

## **SUPPLEMENTAL MATERIAL**

### **Questionnaire for symptoms of allergic rhinitis**

#### **1. Symptoms**

- 1) Sneezing
- 2) Watery rhinorrhea
- 3) Nasal obstruction
- 4) Itchy nose or eyes
- 5) Post-nasal drip
- 6) Combined with eye symptoms
- 7) Throat discomfort (feeling of nasal drip or mucus in the throat)
- 8) Chronic cough
- 9) Earfullness
- 10) Headache
- 11) Difficulty concentrating
- 12) Sleep disturbance
- 13) Impairment of daily activities (interference with daily life)

#### **5-point scale used to grade the severity**

- 0: No symptoms
- 1: Symptoms present but mild
- 2: Slightly uncomfortable
- 3: Uncomfortable
- 4: Quite uncomfortable
- 5: Extremely uncomfortable

#### **2. Duration of symptoms**

- 1) More than 4 days a week
- 2) More than 4 consecutive weeks a year

#### **3. Visual analog scale (VAS) – The overall impact of symptoms (1–10)**

- 1: No impact ~ 10: Extremely severe impact

#### **Total AR-Q (Sum of the severity of symptoms)**

**ARIA Dx:** mild intermittent, mild persistent, moderate to severe intermittent, moderate to severe persistent.