APPENDIX

**Questionnaire**

1. Age (years):
   1. Less than 30
   2. 31-40
   3. 41-50
   4. 51-60
   5. 61-69
   6. More than 70
2. Sex
   1. Male
   2. Female
3. How long have you been a specialist?
   1. Still in training
   2. Less than 5 years
   3. 5-9 years
   4. 11-20 years
   5. 21-30 years
   6. More than 30 years
4. Working institution:
   1. General hospital
   2. University hospital
   3. Outpatient service
   4. Rehabilitation
   5. General medicine
   6. Freelance
   7. Retired
5. Main working setting:
   1. Pulmonology ward
   2. Internal medicine ward
   3. Intensive care unit/respiratory intensive care unit
   4. Emergency room/ emergency medicine
   5. Rehabilitation
   6. Outpatients
   7. Interventional pneumology /Bronchoscopy
   8. Others (specify)
6. Region
7. In your experience, do you think that chest ultrasound has an impact on clinical practice?
   1. Yes
   2. No
8. Do you use chest ultrasound at least once a month?
   1. Yes 🡪question 9
   2. No 🡪question 19
9. How many years have you been using chest ultrasound?
   1. Less than 1
   2. 1-3
   3. 3-5
   4. 5-10
   5. More than 10
10. How did you train in chest ultrasound? (more than one answer possibile)
    1. General US course
    2. Chest US course
    3. Emergency US course
    4. Clinical practice mentored by a tutor
    5. Self-learned (books or online resources)
11. Is an US machine available in your department?
    1. Yes, always available (in my department/service)
    2. Yes, with some difficulties (in other departments, but portable)
    3. Yes, on demand (in other departments but portable)
    4. No
12. Which kind of ultrasound machine do you use mostly?
    1. US station
    2. Portable US
    3. Handheld US
13. How many US (chest and others) do you perform weekly?
    1. 1-2
    2. 3-5
    3. 6-10
    4. 11-30
    5. More than 30
14. In which setting do you perform US mostly? (more than one answer possible)
    1. Dedicated US for outpatients
    2. Respiratory disease outpatients
    3. Day hospital/endoscopy
    4. Ward, bedside
    5. Intensive care unit/respiratory intensive care unit
    6. Emergency room
    7. Others (specify)
15. Which is the principal aim of your US exams?
    1. Diagnosis (i.e. suspect pleural effusion)
    2. Guide to pleural procedures
    3. Both diagnosis and pleural procedures
16. Which are the main indications to your chest US examinations?
    1. Pleural effusion (diagnosis)
    2. Pleural effusion (guide to procedures)
    3. Pneumonia
    4. Acute dyspnea
    5. Thoracic pain
    6. Pneumothorax
    7. Heart failure
    8. Suspicion of pulmonary embolism
    9. Diaphragm evaluation
    10. Other (specify)
17. What kind of US exams do you perform?
    1. Chest wall
    2. Pleura and lung
    3. Diaphragm
    4. Abdomen
    5. Vascular US (including compressive US)
    6. Heart
    7. Muscoloskeletal
    8. Others (specify)
18. Do you write a report of your US exams?
    1. No (specify why)
    2. Yes
    3. Yes, together with complementary procedures (thoracenthesis, etc.)
19. Why don’t you perform chest US? (main reason)
    1. Not interested / not useful
    2. No time to learn it
    3. Fear for legal risks
    4. No US machine available
    5. Others in my department already perform it
    6. My work is not compatible with it
    7. Others (specify)
20. Have you ever attended any chest ultrasound courses or read a book about it?
    1. Yes
    2. No
21. If yes, what course? (more than one answer possible)
    1. General US course
    2. Chest US course
    3. Emergency US course
    4. Clinical practice mentored by a tutor
    5. Self-learned (books or online resources)
    6. No course
22. Is there in your organization a chest US performer?
    1. Yes, in my team
    2. Yes, in other departments
    3. Nobody