



Table S1. Disease activity predictors during baseline and 2-year follow-up.

	Baseline	Follow-up	Symptomatic Visit
Upper respiratory symptoms	Rhinitis symptoms are present: <4days/week, >4 days/week	Rhinitis symptoms last 6 months (yes)	Runny nose
	<u>Rhinitis duration</u> <4 consecutive weeks, >4 consecutive weeks <u>Are rhinitis Symptoms associated with?</u> sleep disturbance (no / yes) school impairment (no / yes) leisure/sport (no/yes)	Rhinitis symptoms are present: <4days/week, >4 days/week <u>Rhinitis duration:</u> <4 consecutive weeks, >4 consecutive weeks <u>Are rhinitis symptoms associated with?</u> sleep disturbance (no / yes) school impairment (no / yes) leisure/sport (no/yes)	Stuffy nose, Sneezing
	Visual analogue scale	Visual analogue scale	
	Number of medication courses for rhinitis last 12 months	Number of medication courses for rhinitis last 12 months	
Lower respiratory symptoms	Days with symptoms last 3 months: < 1/week, >1week but <1/day, daily	Asthma episodes since last evaluation	Cough during the day/night
	Nights with symptoms last 3 months: ≤2 times/month, >2 times/month, >1/week, almost daily	How many days has the child had coughing, wheezing, shortness of breath, or chest tightness	Wheezing during the day/night
	Cough, wheeze or difficulty in breathing during or after exercise last 12 months (no/yes)	How many days has the child had awakened at night because of symptoms	Difficulty in breathing during the day/night
	Limitation of activities limited by asthma symptoms (no/yes)	How many days has the child had awakened in the morning with symptoms that did not improve within 15min of using a short-acting inhaled b2 agonist	Shortness of breath

Child completely well between symptomatic periods (no/yes)
Number of episodes of wheezing/asthma/cough in the last 3 months

Number of episodes of wheezing/asthma/cough in the last 12 months

Number of hospitalizations for wheezing/asthma/cough in the last 12 months
Inhaled corticosteroids as prophylactic treatment (no/yes/quantity)

How many days has the child had symptoms while exercising or playing
How many days has your child's asthma caused him/her to miss school

How many days has your child's asthma caused him/her to reduce his/her activities

Has the child had any emergency visit for its asthma

Has the child been hospitalized for its asthma

Reliever asthma medication
Daily asthma controller medication

Respiratory rate

Wheeze

Existence/severity of exacerbation:
None, mild, moderate, severe
