

Appendix:

Predictor variables with their response options and codings

Predictor variable	Response options	Coding
Method of nutritional intake		No to all (0)
Ever take:		Yes to any (1)
<ul style="list-style-type: none"> • food with modified texture (e.g., soft or puréed), • thickened or naturally thick drinks, • formula or liquids through a nasogastric or gastrostomy tube 	Yes, No	
	Yes, No	
	Yes, No	
Ever cough or choke on saliva	Yes, No	No (0) Yes (1)
Oropharyngeal dysphagia	Yes, No	Yes (1) if either Method of nutritional intake (1) or cough/choke on saliva (1) No (0) if both Method of intake (0) and cough/choke on saliva (0)
GMFCS	I, II, III, IV, V	I (1) II (2) III (3) IV (4) V (5)
Frequent respiratory symptoms:	never (not at all), rarely (less than once a week), sometimes (at least once a week), often (every day), or almost always (many times a day or night)	Coughing was coded as never – sometimes (0) often – almost always (1). The other two questions were coded as never –rarely (0) sometimes – almost always (1). Questions were then summed to give number of frequent respiratory symptoms: none (0), 1 symptom (1), 2 symptoms (2), 3 symptoms (3).
(a) Frequency of coughing		
(b) Frequency of sounding chesty or phlegmy		
(c) Frequency of sounding wheezy		
Frequency of snoring	never (not at all), rarely (less than once a week), sometimes (at least once a week), often (every day), or almost always (many times a day or night)	Rarely (0) sometimes (1) often - almost always (2).

(d) Respiratory symptoms with meals		No to all (0) Yes to any (1)
During or after eating, drinking or feeds, ever:		
• have a gurgly voice,	Yes, No	
• wheeze, cough, or sneeze,	Yes, No	
• choke	Yes, No	
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GERD		No to all (0) Yes to any (1)
• ever vomit or regurgitate after eating drinking or feeds	Yes, No	
• ever been diagnosed with gastric reflux	Yes, No	
• ever had any medications for reflux (e.g., Losec, Somac)	Yes, No	
• ever had anti-reflux surgery	Yes, No	
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Current seizures	Yes, No	No (0) Yes (1)
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Ever diagnosed with scoliosis	Yes, No	No (0) Yes (1)
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Current asthma		No (0) Yes (1)
• Current asthma diagnosis	Yes, No	
• Currently on any asthma medications (e.g., Ventolin, Flixotide)	Yes, No	
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Smoker in the household	Yes, No	No (0), Yes (1), Unsure/missing (2)
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Respiratory hospitalization in the year preceding the survey (from linked data)	Yes, No	No (0), Yes (1)
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>1 course of antibiotics for respiratory illness in the year preceding the survey (from survey data)	Yes, No	No (0), Yes (1)
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