**Supplementary Table 2. Symptom Score (Asthma Control Questionnaire)**

| No. | Question                                               | Symptom scoring                  |
|-----|--------------------------------------------------------|----------------------------------|
| 1   | How are your asthma symptoms today?                   | 1) Very bad, 2) Bad, 3) Good, 4) Very good |
| 2   | Is it hard to run, exercise, or play sports due to asthma? | 1) Very difficult, 2) Difficult, 3) A bit difficult, 4) Not difficult |
| 3   | Do you cough due to asthma?                           | 1) Always, 2) Usually, 3) Sometimes, 4) Not at all |
| 4   | Do you wake up at night because of asthma?             | 1) Always, 2) Usually, 3) Sometimes, 4) Not at all |