. The authors report no conflicts of interest in this work.
Nilsson 2007	Utility	VAS	Repeated surveys	EQ-5D, SF-12/SF-36	Age >65 56%, no mean was reported	Sweden	outpatients	women 54%/ men 46%	70 before /60 after measurements in project; 61 before/ 51 after measurements in study	Not reported	70 patients included in the study with COPD, 60 patient that fulfilled questionnaries before and after the interventions	not reported
Nishimura 2008	Utility	QWB	Cross-sectional survey	Narrative explained by interviewer	Mean age 70±6 years	Japan	not reported	100% male	161	Not reported	not reported	not reported
Nolan 2016	Utility	VAS, EQ-5D utility	Cohort study	EQ-5D	Mean SD: 70.4 (9.3) for study 1; Mean (95% CI): 70.2 (69.2 to 71.2) for study 2	UK	respiratory clinics at Harefield Hospital	59.7%/40.3% for study 1 and 59.3%/40.7% for study 2	616 for study 1 and 324 for study 2	consecutive	98.6% for study 1 and 81% for study 2	This work was funded through a National Institute for Health Research (NIHR) Clinical Scientist award (CS/7/007), NIHR Clinical Trials Fellowship (NIHR-CTF-01-12-04) and Medical Research Council (MRC) New Investigator Grant (G1002113) awarded to WD-CM.
Norris 2005	Direct choice	Forced choice: treatment	Cross-sectional survey	questionnaire	Mean (SD) 67.2 (9.5)	US	outpatient	81/30 73.0%/27.0%	111	Consecutive	40% (118/295)	Private not for profit and Governmental/ 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	not reported	not reported	USA	study on population of USA	not reported	39751 (597 diagnosed with emphysema)	Not reported	not reported	University grant
O'Reilly 2007	Utility	EQ-5D, VAS	Repeated surveys	Narrative explained by interviewer, EQ-5D	69,89 (SD=8,59)	UK	hospitalized patients	Female 81 (54%), male (46%)	149	Consecutive	follow up sample n=39	not reported
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	Not reported	29 included/ 28 completed follow up	not reported
Ojoo 2002	Direct choice	Forced choice: treatment	Randomized controlled trial	no description	Mean 70.1 in conventional arm and 69.7 in domicilary 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.)	Not reported response rate. 88.5% (54/61, six patients failed to complete the trial, one patient did not provide preference information)	Governmental and unclear/ Part of the funding of this study was obtained from East Yorkshire Hospitals NHS Trust.
Oliver 1997	Direct choice	Ranking: treatment	Cross-over study	unclear	unclear	UK	unclear	Unclear	20	unclear	Unclear	unclear
Olszanecka-Glinianowicz 2014	Uncategorized survey	Brief Illness Perception Questionnaire	Cross-sectional survey	No description	Mean (SD) 60.0 (13.5)	Poland	general practice	1491/1111 57.3%/42.7%	2602	Consecutive	Not reported	Not reported
Osman 2008	Utility	VAS	Cross-sectional survey	EQ-5D	69 (SD - 8,2)	UK	patients living in home	Male 67 (45%), female (55%)	206	Not reported	534 invited, 148 after initial survey	Funded by Eaga Partnership Charitable Trust
Pallin 2012	Direct choice	Willingness to pay, Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer	64,4 ±6,7	Ireland	outpatient, or hospitalizaed on the day of discharge	male 26 (46,4%), female (53,6%)	146 patient approached/ 142 completed survey	Consecutive	no follow up	not reported
Park 2015	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	64.7 (0.4)	South Korea	general population (COPD subsample)	Male: 72.5% (SD: 1.8%)	1302	stratified multistage probability sampling	not applicable	The authors have no support or funding to report.

Pascual 2015	Direct choice	Forced choice: inhaler	Cross-over study	no description	67.6 (8.0)	Germany, Spain, the UK	outpatient	males: 91, 71.7%/28.3%	127	not reported	not reported	The study was funded by Almirall S.A., Barcelona, Spain, and Forest Laboratories LLC, a subsidiary of Actavis PLC, New York, USA. Medical writing support was funded by Almirall S.A., Barcelona, Spain.
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	80; 1 missing	Funding by Glaxo Wellcome Research and Development
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 among the asthma and COPD patients listed in each country as part of the pre-recruited panel of 1,835,000 individuals) and invitation to participate are unavailable… Approximately 50%	Private not for profit/ Chiesi Foundation
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	not reported	UK	outpatients	not reported	279 (response rate 49,2%).	Not reported	187 (response rate 71,4%)	Funded by the Department 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 hospitalized patients	Male - 118 (98,3)/ Female 2 (1,7%)	120	Not reported	no follow-up	not reported
Pisa 2013	Direct choice	Conjoint analysis/Discrete 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	not reported	Male/ female: 63%/37%	300	Not reported	no follow-up	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	Not reported	no follow-up	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	not reported	not reported
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	28.3% (2138/7559)	Private for profit
Puente-Maestu 2016	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	68.0 (9.0)	Spain	not reported	Males: 79.7% (SE: 2.3%); Females: 20.3% (SE: 2.3%)	296	consecutive	not reported	This study was financed in full by Ferrer International.
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	6100.00%	not reported
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	Not reported	17700.00%	not reported
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		not reported
Reinke 2011	Direct choice	Forced choice: treatment	Cross-sectional survey	Narrative explained by interviewer, In-person contact with someone who has experienced the health event	69,4 (sd=10,0)	USA	outpatient	male/female – 96,8%(333)/3,2%	1292 invited but 376 meet the inclusion criteria	Consecutive		not reported
Reinke 2013	Uncategorized survey	Forced choice: treatment	Cross-sectional survey	No description	Mean (SD) 69.4 (10.0	USA	Not reported	97%/3%	376	Other: Trial based sample	Not reported	not reported

Rhee 2017	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	63.5 (11.9)	South Korea	general population (COPD subsample)	Male: 1692 (70.6%)	2397	stratified multistage probability sampling	not applicable	This study was supported by a grant (2014P3300300) from the Korea Centers for Disease Control and Prevention. This study was supported by COPD cohort data of HIRA
Riley 2016	Direct choice	Forced choice: inhaler	Randomized controlled trial	No description	Not reported	Not reported	not reported	not reported	618	not reported	not reported	Development of the CDPQ, these clinical studies, and analyses were funded by GlaxoSmithKline. All medical writing and editorial support was funded by GlaxoSmithKline
Ringbaek 2008	Utility	EQ-5D, VAS	Repeated surveys	Narrative explained by interviewer, EQ-5D	69,1 (8,1)	Denmark	not reported	male/ female – 31,9%/68,1 %	229	Not reported		not reported
Rinnenburger 2012	Direct choice	Preferences of decision making mode	Repeated surveys	Narrative explained by interviewer	not reported	Italy	hospitalized	not reported	84 (what was the 84% of whole population with other ilnesses)		not reported	not reported
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 mising, 52.5%/45.8 %/1.7%	118	Not reported	Not reported	Governmental/the National Health Research and Development Program of Canada.
Rocker 2013	Uncategorized survey	Reasons to continue (or not) with opioids	Cohort study	no description	74 (51-89 YEARS)	Canada	not reported	Male/ female – 19 (42%)/ 26 (58%)	55 enrolled/ 32 finished the study	Not reported	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	Not reported		not reported

Rutten van Molken 2006	Utility	EQ-5D, VAS	Cross-sectional survey	EQ-5D	64,5 (8,4)	USA, Czech Republic, Spain, Denmark, Germany, Poland, the Netherlands, Italy, France, Hungary, Russia, Belgium, Australia	Male/female – 902 (73%)/333 (27%)		1235	Consecutive		not reported
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	Not reported		Financial support for this study was provided by Boehringer Ingelheim International and Pfizer Global Pharmaceuticals
Sassi-Dambron 1995	Utility	QWB	Randomized controlled trial	Other:Health-Related Quality of Well-Being Scale	(mean (SD)) 1. Treatment: 67.5 (8.0) 2. Control: 67.3 (8.0)	United States	Community; primary (community physicians and clinics)	Total: 49M/40F 1. Treatment: 26M/20F 2. Control: 23M/20F	Initial: 98 subjects (47 treatment, 51 control). After dropout: 89 (46 treatment; 43 control)	Voluntary sample	NR for response rate. Drop-out: 98 subjects randomized; 9 drop-outs; final = 89 subjects (90.82%). Of the 98 subjects randomly assigned to treatment (n= 47)and control(n= 51)groups,ninedropped out before treatment, one from the treatment and eight from the control group.Reasons for dropping included ilnes(treatment= 1,control= 1),time conflict(control= 4),and lack ofi nterest (control=3).	grant 2RT0268 from the University of California Tobacco Related Disease Research Program and grant R01 HL34732 from the National Heart, Lung & Blood Institute.
Scharf 2011	Utility	HUI	Cross-sectional survey	Narrative explained by interviewer	65,9 (11,7)	Israel	hospitalized	male/female - 140 (77,8%)/ 40 (22,2%)	180	Not reported		The study was funded by a grant from the Dean's office, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beersheba, Israel
Schunemann 2003	Utility	Standard gamble, VAS	Randomized controlled trial	HUI, other: marker states	66 (7) With marker states 66.8 (7.6); without marker states 64.7 (7.5)	Canada	rehabilitation or conventional community care	46/38 54.8%/45.2%	84	Consecutive	84/130=64.6%	Governmental/ Medical Research Council of Canada

Schunemann 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	Not reported	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.
Sharafkhaneh 2013	Uncategorized survey	Primary disadvantages of nebulization therapy	Cross-sectional survey	no description	Age group: n(%) 18–24: 4 (1) 25–34: 5 (1) 35–44: 23 (6) 45–64: 168 (42) ≥65: 200 (50)	USA	COPD households compiled from a variety of sources (i.e., direct outreach, magazine, and publication subscriptions)	140/260 (35%/65%)	400	Random	10.4% (800 of 7691)	Private for profit/ Mylan Specialty L.P.
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	Not reported	unclear	Private for profit

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.
Small 2015	Utility	EQ-5D utility	Cross-sectional study	EQ-5D	<65 years: 307 (38.1%) 65 year and older: 498 (61.9%)	USA	routine care	Male: 443 (55.0%) Female: 360 (44.7%) Missing: 2 (0.3%)	805	consecutive	not reported	Novartis Pharmaceuticals Corporation provided funding for the analysis of these data and medical writing support
Solem 2013	Utility	EQ-5D	Cross-sectional survey	EQ-5D	68.0 (9.6), severe COPD: 67.4 (9.8), very severe COPD: 68.8 (9.2)	US	Practice of pulmonologist and primary care physicians: A stratified random quota sample of 100 physicians (with a target of equal representation by pulmonologists and primary care physicians drawn in equal proportions from the	161/153 (51.3%/ 48.7%) severe COPD: 94/96 (49.5%/50.5%) very severe COPD: 67/57 (54.0%/46.0%)	314	Random	unclear	Private not for profit/ Forest Research Institute

Sorensen 2016	Utility	EQ-5D utility	Randomized controlled trial	EQ-5D	Usual care: 69.7 (8.6), case management: 69.0 (8.4)	Denmark	community based case management	Usual care: 27/47 (36.5%/63.5%); case management: 36/38 (48.7%/51.3%)	150	not reported	62.8% (150 of 239 enrolled), 148 of 150 followed up	The research project received support from The North Denmark Region, Denmark. The sponsors of the study had no role in data analysis, data interpretation, or writing of the paper.
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	Not reported	36/48	Not reported
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 in Northen Sweden	98/70 58.3%/41.7%	168	Not reported	unclear	Private for profit (Astra Zeneca)

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)	not reported
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	Not reported	Unclear for the response rate, and for the response rate of the EQ-5D from TORCH trial: 59.6% (3640/6112)	not reported
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)	not reported
Stavem 2002a	Utility	Time trade off	Cross-sectional survey	Decision board	Mean (SD) 57 (10)	Norway	outpatients, identified the Central Hospital of Akershus, Norway	34/25 57.6%/42.4%	59	Consecutive	29.8% (59/198)	Not reported

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	Mean (SD) 57 (10)	Norway	outpatients, identified the Central Hospital of Akershus, Norway	34/25 57.6%/42.4%	59	Consecutive	29.8% (59/198)	Not reported
Stein 2009	Utility	Standard gamble	Cross-sectional survey	Booklet/card (The COPD vignettes were based on the Chronic Respiratory Disease Questionnaire (CRDQ), as used in a trial of community-based pulmonary rehabilitation)	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 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 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. Thus, the net final recruitment was 2.1% of those initially approached.)	Governmental/ NHS R&D Programme; National Institute for Health and Clinical Excellence (NICE); NHS Quality Improvement Scotland (NHSQIS)
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)	Not reported
Stoddart 2015	Utility	EQ-5D utility	Randomized controlled trial	EQ-5D	telemonitoring sample: 69.4 (8.8) controls: 68.4 (8.4)	UK (Scotland)	primary care	telemonitoring sample: 53/75 (41%/59%), controls: 63/65 (49%/51%)	256	consecutive	not reported	The work was funded by a grant from the Chief Scientist's Office of the Scottish Government (ARPG/07/03).
Sundh 2015	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	male: 72.2 (8.11), female: 70.5 (7.58)	Sweden	Secondary care respiratory units	165/208 (44.2%/55.8%)	373	consecutive	not reported	he study was supported by an unrestricted grant from Takeda Pharma AB, Sweden.

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	Not reported	93/109	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/ GlaxoSmithKline
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	Not reported
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	Not reported	not reported 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 controlled trial	EQ-5D	Mean (SD) Intervention: 69.0 (9.8); control: 70.5 (10.0)	UK	10 primary care teams or from a community respiratory clinic	Intervention: 40/38, 51.3%/48.7%; Control: 13/25, 34.2%/65.8%	116	Consecutive	116/507	the 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	ciprofloxacin: 44/71 38%/62%; Usual care: 53/54 50%/50%	222 in 240	Not reported	not reported	Private for profit/ Bayer Inc.
Torres-Sánchez 2016	Utility	VAS	Randomized controlled trial	EQ-5D	Intervention group: 72.36 (8.91) Control group: 73.7 (7.1)	Spain	Inpatient	Men: 47; women: 2	49	consecutive	unclear response rate, 100% follow up (i.e. no patients were lost to follow-up)	This work was supported by the Professional association of physiotherapists of AndalusiaSpain (Colegio Profesional de Fisioterapeutas deAndalucía). [number SG/0300/13CO];and the Spanish society of Pneumology and thoracic surgery (SEPAR)and Spanish Foundation of the lung(Fundación Respira). (Beca Becario SEPAR 2013) [Grant numberProyecto 061/2013].

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 Universtiy of Maryland Hospital and the Baltimore Veterans Administration Hosptial	29/8 78.4%/21.6%	37	Consecutive	not reported, while 37 of the 40 finished the survey	Not reported
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	Consecutive	65.7% 205/312 who contacted the recruiment helpline	Private not for profit/ Health Foundation (UK)
Utens 2012	Utility	EQ-5D	Randomized controlled trial	EQ-5D	Mean (SD) usual hospital group 67.8 (11.3); early assisted discharge 68.31 (10.34)	Netherlands	hospitalized patients first and discharge later	usual hospital: 38/31 55.1%/44.9%, early assisted discharge: 48/22 68.6%/31.4%	139	Consecutive	139 of 479 (29.0%) randomized, 115 of 139 finished the survey	Governmental/ Netherlands Organization for Health Research and Development (945-50-7730)
Utens 2013	Direct choice	Forced choice: place of treatment	Randomized controlled trial	no description	Mean (SD) usual hospital group 67.8 (11.3); early assisted discharge 68.31 (10.34)	Netherlands	hospitalized patients first and discharge later	usual hospital: 38/31 55.1%/44.9%, early assisted discharge: 48/22 68.6%/31.4%	139	Consecutive	139 of 479 (29.0%)	Governmental/ Netherlands Organization for Health Research and Development (945-50-7730)
Utens 2014	Direct choice	Forced choice: place of treatment	Randomized controlled trial	no description	Not reported	Netherlands	hospitalized patients first and discharge later	usual hospital: 38/31 55.1%/44.9%, early assisted discharge: 48/22 68.6%/31.4%	124 (62 caregivers each in either groups)	Consecutive	not reported	Governmental/ Netherlands Organization for Health Research and Development (945-50-7730)

van Boven 2016	Utility	VAS, EQ-5D utility	Pre-test/post-test design	EQ-5D	68.8 (7.8)	The Netherlands	primary care	52.2%/47.8%	88	not reported	88/94 = 93.6%	For the implementation of the study the authors' institution (University of Groningen) received an unrestricted educational grant from AstraZeneca Ltd.
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	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	Not reported	87/42 67.4%/32.6% for the safety population, and 75/30 (71.4%/28.6%) for the ITT population	129	Not reported	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 inhaler use scale, importance core of inhaler attributes	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 Enschede, and Gelre Hospital at Zutphen, the Netherlands	52/61 46%/56% for overall study population	113, while 82 for COPD	Not reported	UNCLEAR	Private for profit/ Glaxo Smith Kline, Zeist, the Netherlands.
van der Palen 2016	Direct choice	Forced choice: inhaler	Cross-over study	No description	67.3 (8.3)	Netherlands, UK	not reported	342/ 225 (60%/40%)	567	not reported	not reported	These studies were funded by GSK (GSK study numbers, 200301 and 200330; clinical trials.gov number, NCT02184624 and NCT02195284).

van der Valk 2002	Utility	VAS	Randomized controlled trial	EQ-5D	Mean (SD) Flluticasone 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	Not reported	47.9% 244 of 509	Governmental and Private for Profit/ Netherlands Asthma Foundation, Amicon Health Insurance Co., Boehringer Ingelheim, and GlaxoSmithKline 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 pulmonogist-referred). Outpatient clinics	NR	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)	Consecutive	1508/3813 = 39.55%	Writing support was funded by Novartis.
Villar Balboa 2014	Utility	VAS	Cross-sectional survey	EQ-5D	71 (10.6)	Spain	unclear	82/16	98	random	96.1% (98 of 102)	not reported
Vogelmeier 2016	Direct choice	Forced choice: inhaler	randomized controlled trial	No description	Aclidinium/ formoterol 400/12 µg twice daily: 63.5 (8.1) Salmeterol/ fluticasone 50/500 µg twice daily: 63.3 (7.5)	Austria, Bulgaria, Canada, Czech Republic, France, Germany, Hungary, Italy, Lithuania, Netherlands, Poland, South Africa, Spain, United Kingdom	not reported	Aclidinium/ formoterol 400/12 µg twice daily: 65.7%/34.3% Salmeterol /fluticasone 50/500 µg twice daily: 64.4%/35.6%	933	not reported	82.90%	This study was supported by Almirall SA, Barcelona, Spain. Medical writing support was provided by David Finch, Jessica Oliver-Bell and Jennifer Higginson of Complete Medical Communications (Macclesfield, UK), funded by AstraZeneca
Walters 2003	Utility	SF-6D	Cohort study	SF-12/SF-36	NR	NR	NR	NR	60	Not reported	NR	Not reported
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 sample (n=105): 66.3 (9.2) 2. Study completed (n=86): 65.7 (9.3) 3. Dropout (n=19): 68.8 (8.2)	Netherlands	Outpatient clinic	(male - n (%)): 1. Total sample (n=105): 65 (61.9%) 2. Study completed (n=86): 54 (62.8%) 3. Dropout (n=19): 11 (57.9%)	105	Consecutive	Response rate NR. Follow-up complete for 86 (81.90%) patients in the total sample.	Proteion Thuis, Horn, The Netherlands; CIRO+, Horn, The Netherlands; Grants 3.4.10.015 (S. Wilke) and 3.4.06.082 (D.J.A. Janssen) of the Netherlands Asthma Foundation, Leusden, The Netherlands; Stichting Wetenschapsbevordering Verpleeghuiszorg (SWBV), Utrecht, The Netherlands.
Wilson 2005	Direct choice, Uncategorized 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/Accpet MV (n=10): 62.4 (15.4)	Canada	Outpatients who participated in a pulmornary rehabilitation program	15/8 (65%/35%) for those forego MV, and 3/7 (30%/70%) for those uncertain/ accept MV	33	Consecutive	93 of 120 was contacted, 78%; 38 of the 93 agreed, 41%	Governmental/Research Development Fund of The Rehabilitation 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	Not reported	unclear	Private for profit/ Glaxo Smith Kline, Zeist, the Netherlands.
Wu 2015	Utility	VAS, EQ-5D utility	Cross-sectional study	EQ-5D	Median, Mean (SD): 71.8, 70.4 (10.1)	China	community	494/184 (72.9%/21.1%)	678	not reported	94% (678 of 721)	This study was sponsored by Norvatis (China) Investment Co. Ltd and supported by Shanghai Leading Academic Discipline Project of Public Health (Project Number: 12GWZX0101)
Youngmi-2011	Utility	EQ-5D	Cross-sectional	EQ-5D	UNCLEAR for COPD	Korea	Unclear	UNCLEAR	217	stratified multistage clustered probability design	unclear	Unclear
Yun Kirby 2016	Direct choice	Forced choice: inhaler	Cross-over study	no description	mean: 64.7 (SD: 9.74), range: 39–89	US	not reported	53%/47% (153/134)	287	not reported	283/287 = 98,6%	This study was funded by GSK (study number RLV116669; ClinicalTrials.gov number NCT01868009).

Zanaboni 2017	Utility	VAS, EQ-5D utility	Cohort study	EQ-5D	mean: 55.2 (SD: 6.1), range: 48–69	Norway	the Norwegian Centre for Integrated Care and Telemedicine (NST), University Hospital of North Norway (UNN) and the rehabilitation centre LHL-klinikkene Skibotn	Males: 5, Females: 5	10	not reported	100% (a pilot study)	The study was funded by the Northern Norway Regional Health Authority (grant number HST1014-11).
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