Supplementary Table 1. The 25 questions comprising the questionnaire based on the guidelines of the European Respiratory Society and British Thoracic Society

Questions		Answers
1.	Do you agree to participate in this survey?	
2.	What is the name of your country?	
3.	What is the name of your center?	
4.	How many beds are there in your center?	< 500 beds, 500–999 beds, 1,000–1,499 beds, 1,500–2,000 beds, > 2,000 beds
5.	How many outpatients with bronchiectasis do you care for in your clinic per month?	< 50 patients, 50–100 patients, 101–200 patients, 201–300 patients, > 300 patients
6.	How many years have you worked as a respiratory specialist?	1–2 years, 3–5 years, 6–10 years, 11–20 years, > 20 years, I am not a respiratory specialist
7.	What is your position?	Professor (including assistant/associate) in an academic institute, fellowship in an academic institute, respiratory specialist in a private or public hospital (not an academic institute), research position (not in a clinic), officer in government, other
8.	Do you have local guidelines regarding bronchiectasis in your country or region?	Yes, no
9.	How often do you check the differential blood count of patients with stable bronchiectasis?	Usually ≥ 4 times per year, usually 1–3 times per year, usually less than once per year, usually just once (e.g., at initial visit), usually never
10.	Do you perform a serum immunoglobulin test (such as IgG, IgA, and IgM) when diagnosing patients with bronchiectasis?	Usually yes, usually no, only when suspected in an immunocompromised host, other
11.	Do you check for ABPA (allergic bronchopulmonary aspergillosis) when diagnosing patients with bronchiectasis?	Usually yes, usually no, only when combined with asthma, other
12.	How often do you check sputum AFB smear and culture for patients with stable bronchiectasis?	Usually ≥ 4 times per year, usually 1–3 times per year, usually less than once per year, usually just once (e.g. at initial visit), usually never
13.	How often do you check sputum Gram stain and culture for patients with stable bronchiectasis?	Usually ≥ 4 times per year, usually 1–3 times per year, usually less than once per year, usually just once (e.g., at initial visit), usually never
14.	Which method do you prefer to treat bronchiectasis patients with acute exacerbations?	In an outpatient clinic with p.o. antibiotics, in an outpatient clinic with inhaled antibiotics, in a hospital with intravenous antibiotics, in a hospital with inhaled antibiotics
15.	How long do you/your institution treat bronchiectasis patients with acute exacerbations?	< 7 days, 7–10 days, 10–14 days, 15–21 days, > 21 days
16.	Do you/your institution have available inhaled antibiotics?	Yes, no
16-1.	If you answered yes to question 16, what kind of inhaled antibiotics do you have? (multiple choice)	Amikacin, tobramycin, gentamicin, aztreonam, ciprofloxacin, colistin, inhaled antibiotics are not available
17.	Do you/your institution perform eradication treatment for patients with drug-sensitive *P. aeruginosa* infection?	Usually yes, usually no
17-1.	If you answered yes to question 17, where do you treat these patients?	In an outpatient clinic with p.o. antibiotics, in an outpatient clinic with inhaled antibiotics, in a hospital with intravenous antibiotics, In a hospital with inhaled antibiotics
17-2.	If you answered yes to question 17, what kind of antibiotics do you prefer to treat drug-sensitive *P. aeruginosa*?	Ciprofloxacin, levofloxacin, anti-pseudomonal cephalosporins, anti-pseudomonal penicillins

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Supplementary Table 1. Continued

Questions	Answers
17-3. If you answered yes to question 17, how long do you treat these patients?	< 7 days, 7–10 days, 11–14 days, 15–20 days, > 21 days
17-4. If you answered yes to question 17, do you check sputum culture to confirm eradication after treatment?	Usually yes, usually no
18. Do you/your institution perform eradication treatment for patients with drug-resistant *P. aeruginosa* infection?	Usually yes, usually no
18-1. If you answered yes to question 18, where do you treat these patients?	In an outpatient clinic with p.o. antibiotics, in an outpatient clinic with inhaled antibiotics, in a hospital with intravenous antibiotics, in a hospital with inhaled antibiotics
18-2.vIf you answered yes to question 18, how long do you treat these patients?	< 7 days, 7–10 days, 11–14 days, 15–20 days, > 21 days
19. Do you/your institution use an anti-inflammatory agent (usually > 3 months) to treat patients with bronchiectasis?	Usually yes, usually no
19-1. If you answered yes to question 19, what kind of anti-inflammatory agent do you usually use? (multiple choice)	Inhaled corticosteroid, statin (HMG-CoA reductase inhibitor), macrolide, I do not use an anti-inflammatory agent
20. Do you/your institution perform long-term antibiotic treatment (≥ 3 months) for bronchiectasis patients with three or more exacerbations per year?	Usually yes, usually no
20-1. If you answered yes to question 20, which regimen do you prefer? (multiple choice)	p.o. Macrolide, p.o. macrolide, intravenous antibiotics, inhaled antibiotics
21. Do you/your institution perform long-term mucoactive treatment (≥ 3 months) for symptomatic patients?	Usually yes, usually no
21-1. If you answered yes to question 21, which agent do you usually prefer? (multiple choice)	Mannitol, nebulized recombinant human DNase, nebulized hypertonic saline, oral mucolytics, I do not prescribe mucoactive treatment for symptomatic patients with bronchiectasis
22. Do you/your institution perform long-term bronchodilator treatment (≥ 3 months)? (multiple choice)	Usually yes, usually no, only when combined with chronic obstructive pulmonary disease, only when combined with asthma
22-1. If you answered yes to question 22, which agent do you usually prefer? (multiple choice)	LABA, LAMA, SABA, ICS/LABA, LABA/LAMA combination, I do not perform long-term bronchodilator treatment for patients with bronchiectasis
23. Do you/your institution consider surgical intervention for patients with localized disease and a high frequency of exacerbations?	Usually yes, usually no
24. Do you/your institution consider physiotherapy (airway clearance and/or pulmonary rehabilitation)?	Usually yes, usually no
24-1. If you answered yes to question 24, what kind of physiotherapy is available at your institution? (multiple choice)	Postural drainage, oscillating positive expiratory devices, pulmonary rehabilitation
24-2. If your institution is able to perform pulmonary rehabilitation, how often do you prescribe this for patients?	Usually less than once per week, usually 1–3 times per month, usually less than once per month, but more than once per year, usually less than once per year, or just once (e.g. at initial visit), we do not prescribe pulmonary rehabilitation for patients with bronchiectasis
25. What kind of drug do you prefer to treat bronchiectasis patients with blood-tinged sputum or haemoptysis? (multiple choice)	Antibiotics, haemostatic agent such as tranexamic acid, antitussive

Ig, immunoglobulin; AFB, acid-fast bacillus; p.o., per oral; *P. aeruginosa*, *Pseudomonas aeruginosa*; HMG-CoA, 3-hydroxy-3-methylglutaryl coenzyme A; LABA, long acting beta agonist; LAMA, long acting antimuscarinic; SABA, short acting beta agonist; ICS, inhaled corticosteroid.