

Appendix 1 Questionnaire content

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Name

Gender: male or female

date of birth

Time of first diagnosis of asthma

History of allergic rhinitis

Family history of allergy or asthma

Cigarette exposure

Delivery way

Premature labour or not

Medication (type, frequency and dose)

Asthma control score (c-ACT score)

Height and weight

History of food and drug allergy

whether have a history of other diseases

Result of skin prick tests to Der p or Der f

What are the symptoms (wheezing, cough, shortness of breath, chest tightness, *et al.*)

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