

Questionnaires and permissions

Hiatal Hernia		
1. Do you have symptoms of gastroesophageal reflux (heartburn, unexplained cough, sensation of a lump in the throat...)?		
2. Are you taking medication for your hiatal hernia? (If yes, please specify whether the treatment is aimed at managing reflux symptoms or providing gastric protection in the context of polypharmacy.)		
3. Have you undergone surgery for your hiatal hernia?		

eTable 1: Patient Questionnaire on Hiatal Hernia Symptoms, Medication, and Surgical History

Asthma (In the past 12 months)		
4. Are you diagnosed and actively treated by a pulmonologist for asthma?		
If yes, proceed to question 5.		
If no, proceed to question 9.		
5. Do you have daytime asthma symptoms more than twice a week?		
6. Do you experience nighttime awakenings due to asthma?		
7. Do you use a SABA inhaler for symptom relief more than twice a week?		
8. Do you have any activity limitations due to asthma?		
9. Have you had a wheezing episode or a whistling sound in your chest?		
10. Have you been short of breath in the presence of wheezing?		
11. Have you woken up with a feeling of tightness or shortness of breath in your chest?		
12. Have you been awakened by a coughing fit?		
13. Have you had an asthma attack?		
14. Are you currently taking medication (including inhalers, aerosols, or tablets) for asthma?		
15. Do you have nasal allergies, including hay fever?		

eTable 2: Asthma Assessment: GINA Symptom Control and ECRHS Respiratory Health Questionnaire

Questions 5 to 8 are extracted from the GINA Asthma Symptom Control questionnaire, and questions 9 to 15 are extracted from the European Community Respiratory Health Survey (ECRHS). Both are validated questionnaires and do not require copyright permissions for use.