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| **Question** | **Responses available** | **Response type** |
| ***Respondent details*** |  |  |
| Contact details for respondenta | Clinician nameEmailInstitution | Free text |
| Are patients within your centres provided with any of the following  | A written steroid replacement and management planMedic-Alert braceletSteroid-aware emergency cardsApp with details on how to manage adrenal crisisOne to one patient/parent education (specify how often)Patient/family information and support events (specify how often)Website for your serviceContact details of a nurse or doctor | Select all responses that apply |
| ***Sick day episodes*** |  |  |
| Are patients advised to increase glucocorticoids (‘sick day dosing’) if any of the following events occur  | Mild intercurrent illness, afebrileFever (please specify temperature threshold)Severe infection, e.g. PneumoniaMajor emotional or mental stress, e.g. death of relativeSchool examinationExhaustive strenuous exerciseVaccinationsMinor surgery, including hospital dental proceduresMajor surgeryDental procedures in communityOther, please specify | Select all responses that apply |
| The sick day dose will be | The largest daily hydrocortisone dose doubled and administered 3 times dailyThe largest daily hydrocortisone dose tripled and administered 3 times dailyThe largest daily hydrocortisone dose may be doubled or tripled depending on the nature of the trigger and administered 3 times dailyThe total daily dose tripled and administered 3 times dailyThe total daily dose tripled and administered 4 times dailyThe total daily dose as 30 mg/m2/day administered 4 times dailyOther, please specify | For each response available, select one option from a choice of: Moderate stress, Severe stress, All stress, Not applicable  |
| Do you advise parenteral hydrocortisone if any of the following events occur | VomitingDiarrhoeaMinor surgery including dental procedures in hospitalMajor surgeryDental procedures in communityOther, please specify | For each response available, select all that apply from a choice of: Subcutaneous (SC) injection, intramuscular (IM) injection, intravenous (IV) injection, intravenous (IV) infusion |
| How long are patients advised to continue on an increased glucocorticoid dose ('sick day dose') prior to returning to a normal dose after the end of the following events | Mild intercurrent illness, afebrileFever Severe infection, e.g. PneumoniaMajor emotional or mental stress, e.g. death of relativeSchool examinationExhaustive strenuous exerciseVaccinationsMinor surgery, including hospital dental proceduresMajor surgeryDental procedures in communityOther, please specify | For each response available, select one option from a choice of: At the time of event only, for 24 hours, for 48 hours, for >48 hours, not applicable |
| ***Adrenal Crises*** |  |  |
| In your opinion, the essential or desirable criteria for an 'adrenal crisis' should include the following | A. Clinical symptomsAbdominal pain Back and leg cramps Confusion Reduced conscious level Fatigue Nausea, vomitingB. Physical examinationFever Low blood pressure Skin pigmentation Weight loss C. Lab findingsHyponatraemia Hyperkalaemia Hypoglycaemia Normochromic anaemia Elevated serum creatinine D. OtherClinical improvement following parenteral glucocorticoid administrationOther, please specify: | For each response available, select one option from a choice of: Essential, desirable, not applicable |
| What measures are routinely checked and recorded on history, examination and investigations in a child with an 'adrenal crisis' who presents to your centre | A. Clinical symptoms Abdominal pain Back and leg cramps Confusion Reduced conscious level Fatigue Nausea, vomiting B. Physical examination Temperature Blood pressure Skin pigmentation Weight Capillary refill time Hydration status C. Lab findings Hyponatraemia Hyperkalaemia Hypoglycaemia Normochromic anaemia Elevated serum creatinine D. Other Clinical improvement following parenteral glucocorticoid administration Other, please specify: | For each response available, select one option from a choice of: Always, sometimes, never |
| In the event of an adrenal crisis, are the majority of your patients | Managed at home and do not attend hospitalAttend emergency room onlyAttend hospital and stay for less than 1 dayAttend hospital and stay for less than 2 daysAttend hospital and stay for less than 3 daysAttend hospital and stay for more than 3 days | Select one response |
| For management of adrenal crisis in the hospital, what medication are patients likely to receive at your centre | Bolus injection (IV or IM) of hydrocortisoneContinuous infusion of hydrocortisoneIV isotonic saline solutionAntihypoglycaemic drugs e.g. glucagonGlucose infusionPrednisoloneSodium supplementationOther, please specify: | For each response available, select one option from a choice of: Always, sometimes, never |
| Are there any other issues related to acute adrenal insufficiency related adverse events (sick day episodes and adrenal crisis) that you would like to comment on? |  | Free text |
| We would like to form a working group that informs the development of a consensus on the definition and management of adrenal insufficiency related adverse events in children. Are you interested in joining this group and receiving further information? | YesNo | Select one response |

**Supplementary Table 1. Survey items and the responses available**

aMandatory fields