

## Appendices

### **A1: QUESTIONNAIRES USED FOR THE STUDY**

(English version – will be translated to Danish)

#### **A1.1: HR-QoL**

##### CHILD'S SYMPTOMS

ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD'S ILLNESS

1. During the last week, how many days has your child presented the following symptoms?

	0	1/2	1	2	3	4	5	6	7
Cough									
Dyspnea (fast breathing, intercostal retractions...)									
Wheezing									
Cyanosis (Blueness in face/lips)									
Less appetite than usual									
Full days without eating									
Fever									

2. In comparison with the previous week, your child's symptoms this week have been: much worst, somewhat worse, the same, somewhat better, much better.

##### CONCERN ABOUT CHILD'S SYMPTOMS

3. How worried have you felt about the following symptoms:

\* If in question 1 you marked "0 days", please go directly to question 6.

	Not worried	Slightly worried	Quite worried	Very worried
Cough				
Dyspnea (fast breathing, intercostal retractions...)				
Wheezing				
Cyanosis (Blueness in face/lips)				
Less appetite than usual				
Full days without eating				
Fever				

4. If your child has presented fever, what was the highest temperature that he/she presented? (Select from 37 to 42°C)

5. Overall, during the last week, how worried have you felt about your child's disease? Not worried, slightly worried, quite worried, very worried.

6. In comparison to the previous week, your concern about your child's symptoms has been: much worst, somewhat worse, the same, somewhat better, much better.

#### CHILD'S BEHAVIOR DURING THE ILLNESS

The following questions are about your child's behavior during the illness.

Please select the box of the answer that best applies to your son/daughter's case.

7. During the last week, your child:

	Never	Sometimes	Often	Always
Has slept more than usual				
Has slept less than usual				
Has cried more than usual				
Has been more irritable				
Has had less desire to play				
Has been exhausted				
Has been less attentive				
Has needed more comfort				

8. In comparison to the previous week, your child's behavior has been: much worst, somewhat worse, the same, somewhat better, much better.

#### CONCERN ABOUT CHILD'S ILLNESS

The following questions are about what you felt as a father/mother about your child's disease.

Please select the box of the answer that best applies to your case.

9. During the last week, have you had the following feelings concerning your child's illness?

	No at all	A little bit	A lot	A great deal
Sadness to see my child being ill				
Impotence				
Mental exhaustion				
Physical exhaustion				
Guiltiness				
Fed up with the situation				

10. In comparison to the previous week, your emotions about your son/daughter's illness this week have been: much worst, somewhat worse, the same, somewhat better, much better.

#### YOUR DAILY ACTIVITIES DURING YOUR CHILD'S DISEASE

How much has your child's illness interfered in your daily activities?  
Please select the box of the answer that best applies to your case.

11. During the last week and concerning your child's disease:

	0	1/2	1	2	3	4	5	6	7
How many nights did the illness disrupted your sleep?									
How many days did you have to dedicate exclusively to your child?									
How many days did you have to ask for help to someone else (parents, friends, neighbors...)?									
How many days could not he/she attend nursery school, or you could not leave him/her home with a babysitter?									

12. During the last week and concerning your child's disease:

	No at all	A little bit	A lot	A great deal
Have you lost sleep hours?				
Your child's illness limited your leisure time?				
Your child's illness limited the time for doing the groceries				
Your child illness limited the time for doing house chores				

13. Who has completed this questionnaire? Mother, Father or other.

#### A1.2: Satisfaction with treatment:

1: Overall, how happy were you with the treatment given in hospital?

1	2	3	4	5	6	7	8	9	10
Very unsatisfied			Neutral				Very satisfied		

2: If your child was given saline during treatment:

A: did your child react with crying or distress during administration of saline?

1	2	3	4	5	6	7	8	9	10
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Strongly disagree

Neutral

Strongly Agree

B: Did you find that saline helped your child to clear the airways:

1	2	3	4	5	6	7	8	9	10
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Strongly disagree

Neutral

Strongly Agree

3: After discharge, did you administrate saline to your child at home?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## A2 Respiratory severity scoring with heart rate

Score	Respiratory rate	Wheeze	Heart rate <sup>a</sup>	SpO <sub>2</sub>	Accessory muscle use
0	<30	None	<150	>95	None
1	30–45	End-expiratory only	151–160	94–95	Mild intercostal retractions
2	46–60	Entire expiration and inspiration with stethoscope	161–170	90–93	Moderate retractions
3	>60	Entire expiration and inspiration without stethoscope	>170	<90	Moderate retractions + head bobbing or tracheal tugging

<sup>a</sup>RSS-HR = respiratory rate + wheeze + heart rate + accessory muscle use

<sup>b</sup>RSS-SO = respiratory rate + wheeze + SpO<sub>2</sub> + accessory muscle use