Respiratory allergies in the Qassim region, Saudi Arabia

Questions about personal information

1. Where are you living? *Mark only one.
   1. Buraydah
   2. Unaizah
   3. Alrass
   4. Other area in Qassim region
   5. Outside Qassim region

2. What is your nationality? *Mark only one.
   1. Saudi
   2. Non-Saudi

3. What is your gender? *Mark only one.
   1. Male
   2. Female

4. What is your age (years)? *Mark only one.
   1. Under 15
   2. 15 - 30
   3. 31 - 45
   4. Over 45

5. What is your job? *Mark only one.
   1. Student
   2. Employee
   3. Worker
   4. Other job
6. Does your work related to health sector? *Mark only one.
   1. Yes
   2. No

7. What is your educational level? *Mark only one.
   1. Secondary or below
   2. Diploma or Bachelor
   3. Postgraduate

8. Do you have a present or past history of smoking? *Mark only one.
   1. Yes
   2. No

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**Questions about history of respiratory allergies**

9. Do you have a family member suffering from respiratory allergies (diagnosed by a doctor)? *Mark only one.
   1. Yes
   2. No

10. Do you have a personal history of respiratory allergies (diagnosed by a doctor)? *Mark only one.
    1. Yes
    2. No

11. Do you know about KSA guidelines for respiratory allergy control? *Mark only one.
    1. Yes
    2. No

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**Questions about causes of respiratory allergies**

12. Which type of respiratory allergy you suffer from (based on a doctor’s diagnosis)? *Mark all that applies.
1. Bronchial asthma
2. Allergic rhinitis
3. Other type of allergy

13. Which of the following is a possible cause that developed your case of respiratory allergic diseases? * Check all that apply.

13.1 Air pollution
13.2 Smoking
13.3 Atopy
13.4 Respiratory tract infections
13.5 Occupation
13.6 Diet
13.7 Genetic predisposition
13.8 Others (please specify)
13.9 I do not know

Questions about symptoms of respiratory allergies

14. Which of the following symptoms of bronchial asthma you are suffering from? * Check all that apply.

14.1 Noisy breathing
14.2 Difficult breathing in cold weather
14.3 Repeated coughing
14.4 Shortness of breath during exercise or around pets
14.5 Awakenings at night/difficulty sleeping due to bronchial asthma
14.6 I do not suffer from bronchial asthma

15. Which of the following symptoms of allergic rhinitis you are suffering from? * Check all that apply.

15.1 Sneezing during exercise or around pets
15.2 Runny nose
15.3 Red, watery, or itching eyes
15.4 Awakening at night/difficulty sleeping due to allergic rhinitis

15.5 I do not suffer from allergic rhinitis

| Questions about treatment of respiratory allergies |
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| 16. Did you take a medication for treatment of respiratory allergy? *Mark only one.* |
| 1. Yes |
| 2. No |

| Questions about provision of treatment for attacks of respiratory allergies |
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| 17. Did you comply with these medications for treatment of respiratory allergy? *Mark only one.* |
| 1. Yes- always |
| 2. No- never |
| 3. Yes- sometimes |

| 18. Which of the following methods is used to manage your case of respiratory allergy? *Check all that apply.* |
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| 18.1 Inhaled bronchodilator sprays |
| 18.2 Oral bronchodilators |
| 18.3 Inhaled steroid sprays |
| 18.4 Oral steroids |
| 18.5 IV steroids |
| 18.6 Emergency nebulization |
| 18.7 Stayed at the hospital |

| 19. Where can you get this type of medication? *Mark only one.* |
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| 1. At home |
| 2. At the primary health care center |
| 3. At the hospital |