

Date	Time	Outcome

(a) No answer (b) Call back.....
(c) Not interested



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?

- Did [child's name] get hayfever this spring? (runny nose, sneezing, blocked itchy nose, watery itchy eyes)
 - Yes No → go to Question 4
- 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
- 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
- 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
- Has [child's name] been prescribed preventer inhalers for your asthma?
 - Yes No → go to Question 8
- 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
- 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

Thunderstorm asthma
ED presentations follow-up
(Ver 1.3, 10th October 18)

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14b: Hospital or emergency department visit for asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14c: Spent at least one night in hospital for asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14d: Non-urgent visit to GP for review of asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> 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