

SUPPLEMENTARY MATERIALS

For doctor (please fill the blank in each patient)

1. What is your specialty?

- ① Internal medicine
② Pediatrics
③ Otorhinolaryngology
④ Dermatology
⑤ Others ()

2. What is your type of hospital?

- ① University hospital
② General hospital
③ Private clinic

3. What is the product (or company) of AIT?

- ① Allergopharma (Novo-Helisen®)
② Allergy Therapeutics (Alavac®, Tyrosine®)
③ Hollister-Stier

4. Please write the asthma severity according to GINA guidelines

	Before AIT	After AIT
Asthma (GINA)*		

5. Please write the allergic rhinitis severity according to ARIA guidelines

	Before AIT	After AIT
Rhinitis (ARIA)		

6. What did you prescribe for asthma drugs before starting AIT and after maintaining AIT?

	Before AIT	After maintaining AIT
Inhaled beta agonist	Yes/No	Yes/No
Inhaled corticosteroid	Yes/No	Yes/No
LTRA	Yes/No	Yes/No
Theophylline	Yes/No	Yes/No
Others ()	Yes/No	Yes/No

7. What did you prescribe for allergic rhinitis drugs before starting AIT and after maintaining AIT?

	Before AIT	After maintaining AIT
Intranasal corticosteroid	Yes/No	Yes/No
Oral antihistamine	Yes/No	Yes/No
LTRA	Yes/No	Yes/No
Others ()	Yes/No	Yes/No

8. How was the adherence of this patient about AIT?

- ① Excellent
② Good
③ Fair
④ Poor
⑤ Very poor

9. Are you satisfied with the result of AIT in this patient?

- ① Excellent
② Good
③ Fair
④ Poor
⑤ Very poor

10. Did this patient have side effects during AIT?

- ① Yes ② No

If yes, what was the type of adverse reaction?

- ① Localized itching & redness ② Generalized urticaria/angioedema
③ Dyspnea/abdominal pain ④ Anaphylaxis
⑤ Cardiac arrest/death

For patient

1. Have you ever performed an experience to an AIT?

- ① Yes ② No

2. Do your family have allergic diseases such as allergic rhinitis, asthma, conjunctivitis, food allergy or atopic dermatitis?

- ① Yes ② No

3. How did you get an information about AIT?

- ① General/University hospital doctor ② Private clinic doctor
③ Acquaintance ④ Internet/media
⑤ Other patients ⑥ Others ()

4. When did you get symptoms of your allergic disease?

Asthma (age: yr) Allergic rhinitis (age: yr) atopic dermatitis (age: yr)

5. What is your diagnosis of disease?

- ① Asthma ② Allergic rhinitis
③ Atopic dermatitis ④ Urticaria
⑤ Food allergy ⑥ Venom hypersensitivity

6. How long did you get AIT?

() years () months

7. How was your adherence to AIT?

- ① Excellent ② Good
③ Fair ④ Poor
⑤ Very poor

8. How was your allergic symptom after AIT?

1) Asthma

	Much improved	Improved	No difference	Aggravated	Much aggravated
Day Sx.					
Night Sx.					
SABA use					
Attack					
QOL					

2) Allergic rhinitis

	Much improved	Improved	No difference	Aggravated	Much aggravated
Rhinorrhea					
Obstruction					
Sneezing					
Itching					
Eye itching					
Eye redness					

9. When was the first time you ever felt an improvement in allergic symptom?

	< 3 M	3–6 M	6–12 M	1–2 yrs	> 2 yrs
Asthma					
Allergic rhinitis					

10. Are you satisfied with the results of the immunotherapy?

	Excellent	Good	Fair	Poor	Very poor
Asthma					
Allergic rhinitis					

11. What is your subjective opinion on the medical aspects of AIT?

	Excellent	Good	Fair	Poor	Very poor
ER visit					
Drug demand					
Adverse reaction					

12. What is your subjective opinion on the economic and methodologic aspects of AIT?

	Excellent	Good	Fair	Poor	Very poor
Time-consuming					
Cost					
Method of AIT					

13. Did you have an adverse reaction during AIT?

① Yes

② No

If yes, what was the type of adverse reaction?

① Localized itching & redness

② Generalized urticaria/angioedema

③ Dyspnea/abdominal pain

④ Anaphylaxis

⑤ Cardiac arrest/death

14. Will you continue to maintain immunotherapy in the future?

① Yes

② So-so

③ No

15. Are you willing to recommend immunotherapy to other patients?

① Yes

② So-so

③ No