Hello, my name is…………………………………….and I am a student doctor from ………………………… Hospital. I am helping the doctors here follow up people who came to our Emergency Department in November 2016 with thunderstorm asthma or breathing problems. You helped answer our questionnaire for [child’s name] last year, and kindly said we could contact you again to understand more about thunderstorm asthma. This research has been approved by the Eastern Health Ethics Committee and will take less than 3 minutes of your time. Do you mind if I ask you some questions about how [child’s name] has been since last year, and whether [he/she] had any problems this November?

1. Did [child’s name] get hayfever this spring? (runny nose, sneezing, blocked itchy nose, watery itchy eyes)
   □ Yes  □ No  → go to Question 4

2. Regarding [child’s name]’s hayfever:
   2a: Did it disturb [his/her] sleep?  □ Yes  □ No
   2b: Did it restrict [his/her] daily activities (leisure/sport)?  □ Yes  □ No
   2c: Did it affect [his/her] school or work?  □ Yes  □ No
   2d: Did it cause [him/her] troublesome symptoms?  □ Yes  □ No

3. What medications did [child’s name] take to treat [his/her] hayfever?
   3a: Antihistamine tablets (e.g. Zyrtec, Telfast, Claratyne..) ?  □ Yes  □ No
   3a1: If Yes, how often in the last 4 weeks?
       □ Less than once a week; □ 1 to 2 days/week; □ 3 to 4 days/week; □ 5 or more days/week
   3b: Nasal steroid sprays (e.g. Rhinocort, Nasonex, Beconase?)  □ Yes  □ No
   3b1: If Yes, how often in the last 4 weeks?
       □ Less than once a week; □ 1 to 2 days/week; □ 3 to 4 days/week; □ 5 or more days/week

4. On average, how frequently has [child’s name] had asthma symptoms (wheezing, coughing, shortness of breath, chest tightness) in the last 12 months?
   □ None
   □ Less than 4 times in the year
   □ Once every 1 -3 months
   □ 1 to 3 times per month
   □ 1 to 3 days per week
   □ More than 3 days per week

5. Has [child’s name] been prescribed preventer inhalers for your asthma?
   □ Yes  □ No  → go to Question 8

6. When did [child’s name] start taking regular preventer inhalers for asthma?
   □ Before Nov 2016; □ Before Sep 2017; □ Since Sep 2017; □ Since Oct 2017; □ Only from Nov 2017

7. Regarding preventer inhalers for asthma, how often was [child’s name] taking them in the 4 weeks of November this year?
   □ Not at all
   □ Less than once a week
   □ 1 to 2 days per week
   □ 3 to 4 days per week
   □ 5 or more days per week
8. In the 4 weeks of November this year, how much of the time did [child’s name]’s asthma keep [him/her] from getting as much done at work, school or at home?
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

9. How often did [child’s name] have shortness of breath in the 4 weeks of November this year?
- More than once a day
- Once a day
- 3 to 6 times a week
- Once or twice a week
- Not at all

10. In the 4 weeks of November this year, how often did [child’s name]’s asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake [him/her] up at night or earlier than usual in the morning?
- 4 or more nights a week
- 2 to 3 nights a week
- Once a week
- Once or twice
- Not at all

11. In the 4 weeks of November this year, how often did [child’s name] need to use [his/her] reliever inhaler (such as Ventolin or Bricanyl)?
- 3 or more times per day
- 1 or 2 times per day
- 2 or 3 times per week
- Once a week or less
- Not at all

12. How would you rate [child’s name]’s asthma control during the 4 weeks of November this year?
- Not Controlled at All
- Poorly Controlled
- Somewhat Controlled
- Well Controlled
- Completely Controlled

13. Does [child’s name] have an asthma action plan?
- Yes
- No

→ If Yes: 13a: Did you need to follow (or use) it in the 4 weeks of November this year?
- Yes
- No

14. Since November 2017, has [child’s name] required any of the following medical services in the last 12 months?
14a: Urgent GP visit for asthma
- Yes
- No
14b: Hospital or emergency department visit for asthma
- Yes
- No
14c: Spent at least one night in hospital for asthma
- Yes
- No
14d: Non-urgent visit to GP for review of asthma
- Yes
- No

15. Are we still able to contact you again in future if we need to do research to understand more about thunderstorm asthma?
- Yes
- No

Thank you for your time