Supplemental Table 1
COREQ Checklist

No.	Item	Description	Included
Domain 1: Research Team And Reflexivity			
Personal CHaracteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	x
2.	Credentials	What were the researcher's credentials? *E.g., PhD, MD*	x
3.	Occupation	What was their occupation at the time of the study?	x
4.	Gender	Was the researcher male or female?	x
5.	Experience and training	What experience or training did the researcher have?	x
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	x
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? *E.g., Personal goals, reasons for doing the research*	x
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? *E.g., Bias, assumptions, reasons and interests in the research topic*	x
Domain 2: Study design			
Theoretical framework			
9.	Methodological orientation and theory	What methodological orientation was stated to underpin the study? *E.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	x
Participant selection			
10.	Sampling	How were participants selected? *E.g., purposive, convenience, consecutive, snowball*	x
11.	Method of approach	How were participants approached? *E.g., face-to-face, telephone, mail, email*	x
12.	Sample size	How many participants were in the study?	x
13.	Non-participation	How many people refused to participate or dropped out? What were the reasons for this?	x
Setting			
14.	Setting of data collection	Where was the data collected? *E.g., home, clinic, workplace*	x
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	x
16.	Description of sample	What are the important characteristics of the sample? *E.g., demographic data, date*	x
Data collection			
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	n/a
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	n/a
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	x
20.	Field notes	Were field notes made during and/or after the interview or focus group?	x
21.	Duration	What was the duration of the interviews or focus group?	x
22.	Data saturation	Was data saturation discussed?	n/a
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	n/a
Domain 3: Analysis and findings			
Data analysis			
24.	Number of data coders	How many data coders coded the data?	n/a
25.	Description of the coding tree	Did authors provide a description of the coding tree?	n/a
26.	Derivation of themes	Were themes identified in advance or derived from the data?	n/a
27.	Software	What software, if applicable, was used to manage the data?	X
28.	Participant checking	Did participants provide feedback on the findings?	n/a
Reporting			
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? *E.g., Participant number*	x
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	x
31.	Clarity of major themes	Were major themes clearly presented in the findings?	n/a
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	n/a

Acceptability/Feasibility Survey

	1	2	3	4	5
1. Please Rate Your *First Reaction* to the ENABLE Program as we Described. (*Please circle one.*)	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
2. We are creating a program called "EPIC" for COPD and adapting it from the ENABLE© program. How *acceptable* do you think patients with COPD and their family caregivers would find such a program? (*Please circle one.*)	1 Extremely Unacceptable	2 Somewhat Unacceptable	3 Undecided	4 Somewhat Acceptable	5 Extremely Acceptable
3. How *feasible* do you think a program like EPIC would be for people with COPD and their family caregivers? (*Please circle one.*)	1 Extremely Unfeasible	2 Somewhat Unfeasible	3 Undecided	4 Somewhat Feasible	5 Extremely Feasible
4. Please rate the design of the ENABLE© guidebooks, such as the color, pictures, printed text, and readability? (*Please circle one.*)	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
5. How likely do you think that people with COPD and their family caregivers would attend a clinic appointment at the UAB Palliative and Supportive Care Clinic? (*Please circle one.*)	1 Extremely Unlikely	2 Somewhat Unlikely	3 Undecided	4 Somewhat Likely	5 Extremely Likely
6. How likely do you think that people with COPD and their family caregivers would be to video chat with a healthcare professional at the UAB Palliative and Supportive Care Clinic? (*Please circle one.*)	1 Extremely Unlikely	2 Somewhat Unlikely	3 Undecided	4 Somewhat Likely	5 Extremely Likely
7. (*For patients/family caregivers*) How likely would you be to participate in EPIC? (*Please circle one.*)	1 Extremely Unlikely	2 Somewhat Unlikely	3 Undecided	4 Somewhat Likely	5 Extremely Likely
8. (*For clinicians*) How likely would you be to recommend EPIC to your COPD patients or other clinicians?	1 Extremely Unlikely	2 Somewhat Unlikely	3 Undecided	4 Somewhat Likely	5 Extremely Likely
9. How *feasible* are the data collection instruments, or surveys, for people living with COPD and their caregivers?	1 Extremely Unfeasible	2 Somewhat Unfeasible	3 Undecided	4 Somewhat Feasible	5 Extremely Feasible

Patient and Family Caregiver Data Collection Instruments

Instrument	Description
Chronic respiratory questionnaire	20-item measure of quality of life in COPD across domains of dyspnea, fatigue, emotional function, and mastery. Higher scores → better. MCID=0.5 (α=0.70) [38]
Patient assessment of chronic illness care	20 items with 5 dimensions: activation, decision support, goal setting, problem solving, and coordination. [39]
PROMIS global health	10-item measure with physical and mental health domains; 9 questions rated on a four-point Likert-scale, and 10th question rates pain on a scale of 0 to 10. Raw scores converted to standardized t-scores ranging from 0 to 100, with lower scores → worse QOL. [40]
PROMIS emotional distress anxiety SF 8B	8 item measure of fear (fearfulness, panic), anxious misery (worry, dread), & hyperarousal (tension, nervous) in the past week. Higher scores → worse anxiety. [41]
PROMIS emotional distress − depression SF 8B	8 item measure of negative mood (hopelessness, depressed), views of self-criticism, and worthlessness in the past week. Higher scores → more depression. [41]
UAB study of aging life space assessment	15-item measure of Life-Space mobility, or the frequency, distance, and independence of movement, in the 4 weeks prior to administration; score<60 → restricted Life-Space mobility; Lower scores → more restricted; MCID=5 points (α =0.80) [42]
Dyadic symptom management type scale	1-item; four dyad typologies− patient-centered, caregiver-centered, collaborative, and complimentary [43]
Dyadic adjustment scale 7-item SF	7-item measure of agreement on relational factors (e.g., shared philosophy, goals and time spent together) [44]
Montgomery borgatta caregiver burden	14-item measure of caregiver burden along domains of objective burden (α=0.87 −0.90), subjective demand burden (α=0.68-0.82), and subjective stress burden (α=0.81−0.88); higher scores → greater burden [45,46]
Positive aspects of caregiving	9-item measure of mental-affective state (self-affirmation, life view) in the caregiving experience. Five-point scale 1=*Disagree a lot*; 5=*Agree a lot*. Higher scores → positive caregiving [47]