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eTable 1. Ecological momentary assessment (EMA) items presented to participants at survey prompts			
Root Question (Items)	Response Options	Contingency	
How were you feeling [1]? (HAPPY, JOYFUL, MAD OR ANGRY, NERVOUS OR ANXIOUS, SAD, STRESSED)		Signal	
How certain did you feel that you can cope with all the things that you have to do [1]?	Not at all A little	Signal	
How confident did you feel about your ability to handle your personal problems [1]?	Quite a bit Extremely	Signal	
How ENERGETIC or FULL OF PEP were you feeling [1]?	Extendery	Signal	
How FATIGUED or TIRED were you feeling [1]?	Q	Signal	
Did you use a CONTROL or RESCUE inhaler?	Control Inhaler, Rescue Inhaler, I didn't use it	Event	
(If NEITHER is Selected) Why was the INHALER pressed?	I pressed it on accident, Someone else pressed it, It was bumped or something hit it, Other	Event	
(If OTHER is Selected) Why was the inhaler pressed?	Please type your answer or type "I don't know."	Branch	
What were you DOING [1][2]?	Reading/ homework, Using technology, Active Play/Sports/Exercising, Eating/Drinking, Going somewhere, Sleeping, Something else	Signal/Event	
(If SOMETHING ELSE) Please specify what you were DOING [1][2]:	Please type your answer.	Branch	
(If Using technology) While using technology (TV, phone), were you:	Playing video games, Talking, Texting, Using the Internet, Watching shows/movies, Other	Branch	
(If GOING SOMEWHERE) While going somewhere, were you:	Walking, Biking, Riding a bus, Riding the Metro/train, Riding in a car/taxi, Other (skateboarding, etc.)	Branch	
WHERE were you [1][2]?	Home (Indoors), School (Indoors), Outdoors, Restaurant, Store/Mall, Someone else's house (Indoors), In a car, Other	Signal/Event	

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	Home (front/back yard), School, Park/trail,	Branch
(IF OUTDOORS) Where were you OUTDOORS?	Sidewalk, Road, Parking lot, Other	
Were you [1][2]: Choose all that apply.	Alone, With your mom/dad, With your	Signal/Event
	sister(s) or brother(s), With your friend(s)	
Has anything stressful happened to you [3][4]?	No stressful things have happened, A few	Signal/Event
	stressful things have happened, Many stressful	
	things have happened	
		Signal/Event
Has anyone teased you [3][4]?	Yes, and caused very much stress.	<u> </u>
Have you argued with anyone [3][4]?	Yes, and caused some stress.	Signal/Event
	Yes, and caused a little stress.	Signal/Event
Have you had a misunderstanding or disagreement with your parents [3][4]?	Yes, but not at all stressful.	Signal/ Lvent
	No.	Signal/Event
Have you had too many things to do [3][4]?		-
Have you experienced [2][3][4] ?		Signal
(COUGHING, WHEEZING, CHEST TIGHTNESS, SHORTNESS OF BREATH)		
	A little	Signal
Have you avoided strenuous activities because of your asthma [3][4]?	Quite a bit	Signal
	Very much so	Signal
Have you avoided situations that could bring on an asthma attack [3][4]?		
Have your worried about having an asthma attack [3][4]?		Signal

[1] Just before the phone went off[3] Since the last survey you answered

[2] Just before you used your inhaler[4] In the past four hours

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eFigure 1. Screenshot of a standard survey question

