

Appendix 1

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Parent's Survey 1

Parent Consent:

Full Project Title: Breathe Melbourne Citizen Science Project

Reference Number: 2022-080

- I have read and I understand the attached Plain Language Statement.
- I freely agree to participate in this survey according to the conditions in the Plain Language Statement.
- Given that this is an anonymous survey, the researchers will not be able to link me in any way to the survey results.

By checking this box, I confirm that I have read and I understand the above Plain Language Statement provided to me. I agree to participate in this survey.

- I agree to participate
- I do not agree to participate

This brief survey is about your child/ren's journey to and from [insert school] and their asthma care. It also asks about your views on air quality in and around [insert school].

This will take about 10 minutes to complete. There are no right or wrong answers to these questions. **All responses are completely anonymous.**

A. ABOUT YOU

The following questions will help us learn a little bit about you. Remember this survey is anonymous.

1. What is your age? _____
2. What is your gender?
 - Female
 - Male
 - Non-binary/gender diverse
 - Prefer not to say



3. What is your Postcode? _____
4. What is the highest level of education you have completed?
- Primary school
 - Some high school
 - Finished high school (Year 12 or equivalent)
 - Trade/Apprenticeship
 - Certificate, Diploma
 - Undergraduate degree (eg Bachelors, Honours)
 - Postgraduate degree (eg Masters, Doctorate)
 - Other (*If other, What is your other highest qualification?* _____ [1 text box appears])
5. What is the primary language that you speak at home?
- English
 - Vietnamese
 - Arabic
 - Italian
 - Greek
 - Mandarin
 - Cantonese
 - Punjabi
 - Maltese
 - Other, please specify which other languages do you speak at home _____ [1 text boxes appears]
 - Don't know



B. ABOUT YOUR CHILD/REN AT [INSERT SCHOOL]

1. How many children do you have at [INSERT SCHOOL]?

- 1
- 2
- 3
- 4
- 5
- 6
- Prefer not to say/Skip question

2. Demographics information for your child (Child X Age X will be used for branching individual kid)
[Data validation 4-14 years]

Child No.	Age	Gender	Grade
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			



C. YOUR CHILDREN'S LUNG HEALTH [Repeat this section for each child listed above]

Please answer the following questions for your [age_childx]-year-old (child x)

1. Has your [age_childx]-year-old (child x) ever experienced episodes of the following in the past? (select all that apply)
 - Wheezing or whistling sounds whilst breathing
 - Shortness of breath or trouble breathing
 - Feeling of chest tightness perhaps after running/being active or after a cold
 - Cough that lasts for a long time or follows exercise
 - Waking at night because of coughing or trouble breathing
 - None of these
 - Prefer not to say/Skip this question
2. *[If C.Q1=Yes to any symptoms]* Has this child had these symptoms in the past 12 months?
 - Yes
 - No
 - Don't know
3. Has your [age_childx]-year-old (child x) ever had asthma?
 - Yes (*Do Q5, then sections D - how asthma impacts your child ,E- asthma management questions*)
 - No (*Do Q5, then skip to section F*)
 - Unsure (*further branching question below Q4, then Q5*)
 - Prefer not to say/skip question (*Do Q5, then section F*)
4. *[If C.Q3=Unsure]* Why are you unsure if your child has ever had asthma? (Select one that applies best)
 - My child had asthma symptoms but I didn't see a doctor (free text)(*Do Sections D, E*)
 - My child had asthma symptoms but my doctor wasn't sure it's asthma (free text)(*Do Sections D, E, E1*)
 - I don't know what asthma is
 - Other (free text)
 - Prefer not to say/skip question
5. Have any of the following people said that this child has asthma?
(select all that apply)
 - GP/ family doctor



- Specialist (eg Paediatricians, respiratory specialists, allergists)
- Hospital doctor
- Asthma Nurse Educator
- School Nurse
- Maternal & Child Health Nurse
- Other Nurse (eg hospital nurse, nurse at your GP's practice)
- Pharmacist
- Chinese medicine practitioner
- Naturopath/ alternative health professional
- A friend/ family member
- A school teacher
- Other [free text]
- No one



D. [If C.Q3=Yes/(C.Q3=unsure+C.Q4=1/2) for any child] HOW HAS ASTHMA AFFECTED YOUR CHILD?

For the next questions, we would like you to continue thinking about **your child with asthma/asthma like symptoms OR your child whose asthma is the most difficult to control** if you have multiple children with asthma.

1. What is the age of your child with asthma/asthma like symptoms OR your child with the most difficult to control asthma if you have multiple children with asthma?
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - Not applicable

2. How is your child's asthma today?
 - Very bad
 - Bad
 - Good
 - Very good
 - Not applicable

3. How much of a problem is your child's asthma when they run, exercise or play sport?
 - It's a big problem, my child can't do what they want to do.
 - It's a problem and my child doesn't like it.
 - It's a little problem but it's okay.
 - It's not a problem.
 - Not applicable

4. Does your child cough because of asthma?
 - Yes, all of the time.
 - Yes, most of the time.
 - Yes, some of the time.
 - No, none of the time.



Not applicable

5. Does your child wake up during the night because of asthma?

- Yes, all of the time.
- Yes, most of the time.
- Yes, some of the time.
- No, none of the time.
- Not applicable.

6. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

- Not at all
- 1-3 days
- 4-10 days
- 11-18 days
- 19-24 days
- Everyday
- Not applicable

7. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

- Not at all
- 1-3 days
- 4-10 days
- 11-18 days
- 19-24 days
- Everyday
- Not applicable

8. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

- Not at all
- 1-3 days
- 4-10 days
- 11-18 days
- 19-24 days
- Not applicable

For the following questions, we would like you to continue thinking about **your child with asthma/asthma like symptoms OR your child whose asthma is the most difficult to control** if you have multiple children with asthma.



9. In the past 12 MONTHS, about how many days (or part days) of school has your child missed because of asthma?

#_____ days [Validation: 0-366]

10. Have you ever taken your child to the hospital because of concern about asthma?

- Yes
- No
- Unsure
- Not applicable
- Prefer not to say/Skip question

[If. Q8 = Yes]

11. [If. Q10 = Yes] How many visits have you EVER made to a hospital Emergency Department because of concern about asthma?

Picklist (0 – ?)

12. [If. Q11 >0] How many of these were over the past 12 months?

Picklist (0 – ?)

E. [If C.Q3=Yes/(C.Q3=unsure+C.Q4=1/2) for any child] ASTHMA MANAGEMENT

FOR YOUR CHILD

For the next questions, we would like you to continue thinking about **your child with asthma/asthma like symptoms** OR **your child with the most difficult to control asthma** (if you have multiple children with asthma).

1. Do you usually see a GP when your child has an asthma flare/attack?

- Yes
- No
- Not applicable
- Prefer not to say/Skip question

2. (If Yes), who do you see?

- Usually with my child's regular GP
- Sometimes we can see child's regular GP
- We usually see a different GP in the same practice
- We usually see a GP in another practice or via GP home visit



3. (If No), who do you see?

- We go to the hospital emergency department
- We manage on our own
- We speak with a pharmacist
- We talk to a friend who helps
- other

4. Does your child use any of the following for their asthma?

(Select all that apply)

- A reliever puffer (usually a blue or grey)(eg Airomir, Asmol, Ventolin, Zempreon or Bricanyl)
- A preventer puffer (eg Alvesco, Arnuity, Flixotide, Fluticasone Cipla, Pulmicort, Qvar)
- A preventer tablet (eg singulair)
- Complimentary, herbal or traditional medicine
- A spacer
- Air purifier
- None of the above
- Other [free text]
- Unsure
- Not applicable

5. Does your child have their own asthma action plan?

- Yes
- No
- I do not know what an asthma action plan is.
- Not applicable
- Prefer not to say/Skip question

6. (IF E.Q3=Yes) A copy of my child's asthma action plan is: (select all that apply)

- At school for the teachers to use
- At home and easily available for me to use
- Somewhere at home and I would be able to find it if needed
- I had have one at home but it would be hard to find

7. (IF E.Q3=Yes) How easy is it for you to get, update, use or share your child's asthma action plan including finding a copy when required?

- Easy
- Moderatly easy
- Difficult



- Very difficult
- Unsure

8. When it comes to managing your child's asthma symptoms, please indicate how much you agree with these statements:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not applicable</i>
	1	2	3	4	5	9
I don't see my GP for asthma care because I cant get an appointment when needed						
I sometimes delay buying asthma medication because its too expensive						
It is hard to know which medication to use and when						
It is hard to know how to use my child's medication						
It is hard to remember my child's medication						
I often receive inconsistent and/or confusing advice about my child's asthma						
I am worried about side effects from asthma medications						



I get quite frightened when my child gets a flare up of their asthma						
I don't know what medication to give my child if they have an asthma flare/ attack						
I don't know what triggers my child's asthma						
I am reluctant to tell people that my child has asthma						
I find it hard to get asthma information in a language I can understand						

9. When it comes to the overall management of your child's asthma symptoms, please indicate how helpful you think the following are:

	Never seen	Not at all	Somewhat	Very much	Not sure	Not applicable
		1	2	3		
Your child's GP						
Nurses in your child's general practice						
School staff/ nurse/ teachers						
Community nurses / Maternal and Child Health Nurse						



The Hospital Emergency Department						
Pharmacists						
Other health practitioners (eg specialist doctor if you have one)						
School community						
Other parents or friends						
Local community support groups						
Asthma Action Plan						
Information on the internet (eg Asthma Australia's resources)						

10. When thinking about managing your child's asthma symptoms, what thing(s) would make life a lot easier for you and/or your child? _____(text)



F. UNDERSTANDING OF ASTHMA CARE

The next questions are about your understanding of asthma care in general. It does NOT matter whether your kids have asthma or not, we are still interested in your thoughts.

1. Please indicate how much you agree with the following statements:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
	1	2	3	4	5
I can recognise asthma symptoms					
I can perform asthma first aid					

2. How much do you feel you understand about each of the following:

	Not at all	A little bit	Somewhat	Quite a bit	A lot	
	1	2	3	4	5	Not sure
Asthma						
Epidemic Thunderstorm Asthma						
The Epidemic Thunderstorm Asthma forecast						
Link between asthma and hay fever						
Air pollution as a possible asthma trigger (eg cigarettes, cooking, dust, smoke or car fumes)						



3. When you think about improving your understanding of childhood asthma in general, what could help?

[FREE TEXT BOX]



G. TRAVELLING TO [Insert school name]

Now, shifting topics, we want to ask you some questions about travel to and from school.

1. How do/es your child/ren usually travel to [insert school name]? (Tick all that apply)
 - Bus
 - Walk
 - Bicycle
 - Car
 - Scooter
 - Train/Tram
 - Other– please give details _____

2. How long do/es it usually take your child/ren to get to [insert school name]?
 - 0-10 minutes
 - 10-15 minutes
 - 15-30 minutes
 - 30-45 minutes
 - 45 minutes - 1 hour
 - More than 1 hour

3. What influences the choice of how your child/ren travel/s to [insert school name]? (Please select all that apply)
 - How long it takes
 - Your child's preference
 - Convenience
 - Cost
 - Distance
 - Habit
 - Environmental Impact
 - Air Pollution Exposure
 - Weather
 - Physical Activity
 - Safety
 - Traffic
 - Scenic
 - No Flexibility (ie no other option)
 - Fun
 - Being with friends



Other – please give details _____

H. AIR POLLUTION, TRAVEL AND [insert school name]

Now we would like to know more about your views of air pollution around [insert school name].

1. When you think about air pollution in and around [insert school name], what do you feel are the main causes?

(Tick all that apply)

- Trucks
- Construction/road works
- Smoking
- Buses
- Cars
- Factories/Industries
- Idling vehicles (cars running their engines while waiting)
- Waste facilities
- Other (please specify)

2. Please tick how much you disagree or agree with the statements below.

I am concerned about air pollution...

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
On my child/ren’s way to and from school	1	2	3	4	5
Where I live	1	2	3	4	5
Across Melbourne more generally	1	2	3	4	5

J. KNOWLEDGE AND INFORMATION ABOUT AIR POLLUTION

Now we would like to know more about your views of air pollution more generally.

1. How much do you think you know about the following:

	Nothing	Little	Somewhat	Much	A lot
The causes of air pollution in general					



Air pollution health effects					
Air pollution levels in your area					
Government initiatives to tackle air pollution in your local area					
Initiatives to tackle air pollution at your child's school					
The impact of outdoor air pollution on indoor air pollution (within the home)					
The things I could do to reduce exposure to harmful pollutants					
Technologies that can be used to reduce exposure to pollutants (eg air purifiers)					

2. Do you think air pollution can be found indoors?

- Yes
- No, I don't think air pollution can be found indoors
- I don't know

**2.1 [If yes to Section J.Q2] Which sources do you think indoor air pollution is from?
(Tick all that apply)**

- Cleaning products
- Dust
- Pet fur
- Chemical from new furniture or carpets
- Mould
- Traffic Fumes from outside
- Pollen
- Indoor cooking
- Smoke from outside (eg open fires, bushfires)
- Incense and candles
- Other (free text)



3. Which of the following do you think can help reduce exposure to air pollution indoors? (Tick all that apply)

- Opening windows if air outside is clean
- Plants
- Air purifiers
- Using the exhaust fan in the kitchen
- Using cleaning products
- Using air freshener
- None of the above (Please specify why?)
- I don't know

4. From which source(s) would you like to receive information about air pollution and its effects?

(please tick all that apply)

- Scientist
- Government
- Local council
- Your doctor
- TV/newspapers/ Radio
- Your child's school
- Environmental groups
- Social workers
- Faith groups
- Social media (eg Facebook, twitter, Instagram)
- Academic journals
- EPA AirWatch website
- Google search/Internet
- Other (say who)

.....
.....

5. What do you think can be done right now in your local area to help children breathe cleaner air (reduce exposure to air pollution)?

Please use this space to share your thoughts

.....
.....



Thank you for taking the survey.

We will share a summary of the results across all six participating schools with you through your child's school in the coming months.

If this survey has raised any concerns for you about your child's asthma or air pollution, we strongly encourage you to reach out to your GP. You can also find some useful resources below.

Asthma resources

[Asthma & Your Child - Asthma in Young Children - Asthma Australia](#)

[Kids Health Information : Asthma – videos \(rch.org.au\)](#)

Air quality

[EPA AirWatch | Environment Protection Authority Victoria](#)

End of survey

Appendix 2. Risk ratios of childhood asthma-related emergency department (ED) visit rates across three Melbourne inner west local government areas compared to Victoria overall

Age group (years)	LGA	Risk ratio (95% CI)	P value
0-19	Brimbank	1.26 (1.23, 1.29)	<0.001
	Maribyrnong	1.53 (1.48, 1.58)	<0.001
	Hobsons Bay	1.53 (1.47, 1.59)	<0.001
0-4	Brimbank	1.32 (1.28, 1.36)	<0.001
	Maribyrnong	1.29 (1.24, 1.35)	<0.001
	Hobsons Bay	1.41 (1.35, 1.47)	<0.001
5-9	Brimbank	1.35 (1.29, 1.41)	<0.001
	Maribyrnong	1.47 (1.36, 1.58)	<0.001
	Hobsons Bay	1.51 (1.41, 1.61)	<0.001
10-14	Brimbank	1.06 (0.98, 1.15)	0.16
	Maribyrnong	1.49 (1.31, 1.69)	<0.001
	Hobsons Bay	1.58 (1.42, 1.75)	<0.001
15-19	Brimbank	0.84 (0.75, 0.94)	0.002
	Maribyrnong	1.06 (0.88, 1.27)	0.554
	Hobsons Bay	1.41 (1.23, 1.62)	<0.001

CI, confidence interval; LGA, local government area.

Childhood asthma-related ED visit rate in Victoria overall was the reference group for comparison.

Appendix 3. Response rates from participating schools by three LGAs (local government areas)

School	Total no. of children	Completed records	Response rate
Maribyrnong	819	384	46.9%
Hobsons Bay	1223	338	27.6%
Brimbank	430	59	13.7%
Total	2472	781	31.6%

Appendix 4. Asthma control and management practices among parents with at least one child with asthma

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
Do you usually see a general practitioner when your child has an asthma flare/attack?, %					
No		42.2	36.9	36.4	0.288
Yes		43.3	38.5	63.6	
Not applicable		14.4	23.1	0.0	
Prefer not to say		0.0	1.5	0.0	
Does your child have their own asthma action plan?, %					
No		33.3	32.3	27.3	0.870
Yes		60.0	55.4	72.7	
Not applicable		1.1	1.5	0.0	
I don't know what an asthma plan is		0.0	1.5	0.0	
Prefer not to say		5.6	9.2	0.0	
Asthma control (based on childhood asthma control test scores), %					
n* (Sample with valid scores)		74	54	9	0.005
Well controlled (scores >19)		74.3	85.2	33.3	
In the past 12 MONTHS, about how many days (or part days) of school has your child missed because of asthma?, %					
N*		88	59	9	0.041
0		61.2	62.7	11.1	
1-5		28.4	27.1	66.7	
6-10		5.7	8.5	22.2	
>10		4.6	1.7	0.0	
Have you ever taken your child to the hospital because of concern about asthma?, %					
No		54.4	58.5	27.3	0.445
Yes		43.3	38.5	72.7	
Unsure		1.1	1.5	0.0	
Not applicable		1.1	1.5	0.0	
Of those ever take child to the hospitals, how many visits have you EVER made to a hospital emergency department because of concern about asthma?, %					
N*		39	24	8	0.174
0		2.6	0.0	0.0	
1-5		92.3	79.2	75.0	
6-10		2.6	16.7	12.5	
>10		2.6	4.2	12.5	

Table continued on the next page

Appendix 4. Asthma control and management practices among parents with at least one child with asthma (cont'd)

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
Of these ever been to ED, how many of these were over the past 12 months?, %					
N [†]		22	11	7	0.506
0		77.3	81.8	71.4	
1-5		22.7	18.2	14.3	
>10		0.0	0.0	14.3	
I can recognise asthma symptoms, %					
Strongly disagree		0.0	4.7	0.0	0.095
Disagree		4.4	10.9	0.0	
Neither agree or disagree		12.2	4.7	18.2	
Agree		63.3	67.2	54.6	
Strongly agree		20.0	12.5	27.3	
I can perform asthma first aid, %					
Strongly disagree		3.4	10.9	0.0	0.412
Disagree		18.0	18.8	0.0	
Neither agree or disagree		18.0	18.8	36.4	
Agree		46.1	39.1	45.5	
Strongly agree		14.6	12.5	18.2	

Note: These questions were answered by parents with child having asthma or asthma-like symptoms. They were advised to think about their child with asthma/ asthma-like symptoms or their child whose asthma is the most difficult to control if they have multiple children with asthma.

*P value results from the Fisher's Exact test across three local government areas.

#Valid asthma control score was generated for responses with no missing data on any of the seven asthma control test questions. The Childhood Asthma Control Test for children aged 4-11 years was used and answered by parents regardless of their children's age.

[†]Number of participants varied as the question was answered by a subset of the sample.

Appendix 5. Rating of helpfulness of health services among parents with at least one child with asthma by local government areas

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
When it comes to the overall management of your child's asthma symptoms, please indicate how helpful you think the following are:					
Your child's GP, %					
Never seen	2.4	1.1	4.7	0.0	0.910
Not at all	3.6	4.4	3.1	0.0	
Somewhat	24.9	26.7	21.9	27.3	
Very much	64.2	62.2	65.6	72.7	
Not sure	1.2	2.2	0.0	0.0	
Not applicable	3.6	3.3	4.7	0.0	
Nurses in your child's general practice, %					
Never seen	33.3	34.5	35.9	9.1	0.035
Not at all	8.2	9.2	3.1	27.3	
Somewhat	18.5	18.4	17.2	27.3	
Very much	14.2	10.3	17.2	27.3	
Not sure	4.9	6.9	1.6	9.1	
Not applicable	21.0	20.7	25.0	0	
School staff/nurse/teachers, %					
Never seen	18.4	19.1	17.5	18.2	0.133
Not at all	4.9	7.9	0.0	9.1	
Somewhat	35.0	37.1	28.6	54.6	
Very much	18.4	13.5	25.4	18.2	
Not sure	6.1	5.6	7.9	0.0	
Not applicable	17.2	16.9	20.6	0.0	
Community nurses/maternal and child health nurse, %					
Never seen	33.7	36.4	35.9	0.0	0.001
Not at all	9.8	13.6	3.1	18.2	
Somewhat	16.6	18.2	12.5	27.3	
Very much	6.1	3.4	6.3	27.3	
Not sure	4.3	2.3	4.7	18.2	
Not applicable	29.5	26.1	37.5	9.1	

Table continued on the next page

Appendix 5. Rating of helpfulness of health services among parents with at least one child with asthma by local government areas (cont'd)

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
The hospital emergency department, %					
Never seen	22.0	24.7	21.9	0.0	0.108
Not at all	1.8	1.1	1.6	9.1	
Somewhat	14.6	13.5	10.9	45.5	
Very much	44.5	44.9	43.8	45.5	
Not sure	2.4	2.3	3.1	0.0	
Not applicable	14.6	13.5	18.8	0.0	
Pharmacists, %					
Never seen	17.3	17.2	18.8	9.1	0.218
Not at all	4.9	9.2	0.0	0.0	
Somewhat	35.8	31.0	39.1	54.6	
Very much	27.8	25.3	29.7	36.4	
Not sure	1.2	2.3	0.0	0.0	
Not applicable	13.0	14.9	12.5	0.0	
Other health practitioners (eg specialist doctor if you have one), %					
Never seen	32.3	37.1	29.7	9.1	0.161
Not at all	3.7	4.5	1.6	9.1	
Somewhat	10.4	7.9	12.5	18.2	
Very much	23.2	22.5	20.3	45.5	
Not sure	3.1	2.3	3.1	9.1	
Not applicable	27.4	25.8	32.8	9.1	
School community, %					
Never seen	28.8	27.3	31.3	27.3	0.354
Not at all	12.9	15.9	9.4	9.1	
Somewhat	16.0	17.1	10.9	36.4	
Very much	5.5	3.4	9.4	0.0	
Not sure	10.4	8.0	12.5	18.2	
Not applicable	26.4	28.4	26.6	9.1	

Table continued on the next page

Appendix 5. Rating of helpfulness of health services among parents with at least one child with asthma by local government areas (cont'd)

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
Other parents or friends, %					
Never seen	21.0	21.4	22.2	10.0	0.548
Not at all	14.2	15.7	12.7	10.0	
Somewhat	33.3	31.5	33.3	50.0	
Very much	5.6	4.5	6.4	10.0	
Not sure	5.6	4.5	4.8	20.0	
Not applicable	20.4	22.5	20.6	0.0	
Local community support groups, %					
Never seen	39.3	37.5	45.3	18.2	0.184
Not at all	12.3	14.8	7.8	18.2	
Somewhat	8.6	6.8	6.3	36.4	
Very much	1.8	2.3	1.6	0.0	
Not sure	6.1	5.7	6.3	9.1	
Not applicable	31.9	33.0	32.8	18.2	
Asthma action plan, %					
Never seen	15.9	14.6	15.6	27.3	0.792
Not at all	6.7	6.7	7.8	0.0	
Somewhat	28.7	33.7	23.4	18.2	
Very much	28.1	27.0	26.6	45.5	
Not sure	3.7	3.4	4.7	0.0	
Not applicable	17.1	14.6	21.9	9.1	
Information on the internet (eg Asthma Australia's resources), %					
Never seen	23.2	23.6	23.4	18.2	0.089
Not at all	4.9	7.9	0.0	9.1	
Somewhat	30.5	31.5	32.8	9.1	
Very much	19.5	14.6	20.3	54.6	
Not sure	5.5	6.7	4.7	0.0	
Not applicable	16.5	15.7	18.8	9.1	

Note: These questions were answered by parents with child having asthma or asthma-like symptoms. They were advised to think about their child with asthma/asthma-like symptoms or their child whose asthma is the most difficult to control if they have multiple children with asthma.

*P value results from the Fisher's Exact test across three local government areas.

Appendix 6. Rating of barriers to managing children's asthma among parents with at least one child with asthma by local government areas

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
When it comes to managing your child's asthma symptoms, please indicate how much you agree with these statements:					
I don't see my general practitioner for asthma care because I can't get an appointment when needed, %					
Strongly disagree		23.6	15.6	81.8	0.016
Disagree		29.2	29.7	18.2	
Neither agree or disagree		10.1	20.3	0.0	
Agree		20.2	18.8	0.0	
Strongly agree		3.4	6.3	0.0	
Not applicable		13.5	9.4	0.0	
I sometimes delay buying asthma medication because it's too expensive, %					
Strongly disagree		52.8	54.7	63.6	0.083
Disagree		30.3	31.3	9.1	
Neither agree or disagree		5.6	4.7	0.0	
Agree		1.1	3.1	27.3	
Strongly agree		0.0	0.0	0.0	
Not applicable		10.1	6.3	0.0	
It is hard to know which medication to use and when, %					
Strongly disagree		41.6	43.8	72.7	0.837
Disagree		34.8	39.1	18.2	
Neither agree or disagree		6.7	6.3	9.1	
Agree		6.7	4.7	0.0	
Strongly agree		1.1	0.0	0.0	
Not applicable		9.0	6.3	0.0	
It is hard to know how to use my child's medication, %					
Strongly disagree		44.9	50.8	81.8	0.770
Disagree		39.3	36.5	18.2	
Neither agree or disagree		4.5	4.8	0.0	
Agree		2.3	1.6	0.0	
Strongly agree		0.0	0.0	0.0	
Not applicable		9.0	6.4	0.0	

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Appendix 6. Rating of barriers to managing children's asthma among parents with at least one child with asthma by local government areas (cont'd)

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
It is hard to remember my child's medication, %					
Strongly disagree		38.6	42.2	72.7	0.220
Disagree		29.6	39.1	18.2	
Neither agree or disagree		11.4	6.3	0.0	
Agree		12.5	3.1	9.1	
Strongly agree		0.0	0.0	0.0	
Not applicable		8.0	9.4	0.0	
I often receive inconsistent and/or confusing advice about my child's asthma, %					
Strongly disagree		29.2	31.3	60.0	0.468
Disagree		37.1	34.4	10.0	
Neither agree or disagree		13.5	9.4	10.0	
Agree		12.4	9.4	20.0	
Strongly agree		1.1	4.7	0.0	
Not applicable		6.7	10.9	0.0	
I am worried about side effects from asthma medications, %					
Strongly disagree		31.5	20.6	70.0	0.206
Disagree		29.2	31.8	10.0	
Neither agree or disagree		12.4	15.9	0.0	
Agree		16.9	22.2	10.0	
Strongly agree		2.3	1.6	10.0	
Not applicable		7.9	7.9	0.0	
I get quite frightened when my child gets a flare up of their asthma, %					
Strongly disagree		6.8	7.8	30.0	0.713
Disagree		18.2	21.9	20.0	
Neither agree or disagree		19.3	14.1	20.0	
Agree		35.2	34.4	20.0	
Strongly agree		10.2	9.4	10.0	
Not applicable		10.2	12.5	0.0	

Table continued on the next page

Appendix 6. Rating of barriers to managing children's asthma among parents with at least one child with asthma by local government areas (cont'd)

Items	All n = 166	Maribyrnong n = 90	Hobsons Bay n = 65	Brimbank n = 11	P-value*
I don't know what medication to give my child if they have an asthma flare/attack, %					
Strongly disagree		42.7	42.2	80.0	0.362
Disagree		39.3	35.9	10.0	
Neither agree or disagree		9.0	7.8	0.0	
Agree		2.3	1.6	10.0	
Strongly agree		1.1	1.6	0.0	
Not applicable		5.6	10.9	0.0	
I don't know what triggers my child's asthma, %					
Strongly disagree		18.0	14.1	50.0	0.005
Disagree		39.3	51.6	20.0	
Neither agree or disagree		16.9	12.5	0.0	
Agree		18.0	3.1	30.0	
Strongly agree		3.4	7.8	0.0	
Not applicable		4.5	10.9	0.0	
I am reluctant to tell people that my child has asthma, %					
Strongly disagree		46.6	47.6	60.0	0.362
Disagree		38.6	30.2	20.0	
Neither agree or disagree		8.0	9.5	0.0	
Agree		1.1	3.2	0.0	
Strongly agree		0.0	0.0	10.0	
Not applicable		5.7	9.5	10.0	
I find it hard to get asthma information in a language I can understand, %					
Strongly disagree		58.4	61.9	70.0	0.304
Disagree		27.0	17.5	10.0	
Neither agree or disagree		4.5	7.9	0.0	
Agree		0.0	0.0	10.0	
Strongly agree		1.1	0.0	0.0	
Not applicable		9.0	12.7	10.0	

*P value results from the Fisher's Exact test across three local government areas.