
SURVEY QUESTIONNAIRE

STUDY NUMBER: DIREGL09198
STUDY NAME: Paediatric Allergic Rhinitis in Australia

QUESTIONNAIRE

Parental Perceptions of Childhood Allergic Rhinitis in Australia:
Understanding the Impact and Identifying Opportunities for Optimised Care

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SURVEY QUESTIONS

All questions will be asked of parents/guardians, who will answer on behalf of their child aged 2-15 years.

NOTES:

Throughout this document the term “child/children” refers to a child or ward of the adult who is answering the survey questions.

Text in red is instructional text and will not be seen by the participant.

A. INCLUSION CRITERIA

1	What is your gender?	Male Female	
2	In what year were you born (enter your response as a 4-digit number; e.g. 2018)?		If <21 years: Exit survey
3	How many children between the age of 2 and 15 years, for whom you are the parent or guardian, live in your household?		If none: Exit survey

SEEK INFORMED CONSENT TO CONTINUE WITH SURVEY**B. PARTICIPANT DEMOGRAPHY**

1	What is your highest completed educational qualification?	Less than Year 12 or equivalent Year 12 or equivalent (HSC/Leaving certificate) Vocational Qualification Bachelor degree Masters degree Doctorate Rather not say	
2	Which of the following best describes the area you live in?	Urban/capital city Regional Rural	
3	Please indicate your current annual (yearly) pre-tax household income	Under \$10,000 \$10,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 Over \$100,000 Rather not say	
4	We would like to find out the age and gender for each child between the age of 2 and 15 years in your household for whom you are the parent or guardian. For each child, please enter their age and gender.	Child 1: Age (years): Male/Female Child 2: Age (years): Male/Female	Enable sufficient rows for the number of children identified in QA3.

C. SCREENING [Case/Control group allocation] [Based on ISAAC questions^[1]]

Now thinking specifically about your [AGE AND

Applies only

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GENDER OF CHILD; e.g. son aged 12 years]			if >1 eligible child
1	Has your child ever had a problem with sneezing, or a runny, or blocked nose when he/she DID NOT have a cold or the flu?	Yes No	If no, skip to Q 6
2	<u>In the past 12 months</u> , has your child ever had a problem with sneezing, or a runny, or blocked nose when he/she DID NOT have a cold or the flu?	Yes No	If no, skip to Q 6
3	<u>In the past 12 months</u> , has this nose problem been accompanied by itchy-watery eyes?	Yes No	
4	<u>In which of the past 12 months</u> , did this nose problem occur? (Please select all that apply)	January February March April May June July August September October November December	
5	<u>In the past 12 months</u> , how much did this nose problem interfere with your child's daily activities?	Not at all A little A moderate amount A lot	
6	Has your child ever had hayfever?	Yes No	

D. FAMILY MEDICAL HISTORY & IMPACT [Some questions developed based on information in Zicari, 2013 ^[2]]

1	Have you ever been told by a doctor (diagnosed) that <u>you</u> have any of the following conditions? (Please select all that apply)	Asthma Sinusitis Hayfever/allergic rhinitis (nasal and/or eye allergy symptoms) Sleep disturbances Adenoids/tonsils hypertrophy Eczema (atopic dermatitis) Cough Recurrent wheezing Snoring Nasal polyps Hives (urticaria) Food allergy Oral allergy syndrome Recurrent respiratory infections Dental malocclusion None of the above	
2	Excluding the child that you are answering this survey about, have you been told by a doctor (diagnosed) that <u>any of your other children aged 2-15 years</u> have any of the following conditions? (Please select all that apply)	Asthma Sinusitis Hayfever/allergic rhinitis (nasal and/or eye allergy symptoms) Sleep disturbances Adenoids/tonsils hypertrophy	Applies only if >1 eligible child

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		Eczema (atopic dermatitis) Cough Recurrent wheezing Snoring Nasal polyps Hives (urticaria) Food allergy Oral allergy syndrome Recurrent respiratory infections Dental malocclusion None of the above	
	Now thinking specifically about your [AGE AND GENDER OF CHILD; e.g. son aged 12 years]		Applies only if >1 eligible child
3	Has this child ever been told by a doctor (diagnosed) with any of the following conditions? (Please select all that apply)	Asthma Sinusitis Hayfever/allergic rhinitis (nasal and/or eye allergy symptoms) Sleep disturbances Adenoids/tonsils hypertrophy Eczema (atopic dermatitis) Cough Recurrent wheezing Snoring Nasal polyps Hives (urticaria) Food allergy Oral allergy syndrome Recurrent respiratory infections Dental malocclusion None of the above	
4	Has this child ever had or likely to have any of the following procedures? (Please select all that apply)	Tonsils removed Adenoids removed Tubes put in his/her ears Nasal or sinus surgery Required braces for their teeth None of the above	
5	During the past 12 months, how many times have you had to visit a doctor because your child was unwell?	0 1 2 3 4 5 6 7 8 9 10+	
6	What was the reason for this visit to the doctor? (Please select all that apply)	Asthma Sinusitis	Use "these visits" [if

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		Hayfever/allergic rhinitis (nasal and/or eye allergy symptoms)	more than one in Q prior]
		Sleep disturbances	
		Adenoids/tonsils hypertrophy	
		Eczema (atopic dermatitis)	
		Vaccinations	
		Cough	
		Nasal polyps	
		Hives (urticaria)	
		Respiratory tract infection	
		Urinary tract infection	
		Acne	
		Other	
7	During the past 12 months, how many days have you had to take off from work to care for your child because he/she was unwell?	0 1 2 3 4 5 6 7 8 9 10+	

E. HEALTH-RELATED QOL [Questions in Meltzer 2009^[3]; Meltzer, 2017^[4], information in Blaiss, 2018^[5]]

1	Using the scale below, in general how would you describe your child's health? VAS SCALE: 0-10 cm (0 = very poor, as bad as it can get, 10 = excellent, as good as it can get)		Single question supported by literature. ^[6]
2	During the past 30 days, for about how many days has your child appeared happy and full of energy?	Number of days None Don't know/not sure	Adding up the total in a 30-day period can be used to determine the number of normal days versus days affected by poor physical and/or emotional health. ^[7]
3	During the past 30 days, for about how many days has poor physical health kept your child from doing their usual everyday activities?	Number of days None Don't know/not sure	
4	During the past 30 days, for about how many days has poor emotional health kept your child from doing their usual everyday activities?	Number of days None Don't know/not sure	
5	During the past 4 weeks, has your child had difficulty in performing schoolwork or other activities because of his or her health?	Yes – schoolwork only Yes – other activities only Yes – schoolwork and other activities No	
6	During the past 4 weeks, has your child accomplished less than he or she would usually have done at school or in other activities because of his or her health?	Yes – school only Yes – other activities only Yes – school and other activities No	

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7	During the past 4 weeks, has your child done schoolwork or other activities less carefully than they usually would because of his or her health?	Yes – school only Yes – other activities only Yes – school and other activities No
8	During the past 4 weeks, how many hours of sleep a night has your child usually had?	6 or less 7 8 9 10 or more
9	During the past 4 weeks, has your child had any of the following? (please select all that apply)	Difficulty falling asleep Difficulty staying asleep Night-waking Sleeping badly Restless sleep Snoring Mouth breathing Waking up tired Daytime sleepiness None of the above
10	During the past 12 months, how often has your child needed to take time off school because he/she was unwell?	Once a week Once a month Once a term Once a semester Once a year Did not need to take time off

F. BELIEFS ABOUT MEDICINES [Questions from Smith, 2012^{18]}, based on the Beliefs about medicines questionnaire (BMQ) Horne, Weinman, Hankins, (1999) *Psychology and Health*, 14, 1-24]

1	Using the scale below, please indicate the extent to which you agree or disagree with the following statements:	Strongly agree Agree Uncertain Disagree Strongly disagree
	1. Doctors use too many medicines	
	2. People who take medicines should stop their treatment for a while every now and again	
	3. Most medicines are addictive	
	4. Natural remedies are safer than medicines	
	5. Medicines do more harm than good	
	6. All medicines are poisons	
	7. Doctors place too much trust on medicines	
	8. If doctors had more time with patients they would prescribe fewer medicines	

G. ALLERGIES KNOWLEDGE & BELIEFS [Questions derived from the recent literature of the knowledge, attitude and practice [KAP] questions in AR and asthma, e.g. Alreshidi, 2017; Rajasekaran, 2018 and Zhao, 2013^{9-11]}

1	Using the scale below, please indicate the extent to which you agree or disagree with the following statements:	Strongly agree Agree Uncertain Disagree Strongly disagree
	1. Hayfever/allergic rhinitis is contagious	

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2. Hayfever/allergic rhinitis is caused by a virus
3. Hayfever/allergic rhinitis can be prevented
4. Hayfever/allergic rhinitis is linked to asthma and conjunctivitis
5. Hayfever/allergic rhinitis runs in families
6. Having Hayfever/allergic rhinitis can significantly impact on a person's well-being
7. Hayfever/allergic rhinitis can only be caused by a reaction to something in the air outdoors
8. Hayfever/allergic rhinitis can only be diagnosed by a specialist

<<CASE CHILDREN ONLY FROM HERE>>

H. CLASSIFICATION OF AR [ARIA classification allocation] [Based on ARIA Criteria ^[12] ^[13]]

Now thinking specifically about your [AGE AND GENDER OF CHILD; e.g. son aged 12 years]		Applies only if >1 eligible child
1	In a typical week, on how many days is your child affected by their hayfever/allergic rhinitis (nasal and/or eye allergy)?	1-3 days a week 4 or more days a week
2	In a typical month, how many weeks is your child affected by their hayfever/allergic rhinitis (nasal and/or eye allergy)?	1-3 weeks Every week
3	Does your child's hayfever/allergic rhinitis (nasal and/or eye allergy): <ul style="list-style-type: none"> o Disturb their sleep o Restrict their daily activities like sports and leisure o Restrict their participation in school Is your child's hayfever/allergic rhinitis (nasal and/or eye allergy symptoms) troublesome?	Yes/No Yes/No Yes/No Yes/No

All no = mild; 1 or more yes = moderate-severe.

I CONTROL OF AR [based on recent symptom control]

1	Using the scale below, and thinking about the last 2 weeks, overall how bothersome have your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms been?	A cut off of 5 cm will be used to discriminate between recent good symptom control and inadequate symptom control.^[14]
	VAS SCALE: 0-10 cm 0 cm = not at all bothersome 10 cm = extremely bothersome (as bad as they can get)	

J. AR SYMPTOMS [Based on ^[12, 13, 15]; Questions in Meltzer 2009 ^[3] Meltzer, 2017^[4]]

1	When your child has hayfever/allergic rhinitis (nasal and/or eye allergy), which of these symptoms does your child have? (Please select all that apply)	<u>Nasal symptoms:</u> Runny nose Itchy nose Nasal congestion Repeated sneezing
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		<p><u>Eye symptoms:</u> Red eyes Itchy eyes Watering eyes</p> <p><u>Bronchial symptoms:</u> Dry cough Snoring</p> <p><u>Other:</u> Irritable Easily distracted Difficulty getting to sleep Disturbed sleep Headaches/sinus pain Facial pain Ear pain Difficulty hearing</p>	
2	<p>Using the scale below, how bothersome are your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms?</p> <p>VAS SCALE: 0-10 cm 0 cm = not at all bothersome 10 cm = extremely bothersome (as bad as they can get)</p>	<p><u>Nasal symptoms:</u> Runny nose Itchy nose Nasal congestion Repeated sneezing</p> <p><u>Eye symptoms:</u> Red, itchy eyes Watering eyes</p> <p><u>Bronchial symptoms:</u> Dry cough Snoring</p> <p><u>Other:</u> Irritable Easily distracted Difficulty getting to sleep Disturbed sleep Headaches/sinus pain Facial pain Ear pain Difficulty hearing</p>	<p>[Pre-fill so that they answer only for the symptoms previously selected at Q J1] 5 cm cut off to discriminate between mild and moderate/severe.^[15]</p>
3	<p>What is the most bothersome hayfever/allergic rhinitis (nasal and/or eye allergy) symptom that your child seeks treatment for? (Select one only)</p>	<p><u>Nasal symptoms:</u> Runny nose Itchy nose Nasal congestion Repeated sneezing</p> <p><u>Eye symptoms:</u> Red, itchy eyes Watering eyes</p> <p><u>Bronchial symptoms:</u> Dry cough Snoring</p> <p><u>Other:</u></p>	<p>[Pre-fill so that they answer only for the symptoms previously selected at Q J1]</p>

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		Irritable Easily distracted Difficulty getting to sleep Disturbed sleep Headaches/sinus pain Facial pain Ear pain Difficulty hearing	
4	Which of the following words, if any, describe how your child feels when suffering from hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Angry Unhappy Distracted Having poor concentration Embarrassed Frustrated Irritable Tired Upset Unattractive Unproductive/having reduced productivity Unable to perform at his or her best Less confident Indifferent/don't care None of these	
5	During what time of the day are your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms worse?	Morning Afternoon Evening Bedtime No time is worse	Multiple responses will be possible for all, but not for "no time is worse"
6	Using the scale below, how much do your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms interfere with each of the following: VAS SCALE: 0-10 cm (0 = not at all, 10 = a lot)	Sleep Leisure/sport activities Participation at school	

K. AR DIAGNOSIS [Questions in Meltzer, 2017^[4], and some questions developed based on information in Baena-Cagnani, 2015^[16]

1	How old was your child when he/she first started having these hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms?	
2	Who made the diagnosis of hayfever/allergic rhinitis (nasal and/or eye allergy)? (Please select all that apply)	General Practitioner Allergy specialist Clinical immunologist Ear, nose and throat specialist Paediatrician Pharmacist Nurse Dietician Herbalist Naturopath

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		Myself Other None
3	Which, if any, of the following providers have you seen about your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	General Practitioner Allergy specialist Clinical immunologist Ear, nose and throat specialist Paediatrician Pharmacist Nurse Dietician Herbalist Naturopath Other None
4	Who else have you sought advice from about your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Family members Friends Other parents Internet Other None
5	What types of information have you received from a healthcare provider (specialist, doctor, pharmacist) about your hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	<u>Written information about:</u> The disease Available treatment options Treatment expectations Dosing regimen Medicine side effects How to administer treatments How to use an inhaler Other aspects <u>Verbal information about:</u> The disease Available treatment options Treatment expectations Dosing regimen Medicine side effects How to administer treatments How to use an inhaler None
6	Using the scale below, do you think you would benefit from more information on what hayfever/allergic rhinitis (nasal and/or eye allergy) is and how it is managed? 0 = not at all 1 = a little bit 2 = it might help	[Adapted from CENSA Questionnaire (submitted manuscript)]

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3 = it would be very useful

L. AR TRIGGERS & TESTING [Questions in Meltzer, 2017^[4] and some questions developed based on information in Zicari, 2013^[2]]

1	Has your child ever been given a skin test to see what he/she was allergic to?	Yes/no
2	If yes, who carried out this skin test?	General Practitioner Allergy specialist Clinical immunologist Ear, nose and throat specialist Paediatrician Herbalist Naturopath Other
3	Has your child ever been given a blood test to see what he/she was allergic to?	Yes/no
4	If yes, who carried out this blood test?	General Practitioner Allergy specialist Clinical Immunologist Ear, nose and throat specialist Paediatrician Herbalist Naturopath Other
5	What kinds of things trigger your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Grass pollen Tree pollen Weed pollen Mold spores House dust mites Animal dander (e.g. dead skin cells and hair or feathers) Foods Other allergens Do not know

M. AR MANAGEMENT/SYMPTOM CONTROL [Questions in Meltzer 2009^[3]; Meltzer, 2017^[4]]

1A	Which of the following types(s) of allergy medicines has your child <i>ever tried</i> using to manage his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Tablets/liquids Nasal sprays Eye drops Other None Don't know
1B	Which of the following allergy medicines has your child <i>ever tried</i> using to manage his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Tablets/liquids: Oral non-sedating antihistamines Oral sedating antihistamines Oral decongestants Oral corticosteroids Oral combination products

[Show only those categories that were selected in 1A. Include names and

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		Leukotriene receptor antagonists	images of brands to aid with
		<u>Nasal sprays:</u> Antihistamine nasal sprays Decongestants nasal sprays Corticosteroid nasal sprays Combination nasal sprays Anticholinergic nasal spray Intranasal mast cell stabilisers Nasal saline spray	recognition, see list in appendix to this document]
		<u>Eye drops:</u> Antihistamine eye drops Other eye drops	
		<u>Other:</u> Allergen immunotherapy (“shots”) Vitamins Herbal supplements	
		None Don't know	
2A	Which of the following types(s) of allergy medicines is your child <i>currently using</i> to manage his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	Tablets/liquids Nasal sprays Eye drops Other None Don't know	
2B	Which of the following allergy medicines is your child <i>currently using</i> to manage his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms? (Please select all that apply)	<u>Tablets/liquids:</u> Oral non-sedating antihistamines Oral sedating antihistamines Oral decongestants Oral corticosteroids Oral combination products Leukotriene receptor antagonists <u>Nasal sprays:</u> Antihistamine nasal sprays Decongestants nasal sprays Corticosteroid nasal sprays Combination nasal sprays Anticholinergic nasal spray Intranasal mast cell stabilisers Nasal saline spray <u>Eye drops:</u> Antihistamine eye drops Other eye drops	[Show only those categories that were selected in 2A. Include names and images of brands to aid with recognition, see list in appendix to this document]

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		<u>Other:</u> Allergen immunotherapy ("shots") Vitamins Herbal supplements None Don't know	
3	Does your child ever need to use more than one type of medicine at the same time?	Yes No	
	If yes, which of the following combinations do they use?	Antihistamine + decongestant Antihistamine + intranasal steroid Other	
4	Using the scale below, how bothersome would you say each of the following hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms is when your child has NOT taken his/her allergy medication? VAS SCALE: 0-10 cm (0 = not at all bothersome, 10 = very bothersome)	<u>Nasal symptoms:</u> Runny nose Itchy nose Nasal congestion Repeated sneezing <u>Eye symptoms:</u> Red, itchy eyes Watering eyes <u>Bronchial symptoms:</u> Dry cough Snoring <u>Other:</u> Irritable Easily distracted Difficulty getting to sleep Disturbed sleep Headaches/sinus pain Facial pain Ear pain Difficulty hearing	[Pre-fill so that they answer only for the symptoms previously selected at Q J1] MACVIA ARIA defined AR control cut-offs are: >50: uncontrolled, 20–50: partly controlled, <20: well controlled. ^[17]
5	Thinking about the medication(s) that your child currently uses to relieve his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms, who advised your child to take this medicine? (Select one only)	Specialist Doctor Pharmacist Nurse No one Myself Family or friend	
6	Using the scale below, please indicate the extent to which you agree or disagree with the following statements: 1. My child's health at present depends on their allergy medicines 2. My child having to take allergy medication worries me 3. My child's life would be impossible without my allergy medication	Strongly agree Agree Uncertain Disagree Strongly disagree	[Adapted from BMQ-Specific ^[8]]

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	<p>4. Without his/her allergy medication my child would be very ill</p> <p>5. I sometimes worry about the long term effects of my child's allergy medication</p> <p>6. My child's allergy medication is mystery to me</p> <p>7. My child's health in the future will depend on his/her allergy medication</p> <p>8. My child's allergy medication disrupts his/her life</p> <p>9. I sometimes worry about my child becoming too dependent on his/her allergy medication</p> <p>My child's allergy medication protects him/her from becoming worse</p>		
7	Using the scale below and thinking about the medication(s) that your child currently uses to relieve his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms, how important is it to you that your child takes this medicine in the exact way it is recommended (e.g. per the labelled instructions)?	<p>1 = not at all important</p> <p>2 = not very important</p> <p>3 = somewhat important</p> <p>4 = very important</p>	[Adapted from CENSA Questionnaire (submitted manuscript)]
8	Thinking about the medication(s) that your child currently uses to relieve his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms, which statement best describes when they usually take their medication? (Please select only one answer for each medicine used)	<p>Takes it all year-round</p> <p>Takes it before the allergy season starts</p> <p>Takes it only during the allergy season</p> <p>Takes it only after symptoms have started</p> <p>Takes it only when symptoms are very bothersome</p> <p>Does not take it</p>	[Answer the same Q for all those previously selected as currently using at Q M2.]
9	Thinking about the medication(s) that your child currently uses to relieve his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms, which statement best describes how often they take their medication? (Please select only one answer for each medicine used)	<p>Once a month</p> <p>Once a week</p> <p>Once a day</p> <p>Twice a day</p> <p>Three times a day</p> <p>Only when symptoms are present</p> <p>Only when symptoms are very bothersome</p> <p>Does not take it</p>	[Answer the same Q for all those previously selected as currently using at Q M2.]
10	Has your child used their allergy medication(s) today?	<p>Yes</p> <p>No</p>	•

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11	<p>Using the scale below, how bothersome are your child's hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms today?</p> <p>VAS SCALE: 0-10 cm (0 = not at all bothersome, 10 = very bothersome)</p>	<p>MACVIA ARIA defined AR control cut- offs are:</p> <ul style="list-style-type: none"> • >50: uncontrolled, • 20–50: partly controlled, • <20: well controlled. [17] 	
12	<p>Using the scale below, how satisfied are you with the effectiveness of each of the following types of medication your child uses to relieve his/hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms?</p> <p>0 = does not use this medication 1 = not at all satisfied 2 = somewhat satisfied 3 = satisfied 4 = very satisfied 5 = extremely satisfied</p>	<p><u>Tablets/liquids:</u> Oral non-sedating antihistamines Oral sedating antihistamines Oral decongestants Oral corticosteroids Oral combination products Leukotriene receptor antagonists</p> <p><u>Nasal sprays:</u> Antihistamine nasal sprays Decongestants nasal sprays Corticosteroid nasal sprays Combination nasal sprays Intranasal mast cell stabilisers Nasal saline spray</p> <p><u>Eye drops:</u> Antihistamine eye drops Other eye drops</p> <p><u>Other:</u> Allergen immunotherapy ("shots") Vitamins Herbal supplements</p>	<p>[Answer the same Q for all those previously selected as currently using at Q M2. We will drop in names and/or images of brands for them to select to aid with this]</p>
<p>[IPSOS Please Note: For those children who are taking a Sanofi product AND who respond to the above question with options 1 or 2, this would be reportable to Sanofi Product Safety as PV Data (lack of efficacy)]</p>			
13	<p>Thinking about the medication(s) that your child currently uses to relieve his/her hayfever/allergic rhinitis (nasal and/or eye allergy) symptoms, how would you describe your child's ability to always take that medicine in the exact way it is recommended (e.g. per the labelled instructions)?</p>	<p>Excellent Very good Good Poor Very poor Don't know</p>	<p>Answer the same Q for all those previously selected as currently using at Q M2. Based on</p>

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self-rating
scale item
(SRSI) is a
single-item
self-report
adherence
measure
[Feldman,
2013]^[18]

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Medicine descriptions for use for use at Q's M1A and B, 2A and B, 8, 9, 11 and 12:

Category	Medicine type	Active ingredient	Example of brand
Tablets/liquids	Oral non-sedating antihistamines	• Cetirizine	Little Allergies for Children, Alzene, Zilarex, Zyrtec, Zodac, ZepAllergy, Cetrelief
		• Desloratadine	Aerius
		• Fexofenadine	Allerfexo, Telfast, Amcal Fexo, Chemist's Own Fexo, Fexal, Fexotabs, Guardian Fexo, Tefodine, Xergic, Pharmacy Action Fexorelief
		• Levocetirizine	Xyzal
	Oral sedating antihistamines	• Loratadine	Claratyne, Amcal Loratadine, Chemist's Own loratadine, Guardian Loratadine, Alledine, Allergydyne, Allereze, Lorano
		• Cyproheptadine	Periactin
		• Dexchlorpheniramine	Polaramine
		• Diphenhydramine	Children's Paedamin Antihistamine
		• Pheniramine	Avil
		• Promethazine	Allersoothe, Phenergan
	Oral decongestants	• Pseudoephedrine	Sudafed
	Oral corticosteroids	• Prednisone	Panfacort
	Oral combination products	• Pseudoephedrine + fexofenadine	Telfast decongestant
		• Pseudoephedrine + loratadine	Claratyne-D
	Leukotriene receptor antagonists	• Montelukast	Singulair, Lukair
		• Zafirlukast	Accolate

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Nasal sprays:

Antihistamine nasal sprays	<ul style="list-style-type: none"> • Azelastine 	Azep
Decongestant nasal sprays	<ul style="list-style-type: none"> • Levocabastine 	Livostin nasal spray
	<ul style="list-style-type: none"> • Oxymetazoline 	Chemists' Own Decongestant Nasal Spray, Demazin 12 Hour Relief Nasal Spray, Dimetapp 12 Hour Nasal Spray, Drixine, Logicin Rapid Relief Nasal Spray, Pharmacy Action Nasal decongestant Spray, Vicks Sinex
	<ul style="list-style-type: none"> • Xylometazoline 	FLO Xylo-POS Nasal Spray, Otrivin Nasal Spray, Otrivin Junior, Otrivin Menthol, Otrivin Plus
Corticosteroid nasal sprays	<ul style="list-style-type: none"> • Tramazoline 	Spray-Tish Menthol, Spray-Tish
	<ul style="list-style-type: none"> • Beclomethasone 	Beconase
	<ul style="list-style-type: none"> • Budesonide 	Rhinocort Hayfever, Rhinocort, Budamax
	<ul style="list-style-type: none"> • Ciclesonide 	Omnaris
	<ul style="list-style-type: none"> • Fluticasone 	Avamys, Flixonase
Combination nasal sprays	<ul style="list-style-type: none"> • Mometasone 	Nasonex, Sensease Nasal Allergy Relief, Chemmart Mometasone Nasal Spray, Terry White Chemists Mometasone Nasal Spray, APO Mometasone Nasal Spray
	<ul style="list-style-type: none"> • Triamcinolone 	Telnase
	<ul style="list-style-type: none"> • Azelastine + fluticasone 	Dymista
Anticholinergic nasal spray	<ul style="list-style-type: none"> • Ipratropium bromide 	Atrovent Nasal
Intranasal mast cell stabilisers	<ul style="list-style-type: none"> • Sodium cromoglycate 	Rynacrom
Nasal saline spray	<ul style="list-style-type: none"> • Sodium chloride 	Fess, Flo, Flo Kids, PediaMist
<u>Eye drops:</u>	<ul style="list-style-type: none"> • Sodium cromoglycate • Lodoximide 	Cromolux eye drops, Opticrom eye drops Lomide eye drops

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	• Antazoline + naphazoline	Albolon-A eye drops, Antistine-Privine eye drops
	• Azelastine	Eyezep eye drops
	• Ketotifen	Zaditen eye drops
	• Levocabastine	Livostin eye drops, Zyrtec Levocabastine eye drops
	• Olopatadine	Patanol
<u>Other:</u>		
Allergen immunotherapy	• Injections or “shots” given by a doctor	
Vitamins	• Vitamin C	
	• Vitamin C combination	Garlic, Vitamin C and horseradish
Herbal supplements	• Herbal combination	
	• Quercetin/bioflavonoids	Ki Hayfever Control Formula
	• MSM (methylsulfonylmethane)	
	• Glutamine	
	• Bromelain	
	• Curcumin (turmeric)	
	• Probiotics	
	• Bee pollen extract	
	• Propolis	
	• Echinacea	

Sourced from:

Smith P, Price D, Harvey R, et al. Medication-related costs of rhinitis in Australia: a NostraData cross-sectional study of pharmacy purchases. *Journal of Asthma and Allergy*. 2017;10:153-161.

<http://www.mydr.com.au/allergy/hay-fever-treatments>

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