Online Appendix. Researcher Administered Survey

STUDY ID:________________ **DATE: ____________________**

Researcher administered survey:

The management of nasal symptoms: PATIENT PRODUCT SELECTION FORM

Do you consent to participate in this study? ☐ Yes ☐ No

PRODUCT(S):

Product(s) selected: ______________________________

What are you taking it for? ______________________

Why did you choose this product(s)?

- ☐ Effective ➔ ☐ Compared to others of the same class
- ☐ Price/Advertisement/Catalogue/What's on the box
- ☐ Recommended, Who? ________________________
- ☐ Other:

Who for? ☐ Self ☐ Other

Age: ☐ <18 ☐ 18-39 ☐ >40

Gender: ☐ M ☐ F ☐ Pregnant

DIAGNOSIS:

Have you spoken to your doctor about this? ☐ Yes, GP/Specialist? ☐ No

If 'yes', what was diagnosed and/or recommended?

If 'no', did you speak to your pharmacist? ☐ Yes ☐ No

If 'yes', what was recommended/advised?

Has anyone shown(spray)/explained(tablet) how to use this? ☐ Yes ☐ No

If 'yes', please specify:

MEDICATION HISTORY:

Have you tried anything in the past for these condition? ☐ Yes,____________ ☐ No

Did it work for you? ☐ Yes ☐ No

Are you using anything else for your condition? ☐ Yes, ____________ ☐ No

Do you use a puffer? ☐ Yes, ____________ ☐ No

SYMPTOM(S):

What symptom(s) is this product(s) is being used to treat?

Do you also have?

Symptoms	
☐ Sneezing	☐ Watery Eyes
☐ Itchiness Nose/Eyes/Ears/Palate	☐ Mucus Clear/Yellow/Green
☐ Runny Nose	☐ Headache
☐ Blocked Nose	☐ Fever
☐ Wheeze	☐ Muscle Ache

Other:

How severe are the symptoms?

	Severity			
Symptoms	**No**	**Mild**	**Moderate**	**Severe**
Sneezing				
Itchy Nose				
Itchy Ears/Palate				
Runny Nose				
Blocked Nose				
Itchy Watery Eyes				
Headache				
Wheeze				

How often do these symptoms affect your sleep/performance/daily activities?

Weekly		
LESS <	4 times/week	> MORE
Yearly		
LESS <	4 weeks/year	> MORE

How often do you need your medications to keep your symptoms under control?

- ☐ Everyday
- ☐ Other:____________

What brings on/makes your symptoms worse? s

Is there, if any, a particular time of the year that this symptoms occur?