

Rebound in asthma exacerbations following relaxation of COVID-19 restrictions: a longitudinal population-based study (COVIDENCE UK)

Supplementary Material

CONTENTS

| | |
|---|---|
| Table S1: Baseline questionnaire | 2 |
| Table S2: Monthly follow-up questionnaire | 5 |
| Table S3: Algorithms for symptom-defined episodes of non-COVID-19 acute respiratory infection (ARI)..... | 7 |

Table S1: Baseline questionnaire

| Sociodemographic | |
|---|--|
| Date of questionnaire (DD/MM/YYYY) | |
| Please state your assigned sex at birth. | -Male -Female |
| Date of birth (DD/MM/YYYY) | |
| What is your ethnic origin? | - White <ul style="list-style-type: none"> - English / Welsh / Scottish / Northern Irish / British - Irish - Gypsy or Irish Traveller - Any other white background - Mixed / Multiple ethnic groups <ul style="list-style-type: none"> - White and Black Caribbean - White and Black African - White and Asian - Any other Mixed / Multiple ethnic backgrounds - Asian / Asian British <ul style="list-style-type: none"> - Indian - Pakistani - Bangladeshi - Chinese - Any other Asian background - Black / African / Caribbean / Black British <ul style="list-style-type: none"> - African - Caribbean - Any other Black / African / Caribbean background - Arab - Other Ethnic Group |
| Which of these best describes your use of cigarettes? | - I have never smoked cigarettes - I used to smoke cigarettes occasionally but now not at all - I used to smoke cigarettes daily but now not at all - I smoke cigarettes occasionally but not every day - I smoke cigarettes daily |
| What is the highest level of education that you have completed? | - Primary school - Secondary school up to 16 years - Higher or secondary or further education (A-levels, BTEC, etc.) - College or university - Post-graduate degree |
| What is your current weight? | |
| What is your current height? | |

| | |
|--|---|
| Have you ever been diagnosed with any of the following conditions by a doctor? | <ul style="list-style-type: none">- Asthma- Atopic Eczema or Atopic Dermatitis- Autoimmune disease (e.g. rheumatoid arthritis, multiple sclerosis (MS), lupus (SLE), Crohn's disease, ulcerative colitis, psoriasis, Raynaud's disease, scleroderma)- Cancer- Cerebral Palsy- COPD (including chronic bronchitis, and emphysema)- Cystic Fibro- Dementia- Diabetes or pre-diabetes- Hayfever or Allergic Rhinitis -- Heart Attack, Angina or Coronary Artery Disease- Heart Failure- High Blood Pressure (Hypertension)- HIV Infection- Hyperparathyroidism (overactive parathyroid gland)- Kidney stones- Other kidney disease- Leg Artery Disease (also known as 'peripheral vascular disease', 'peripheral arterial disease' or 'intermittent claudication')- Mental health disorder- Motor Neurone Disease- Organ transplant- Parkinson's Disease- Primary immune deficiency (e.g. antibody deficiency, combined immunodeficiency)- Sarcoidosis- Sickle Cell Disease (i.e. two copies of altered gene, affected by anaemia and other complications)- Sickle Cell Carrier (also known as 'sickle cell trait', with only one copy of altered gene: few symptoms if any) -- Splenectomy (removal of spleen)- Stroke or Mini-Stroke- Tuberculosis- None of the above |
|--|---|

| | |
|--|--|
| If you have been diagnosed with Asthma, click as many as apply: | <ul style="list-style-type: none"> - I sometimes use a reliever inhaler (e.g. ventolin, salbutamol) to control my asthma symptoms - I take a regular inhaler that includes a steroid preventer ONLY (e.g. Beclomethasone, Budesonide, Ciclesonide, Fluticasone or Mometasone) - I take a regular inhaler that includes a long-acting bronchodilator ONLY (e.g. salmeterol, formoterol) - I take a regular combination inhaler that contains BOTH a steroid preventer AND a long-acting bronchodilator (e.g. Seretide, Symbicort, Flutiform, Fostair) - My asthma is being treated with monoclonal antibody infusions at the hospital - In the last 12 months I have had one or more asthma attacks requiring treatment with steroid tablets (prednisolone) - In the last 12 months I have had one or more asthma attacks requiring hospital admission |
| Postcode | |
| Over the last 12 months, would you say that on the whole, your health has been: | <ul style="list-style-type: none"> - Excellent - Very good - Good - Fair - Poor |
| Have you had one or more doses of a COVID-19 vaccine (immunisation)? First doses and booster doses both count. | <ul style="list-style-type: none"> - Yes - No - Not sure |
| Since February 1st 2020, have you had a nose/throat swab to test for COVID-19? | <ul style="list-style-type: none"> - Yes - No - Not sure e.g. you took part in vaccine trial, but don't yet know whether or not you had the real vaccine or the placebo (dummy vaccine) |

Table S2: Monthly follow-up questionnaire

| Questions asked at every monthly follow-up | |
|---|---|
| Since you last checked in with us, have you had an attack (b) of asthma or COPD (chronic bronchitis / emphysema)? | - Yes - No |
| Was this an attack of asthma or COPD | - Asthma attack - COPD attack |
| Did this asthma/COPD attack require treatment with steroid tablets (e.g. prednisolone)? | - Yes - No - Don't know / not sure |
| What did the hospital doctors diagnose? Select as many as apply. | - Suspected or proven COVID-19 - Pneumonia - 'Flu' (influenza) - Bronchitis - Tonsillitis or pharyngitis (sore throat) - Ear infection (otitis media) - Common cold - Another upper respiratory infection - Another lower respiratory infection - Asthma attack (flare-up or exacerbation of asthma symptoms) - COPD attack (flare-up or exacerbation of COPD symptoms) - Something else |
| Since you last checked in with us, have you had a nose or throat swab for COVID-19 or any other respiratory virus, or has a result from a previous swab test become newly available?(This question is about tests to detect the virus itself: they are usually done in somebody who has symptoms, but screening of asymptomatic people can also be done. It's usually a nose/throat swab, but saliva tests are also becoming available) | - Yes - No |
| On what date did you have this nose / throat swab? If you are not sure of the exact date, enter the approximate date (DD/MM/YYYY). | |
| What was the result? Click as many as apply. | - Positive for COVID-19 (SARS-CoV-2 coronavirus) - Positive for influenza virus - Positive for another respiratory virus - Negative for all/any viruses tested - Not Known |
| What did the GP diagnose? Tick as many as apply | - Suspected or proven COVID-19 - Pneumonia - 'Flu' (influenza) - Bronchitis - Tonsillitis or pharyngitis (sore throat) - Ear infection (otitis media) - Common cold - Another upper respiratory infection |

| | |
|--|---|
| | - Another lower respiratory infection - Something else |
| ₁ How ill did you feel at your worst? | - Mildly unwell - I could do most of my usual activities - Moderately unwell - I couldn't do usual activities, but didn't need to go to bed in the daytime (2) - Very unwell – I had to go to bed in the daytime (3) |
| ₂ Did you have a fever (high temperature)? | - Yes - No |
| ₃ Did you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)? | - No - Persistent dry cough (i.e. producing little or no phlegm) - Persistent productive cough |
| ₄ Did you have a headache? | - Yes - No |
| ₅ Did you have muscle aches? | - Yes - No |
| ₆ Did you experience unusual shortness of breath? | - No - Yes, mild symptoms - slight shortness of breath during ordinary activity - Yes, significant symptoms – breathing was comfortable only at rest - Yes, severe symptoms - breathing was difficult even at rest |
| ₇ Please indicate any other symptoms you had | - Sore throat - Sneezing - Runny nose - Blocked nose - Unusually hoarse voice - Unusual chest pain - Unusual abdominal pain - Diarrhoea - Confusion, disorientation, or drowsiness - Raised, red itchy welts on the skin or sudden swelling of the face or lips - Red/purple sores or blisters on your feet or toes - Unusual soreness or discomfort of the eyes (e.g. light sensitivity, excessive tears, pink/red eyes) - Other symptom (please specify) - None of the above |

Table S3: Algorithms for symptom-defined episodes of non-COVID-19 acute respiratory infection (ARI).

Episodes fulfilling the criteria below were defined as non-COVID-19 ARI if they were associated with at least one negative RT-PCR or antigen test results for SARS-CoV-2, and no positive RT-PCR or antigen test results for SARS-CoV-2.

| Non-COVID-19 ARI | Contributing questionnaire question (see Table S2 for subscript numbering): | Responses: |
|------------------------------|--|--|
| Upper respiratory infection | 1. How ill did you feel at your worst? 2. Did you have a fever (high temperature)? 3. Did you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)? 4. Did you have a headache? 7. Please indicate any other symptoms you had: | At least one nasal symptom <ul style="list-style-type: none"> • 7. Sore throat OR Sneezing OR Runny nose AND at least one of the following symptoms: • 1. Moderately unwell - I couldn't do usual activities, but didn't need to go to bed in the daytime OR Very unwell – I had to go to bed in the daytime OR • 2. Yes OR • 3. Persistent productive cough (i.e., producing little or no phlegm) OR • 4. Yes OR • 7. Sore throat OR unusually hoarse voice |
| Lower respiratory infection | 3. Did you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)? 6. Did you experience unusual shortness of breath? 7. Please indicate any other symptoms you had: | <ul style="list-style-type: none"> • 3. Persistent productive cough (i.e., producing little or no phlegm) OR • 3. Persistent dry cough + 7. Unusual chest pain OR • 3. Persistent dry cough + 6. Yes, mild symptoms - slight shortness of breath during ordinary activity OR yes, significant symptoms – breathing was comfortable only at rest OR Yes, severe symptoms - breathing was difficult even at rest |
| Influenza like illness (ILI) | 2. Did you have a fever (high temperature)? 3. Did you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)? 5. Did you have muscle aches? | <ul style="list-style-type: none"> • 2. Yes + 3. Persistent dry cough (i.e., producing little or no phlegm) OR Persistent productive cough + 5. Yes |