



Figure S1 Home oxygen therapy program. PaO₂, partial pressure of arterial oxygen; PaCO₂, partial pressure of carbon dioxide in arterial blood; SaO₂, arterial oxygen saturation; SPO₂, transcutaneous oxygen saturation.

Table S1 Home oxygen therapy compliance

Item	Always (4 points)	Often (3 points)	Occasionally (2 points)	Never (1 point)	Score
1. Do you use oxygen every day?					
2. Do you use oxygen for more than 15 h a day?					
3. Is your oxygen flow selection based on the oxygen therapy prescription issued by your doctor?					
4. Do you remember to use oxygen every day?					
5. Do you think that following your doctor's prescription can improve your condition?					
6. Are you satisfied with the outcomes of oxygen therapy?					
7. Do you increase your oxygen flow when your condition worsens?					
Item	Never (4 points)	Occasionally (3 points)	Often (2 points)	Always (1 point)	
8. Do you stop taking oxygen when you feel your symptoms improve?					
9. Do you stop treatment because of the long cycle?					
10. Do you find it difficult to use oxygen as prescribed by the doctor?					
11. Do you stop oxygen therapy due to a severe condition?					
12. Do you stop using oxygen when your condition worsens?					
13. Do you change the duration and dosage of oxygen therapy for certain reasons?					
14. Are you worried about the side effects of oxygen therapy?					
Total score					