

Supplementary Text S1 – Symptom score questionnaire

1. Was your son/daughter today bothered by shortness of breath when

Sitting still	<input type="checkbox"/> yes <input type="checkbox"/> no	(1)
Walking around the house/ward	<input type="checkbox"/> yes <input type="checkbox"/> no	(1)
Washing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	(2)
Walking in the street	<input type="checkbox"/> yes <input type="checkbox"/> no	(2)
Playing	<input type="checkbox"/> yes <input type="checkbox"/> no	(2)
Walking the stairs	<input type="checkbox"/> yes <input type="checkbox"/> no	(3)

2. If you were to give a mark on a 1 to 5 scale expressing the severity of the shortness of breath at the moment, which mark would that be?

Not at all short of breath (1)	<input type="checkbox"/>	(0)
Slightly short of breath (2)	<input type="checkbox"/>	(1)
Fairly short of breath (3)	<input type="checkbox"/>	(1)
Substantially short of breath (4)	<input type="checkbox"/>	(2)
Terribly short of breath (5)	<input type="checkbox"/>	(3)

3a. Does your son/daughter cough?

No (skip questions 3b, c and d)	<input type="checkbox"/>	(0)
Only in the morning, when getting up	<input type="checkbox"/>	(1)
Now and then, all through the day	<input type="checkbox"/>	(2)
Frequently, all through the day	<input type="checkbox"/>	(3)

3b. Does he/she cough up sputum?

None	<input type="checkbox"/>	(0)
A little	<input type="checkbox"/>	(1)
A lot	<input type="checkbox"/>	(2)

3c. Does he/she cough up the sputum with ease?

Not bothered by sputum	<input type="checkbox"/>	(0)
With ease	<input type="checkbox"/>	(1)
Fairly difficult	<input type="checkbox"/>	(1)
Very difficult	<input type="checkbox"/>	(2)

3d. What is the color of the sputum?

Did not pay attention/no sputum	<input type="checkbox"/>	(0)
Transparent	<input type="checkbox"/>	(0)
White	<input type="checkbox"/>	(1)
Green, yellow or brown	<input type="checkbox"/>	(1)

4. My child is

Not fit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fit	(0,1,2,3,3)
Not him/her self	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Him/her self	(0,1,2,3,3)
Tired quickly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Full of energy	(0,1,2,3,3)