**Appendix A. Protocol**

*This example shows how you could format a protocol for your research paper, thesis or dissertation.*

The materials for this study can be subdivided into five different types:

1. Sustained vowel [a:] by COPD speakers during exacerbation;
2. Sustained vowel [a:] by COPD speakers during stable COPD;
3. Storytelling of ‘The King’ by COPD speakers during exacerbation;
4. Storytelling of ‘The King’ by COPD speakers in stable condition;
5. Storytelling of ‘Mary and Adam’ by healthy speakers.

**Type 1: Sustained vowels**

The sustained vowels were recorded shortly before or after reading aloud ‘The King’. The vowels were isolated and saved as a separate recording, but this type of speech did not require further annotation before analysis.

**Type 1-4: Storytelling of COPD speakers and healthy speakers**

Speech type 1-4 were prepared and annotated following the same steps:

1. Each file was clipped in order to remove the instructions preceding the reading task and the commentary after the reading task.
2. The files were then converted using Praat, changing the sample size of 44 kHz to 16 kHz, to prepare the files for forced alignment.
3. The transcript of each file was then added in the first interval tier ‘transcript’ to prepare the files for forced alignment.
4. Each file was processed using the forced aligner according to its manual (Xue, De Reus, & Merkus, 2019; see Appendix D), creating two additional interval tiers ‘wordsegmentation’ and ‘phoneticsegmentation’ containing the segmentations of the transcripts on word and phoneme level (in SAMPA).
5. These segmentations on both levels were then manually checked and corrected.
6. After finalizing the segmentation process, three more tiers were manually added to each file for the annotation process. The first (interval) tier ‘respiratory’ was added for respiratory-related annotations, such as ‘inhalation’, ‘exhalation’, ‘pause’. This way, information about the respiratory pattern could be obtained. The second (point) tier ‘speakernoise’ was added for voice quality-related annotations, such as ‘cough’, ‘creaky’, ‘slimy’, to obtain information regarding the voice quality of the speaker. A point tier was preferred over an interval tier, because the study focused on the number of occurrences. The third (interval) tier ‘commentary’ was added to clarify the speaker noises or to keep a record of additional observations. The respiratory tier and the speakernoise tier were annotated separately.
7. The first tier to be annotated was the respiratory tier. Each silence interval was studied to determine if the speaker was inhaling (in), exhaling (ex) or if there was an audible pause (p). This way, the transcript could be subdivided into different ‘breathing groups’. The commentary tier was used to specify the annotations.
8. The second tier to be annotated was the speakernoise tier. The fragment was replayed to obtain information about the condition of the voice. Audible disturbances, such as hoarseness, creakiness and sliminess of the voice, were addressed using the speakernoise tier to indicate the occurrence and the commentary tier to describe the nature of the disturbance.
9. The fragment was then replayed a final time to check the annotations.

**Appendix B. Survey Questions**

*This example shows how you could format survey questions for your research paper, thesis or dissertation.*

**General questions**

1. What is your age?
2. What is the gender you identify with?
	1. Female
	2. Male
	3. Non-binary
	4. Other
	5. Don’t want to say
3. What is the highest degree or level of school you have completed? If currently enrolled, the highest degree received.
	1. …
	2. ….
	3. …

**Statements with Likert-scale questions**

How satisfied or dissatisfied are you with the following?

|  | Very dissatisfied | Dissatisfied | Neither dissatisfied or satisfied | Satisfied | Very satisfied |
| --- | --- | --- | --- | --- | --- |
| Interaction with the receptionist |  |  |  |  |  |
| Ambiance in the waiting room |  |  |  |  |  |
| Waiting time |  |  |  |  |  |
| Accuracy of the diagnosis |  |  |  |  |  |
| … |  |  |  |  |  |

**Appendix C. Interview Transcript 1**

**Interviewer**: Thank you very much for your time today and for agreeing to participate in this interview. May I have your consent to video-record?

**Participant 1**: Yes.

**Interviewer**: Great, thank you. I’ll begin the recording now.

**Participant 1**: Sounds good.

**Interviewer**: Okay, we’re ready to get started. My first question is about what you would say your motivation was when you first decided to volunteer for the Army.

**Participant 1**: I wouldn’t say I had motivation, I was against the war. I was drafted, which meant that I had to go regardless of if I wanted to. I had recently gotten married to my first wife and was enjoying helping my dad out at the family hardware store, but when my number got called up I had to go.

**Appendix C. Interview Transcript 2**

**Interviewer**: Thank you very much for your time today and for agreeing to participate in this interview. May I have your consent to video-record?

**Participant 2**: I would prefer that you only audio-recorded.

**Interviewer**: Okay, no problem, look, you can see here I am just pressing audio, not video.

**Participant 2**: I appreciate that.

**Interviewer**: Okay, so let’s get started. My first question is about what you would say your motivation was when you first decided to join the Army.

**Participant 2**: Well, the war in Vietnam had just started, and my twin brother and I were freshmen in college at the time. We decided to join on our own terms, rather than wait to be drafted. He ended up in the Airborne Division, while I ended up in the Cavalry Division.