**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**

|  |  |  |
| --- | --- | --- |
|  | 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  |