**Supplementary file 5: The final version of both the control group and intervention group TFA informed acceptability questionnaires applied in the BEB and HFS trial**

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| --- | --- | --- |
|  | Intervention group | Control group |
| Global acceptability | How acceptable would it be to book your own appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Completely unacceptable | Unacceptable | No opinion | Acceptable | Completely acceptable | | 1 | **2** | **3** | **4** | **5** | | How acceptable would it be for your treating Healthcare Professional to continue booking your appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Completely unacceptable | Unacceptable | No opinion | Acceptable | Completely acceptable | | 1 | **2** | **3** | **4** | **5** | |
| Affective attitude  *How an individual feel about the intervention* | How much would you like booking your own appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly dislike | Dislike | No opinion | Like | Strongly like | | 1 | **2** | **3** | **4** | **5** | | How much would you like having your appointments booked for you by your Treating Healthcare Professional?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly dislike | Dislike | No opinion | Like | Strongly like | | 1 | **2** | **3** | **4** | **5** | |
| Burden  *The amount of effort that was required to participate in the intervention* | How much effort do you think it would be to book your own appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No effort at all | A little effort | No opinion | A lot of effort | Huge effort | | 1 | **2** | **3** | **4** | **5** | | n/a |
| Perceived Effectiveness  *The extent to which the intervention is perceived to have achieved its intended purpose* | How likely is that you would attend appointments that you booked yourself?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Very unlikely | Unlikely | No opinion | Likely | Very likely | | 1 | **2** | **3** | **4** | **5** | | How likely is it that you would attend the appointments booked for you by your Treating Healthcare Professional?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Very unlikely | Unlikely | No opinion | Likely | Very likely | | 1 | **2** | **3** | **4** | **5** | |
| Ethicality  *The extent to which the intervention has good fit with an individual’s value system* | How fair (to all patients) is a system where patients book their own appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Very unfair | Unfair | No opinion | Fair | Very fair | | 1 | **2** | **3** | **4** | **5** | | How fair (to all patients) is the current system where appointments are booked by the Treating Healthcare Professional?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Very unfair | Unfair | No opinion | Fair | Very fair | | 1 | **2** | **3** | **4** | **5** | |
| Opportunity costs  *the benefits, profits or values that were given up to engage in the intervention* | Booking my own appointments would interfere with my other priorities:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly disagree | Disagree | No opinion | Agree | Strongly agree | | 1 | **2** | **3** | **4** | **5** | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly disagree | Disagree | No opinion | Agree | Strongly agree | | 1 | **2** | **3** | **4** | **5** |   Having my appointments booked for me by my treating Healthcare Professional would interfere with my other priorities: |
| Self-efficacy  *The participant's confidence that they can perform the behaviour(s) required to participate in the intervention* | How confident would you feel about booking your own appointments?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Very unconfident | Unconfident | No opinion | Confident | Very confident | | 1 | **2** | **3** | **4** | **5** | | n/a |
| Intervention coherence  *The extent to which the participant understands the intervention and how it works* | It is clear to me how booking my own appointments would help me manage my eye condition   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly disagree | Disagree | No opinion | Agree | Strongly agree | | 1 | **2** | **3** | **4** | **5** |   Please tell us more about your views | It is clear to me how having my appointment booked for me by my Treating Healthcare Professional would help me manage my eye condition.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly disagree | Disagree | No opinion | Agree | Strongly agree | | 1 | **2** | **3** | **4** | **5** |   Please tell us more about your views |