

## SUPPLEMENT ONLINE MATERIAL

Allergies, Allergic Comorbidities and the Home Environment in Pediatric Asthma in Southern Florida - Supplement Online Material

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### Survey Instrument

1. Date of birth (dd/mm/yyyy): dd/mm/yyyy
2. Gender:      Female ☐      Male ☐
3. Where was your child born?
  - o Florida ☐
  - o Outside Florida, but in U.S. ☐
    - o When did your child move to Florida (month and year)? mm/yyyy
  - o Outside U.S. ☐
    - o When did your child move to Florida (month and year)? mm/yyyy
4. Birth place: **name of birth city:** \_\_\_\_\_ **state:** \_\_\_\_\_ **5-digit zip code:** \_\_\_\_\_  
**OR, if abroad, country:** \_\_\_\_\_
4. Current residential address: **city, zip code:** \_\_\_\_\_
5. Does anyone who lives in your child's home smoke?
  - Yes ☐
  - No ☐
  - Decline to answer ☐
6. Do you have any pets at home?
  - Yes ☐
  - No ☐
  - Decline to answer ☐
7. Has your child **ever** had wheezing or whistling in the chest at any time in the past?
  - Yes ☐
    - o Has your child had wheezing or whistling in the chest in the **past 12 months**?
      - Yes ☐
      - No ☐
      - Don't know ☐
    - o How many attacks of wheezing has your child had in the **past 12 months**?
      - None ☐

- 1 to 3 ☐
- 4 to 12 ☐
- More than 12 ☐
- In the past 12 months, how often, on average, has your child's sleep been disturbed due to wheezing?
  - Never woken with wheezing ☐
  - Less than one night per week ☐
  - One or more nights per week ☐
- No ☐
- Don't know ☐

8. In the past 12 months, has your child's chest sounded wheezy during or after physical activity?

- Yes ☐
- No ☐
- Don't know ☐

9. In the past 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

- Yes ☐
- No ☐
- Don't know ☐

10. Has a doctor or other health professional ever told your child that he/she has asthma?

- Yes ☐
  - How old was he/she when he/she was first told that he/she has asthma? **two-digit year:** \_\_\_\_\_
  - Does he/she still have asthma?
    - Yes ☐
    - No ☐
    - Don't know ☐
  - During the past 12 months, has he/she had an episode of asthma or an asthma attack?
    - Yes ☐
    - No ☐
    - Don't know ☐
  - During the past 12 months, has he/she had to visit an emergency room or urgent care center because of asthma?
    - Yes ☐
    - No ☐
    - Don't know ☐
  - During the past 3 months, has your child taken medication prescribed by a doctor or other health professionals for asthma?

- Yes ☐
- No ☐
- Don't know ☐

During the past week for how many days {child's name} could not attend school due to worsening of his/her asthma?

- NONE ☐
- 1 DAY ☐
- 2-3 DAYS ☐
- FULL WEEK ☐
- DON'T KNOW ☐

- Did he/she develop asthma in Miami?
  - Yes ☐
  - No ☐
  - Don't know ☐
- Once in Miami, his/her asthma symptoms have:
  - worsened ☐
  - improved ☐
  - not changed ☐
  - don't know ☐

- No ☐
- Don't know ☐

11. Has a doctor or other health professional ever told your child that he/she has hay fever?

- Yes ☐
  - How old was your child when he/she was first told he/she had hay fever? **two-digit year:** \_\_\_\_
  - During the past 12 months, has your child had an episode of hay fever?
    - Yes ☐
    - No ☐
    - Don't know ☐
  - Once in Miami, his/her episodes of hay fever have:
    - increased/occur more often ☐
    - decreased/occur less often ☐
    - not changed ☐
    - don't know ☐
- No ☐
- Don't know ☐

12. Has a doctor or other health professional ever told your child that he/she has allergies?

- Yes ☐
  - How old was your child when he/she was first told he/she had allergies? **two-digit year:** \_\_\_\_
  - During the past 12 months, has your child had any allergy symptoms or an allergy attack?
    - Yes ☐
    - No ☐
    - Don't know ☐
  - Once you moved to Miami, his/her allergy symptoms have:
    - increased in frequency or severity ☐
    - decreased in frequency or severity ☐
    - not changed ☐
    - don't know ☐
- No ☐
- Don't Know ☐

13. Has your child been tested for "environmental allergies"?

- Yes ☐
  - At what age was he/she tested? \_\_\_\_\_
  - Where was he/she tested?
    - Florida ☐
    - Elsewhere ☐
      - **city/state:** \_\_\_\_\_ **OR country, if not in the U.S.:** \_\_\_\_\_
  - Please indicate which allergens, if any, your child was found to be allergic to based on that test (please tick all that apply):
    - ☐ *Alternaria alternata* (a mold)
    - ☐ *Asperigillus fumigatus* (a mold)
    - ☐ Australian pine (*Causarina equisetifolia*)
    - ☐ Bahia grass (*Paspalum notatum*)
    - ☐ Bermuda grass (*Cynodon dactylon*)
    - ☐ *Blomia tropicalis* (a dust mite)
    - ☐ Cat dander
    - ☐ *Cladosporium herbarum* (a plant fungus)
    - ☐ Cockroach
    - ☐ Common ragweed (short; *Ambrosia elatior*)
    - ☐ *Dermatophagoides farinae* (a house dust mite)
    - ☐ *Dermatophagoides pteronyssinus* (a house dust mite)

- ☐ Dog dander
  - ☐ Elm (*Ulmus americana*)
  - ☐ Maple (box elder; *Acer negundo*)
  - ☐ Mountain cedar (*Juniperus sabinoidea*)
  - ☐ Mouse Urine Proteins
  - ☐ Nettle (*Urtica dioica*)
  - ☐ Oak (*Quercus alba*)
  - ☐ Penicillin
  - ☐ Rough pigweed (*Amaranthus retroflexus*)
  - ☐ Sheep sorrel (*Rumex acetosella*)
  - ☐ Timothy grass (*Phleum pratense*)
  - ☐ Other: please list \_\_\_\_\_
  - ☐ None
- No ☐
  - Don't know ☐

13.a During the past 30 days for how many days did {child's name} take anti-allergy medicines (e.g. Allegra, Zyrtec, Claritin, Benadryl)?

NOT A SINGLE DAY.....1  
 1-2 DAYS.....2  
 3-5 DAYS.....3  
 5-10 DAYS.....4  
 10-30 DAYS.....5  
 EVERY DAY.....6  
 EVERY TWICE.....7

14. Do you know of any other allergies that your child has (not based on formal testing, but based on experience)?

- Yes ☐
  - Please list these: \_\_\_\_\_
- No ☐
- Don't know ☐

15. In the last 12 months, has a dog, cat, or other small furry animal been removed from your child's home because your child had allergies or asthma?

- Yes ☐
  - What kind of pet was removed from your home? \_\_\_\_\_
- No ☐

16. Have you avoided bringing new pets into your home because your child had allergies or asthma?

- Yes ☐
- No ☐

17. Has your child **ever** had a problem with sneezing, or a runny, blocked nose when he/she did not have the cold or the flu?

- Yes ☐
  - At what age did this nose problem first occur? **two-digit year:** \_\_\_\_\_
  - In the **past 12 months**, has your child had a problem with sneezing, or a runny, or blocked nose when he/she did not have the cold or the flu?
    - Yes ☐
    - No ☐
  - In which of the past 12 months did this nose problem occur? (Please tick all that apply)
    - January ☐
    - February ☐
    - March ☐
    - April ☐
    - May ☐
    - June ☐
    - July ☐
    - August ☐
    - September ☐
    - October ☐
    - November ☐
    - December ☐
  - Once you moved to Miami, his/her nose symptoms have:
    - Increased in frequency or severity ☐
    - Increased in frequency or severity ☐
    - Not changed ☐
    - Don't know ☐
- No ☐
- Don't know ☐

18. Has a doctor or other health professional ever told your child that he/she has eczema?

- Yes ☐
  - How old was your child when he/she was first told he/she has eczema? **two-digit year** \_\_\_\_

- No ☐
- Don't Know ☐

19. Has a doctor or other health professional ever told your child that he/she has eczema?

- Yes ☐
  - How old was your child when he/she was first told he/she has eczema? **two-digit year** \_\_\_\_\_
- No ☐
- Don't Know ☐

Q20. Do you pay close attention to the outdoor pollen in your area?

- NEVER ☐
- RARELY ☐
- SOMETIMES ☐
- MOST OF THE TIME ☐
- ALWAYS ☐

20.a During the past week, how often did you and/or any of the family members access pollen count or allergy index from pollen.com, weather.com or any other local/state/private agency?

- NONE ☐
- 1 DAY ☐
- 2-3 DAYS ☐
- EVERY DAY ☐
- TWICE A DAY ☐

20b. How often do you change your air filter in your air conditioning system?

- NEVER ☐
- EVERY MONTH ☐
- EVERY TWO MONTHS ☐
- EVERY SIX MONTHS ☐
- ONCE A YEAR ☐
- DON'T KNOW ☐

20.c Do you have any germicidal air purification system, such as ultraviolet-C, in your air condition system?

- YES .....1
- NO..... 2
- DON'T KNOW.....-99



20.d Do you use an air purifier (an electric machine used to clean air) in home?

YES .....1  
NO..... 2  
DON'T KNOW.....-99

20.e Do you ever feel moldy (or must smell) inside your home?

YES .....1  
NO..... 2  
NOT SURE.....-99

20.f Can you regulate humidity through your air condition/heating system

YES ☐  
NO ☐  
DON'T KNOW ☐

Q20.g. During the last 12 months, were any areas inside your home painted, such as walls, trim or ceilings?

YES..... 1  
NO..... 2  
REFUSED..... 7  
DON'T KNOW..... 9