e-Appendix 1. Questionnaire used to assess medication possession ratio at follow-up visits

CONFIDENTIAL

SECTION 3: Asthma Medications: This section will be completed by the interviewer.

1.1. During the past 3 months, have you taken any of the medications listed at your last visit for your breathing (also include medications for nasal congestion, reflux, allergies , and asthma exacerbation (s) such as prednisone and antibiotics)? ☐1.Yes ☐2.No ; If yes complete table below. If yes or no ask Q2.

1.2. During the past 3 months, have you taken any **new medications** listed for your breathing (including medications for nasal congestion reflux, allergies , and asthma exacerbation such as prednisone and antibiotics)? ☐1.Yes ☐2.No ; If yes complete table below.

If participant has not taken any medications to help their breathing, skip to Question 3.2.

Medication **Name** (not entered)							
Medication Code (consult the medication name and code list for number)	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___
Physician prescription Dose per use & frequency per day (e.g. 100mcg TID)							
Formulation (check one. If more than two formulations for one drug enter them as separate columns)	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8	Pills ☐ 1 Diskus ☐ 2 Inhaler ☐ 3 Nebulizer ☐ 4 Liquid ☐ 5 Nasal Spray ☐ 6 Injection ☐ 7 Other ☐ 8
When you are taking the medication, how many months since your last visit have you taken it?	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4	0 ☐ 1 1 mth ☐ 2 2-3 mth ☐ 3 3-6 mth ☐ 4
When you are taking the medication, how many days a week do you take it?	☐☐ Days	☐☐ days	☐☐ days	☐☐ days	☐☐ days	☐☐ days	☐☐ Days
In the past 3 months, is the medicin taken on most days, or just when yo have symptoms, or both?	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3	Most Days ☐ 1 Symptoms ☐ 2 Both ☐ 3