

Supplementary Material

COVID-19 and allergic asthma and Rhinitis Questionnaire

1. Gender of the patient:

-Female

-Male

2. Age of the patient (years):

3. Your child is affected by:

- Rhinitis

- Asthma

- Both

4. Your child is allergic to:

- Dust mite

- Grass Pollen

- Alternaria

- Other pollens

5. During home quarantine (March/June 2020), compared to the same period of the previous year, your child's rhinitis symptoms are:

- Worsened

- Same

- Improved

6. During home quarantine (March/June 2020), compared to the same period of the previous year, your child's asthma symptoms are:

- Worsened

- Same

- Improved

7. In case of improvement or worsening of rhinitis symptoms, express the degree:

- No improvement/worsening
- Slight improvement/worsening
- Moderate improvement/worsening
- Consistent improvement/worsening

8. In case of improvement or worsening of asthmatic symptoms, express the degree:

- No improvement/worsening
- Slight improvement/worsening
- Moderate improvement/worsening
- Consistent improvement/worsening

9. Your child performed basal therapy with corticosteroid for asthma and/or allergic rhinitis:

- This year
- Last year
- Both

10. Compared to the previous year, your child used on demand therapy for asthma exacerbations:

- Not used
- With the same frequency
- More frequently
- Less frequently

11. Compared to the previous year, your child used nasal corticosteroid spray for rhinitis flare-ups:

- Not used
- With the same frequency
- More frequently
- Less frequently

12. Compared to the previous year, your child used oral antihistamines:

- Not used
- With the same frequency
- More frequently
- Less frequently