

Appendix J: Participant demographics form

Study ID

Gender

Age

Ethnicity

History of asthma?

Yes / No / Unsure

If yes:

Current medications taken for asthma:

Presented to hospital in the last 12 months due to asthma?

Yes / No / Unsure

If yes:

Number of presentations:

Has the patient ever been admitted to ICU for asthma?

Yes / No / Unsure

Contact phone number (for follow up if discharged prior to completion of the study period):

Appendix K: Structured allergy history form

1. What antibiotic(s) are you allergic to? _____

2. Do you remember details of the reaction? Yes / No / Unsure

If yes, please describe it: _____

Did the reaction occur when you were a child? Yes / No / Unsure

Did you have an anaphylactic reaction? Yes / No / Unsure

Did you need to be admitted to hospital because of the reaction? Yes / No / Unsure

Did you develop:

A rash? Yes / No / Unsure

Do you remember the details of the rash? Yes / No / Unsure

If yes, please describe it: _____

Mouth, eye or genital ulcers? Yes / No / Unsure

Skin shedding or blistering? Yes / No / Unsure

Tongue, lip or facial swelling ("angioedema")? Yes / No / Unsure

Swelling of another body part? Yes / No / Unsure

If yes, please describe it: _____

Wheals or hives ("urticaria")? Yes / No / Unsure

Throat tightness or swelling? Yes / No / Unsure

A hoarse voice? Yes / No / Unsure

Difficulty breathing? Yes / No / Unsure

Wheeze? Yes / No / Unsure

Nausea and/or vomiting? Yes / No / Unsure

Diarrhoea? Yes / No / Unsure

Fever or a high temperature? Yes / No / Unsure

Low blood pressure or collapse? Yes / No / Unsure

Kidney problems or renal failure? Yes / No / Unsure

Liver problems or liver failure? Yes / No / Unsure

Low blood cell count? Yes / No / Unsure

3. How long after having your first dose did the reaction occur? _____ / Unsure

Did it develop within 2 hours of taking the drug? Yes / No / Unsure

Did it develop more than 24 hours after taking the drug? Yes / No / Unsure

4. How long ago did the reaction occur? _____ / Unsure

Did the reaction occur >10 years ago? Yes / No / Unsure

5. How was the reaction managed? What was the outcome?

6. Which other antibiotics have you tolerated since the reaction?

