

USC AsthEMA Study EMA Survey Items

Variable	Item	Response Choices
Positive Affect	How HAPPY were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Positive Affect	How JOYFUL were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Negative Affect	How MAD OR ANGRY were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Negative Affect	How NERVOUS OR ANXIOUS were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Negative Affect	How SAD were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Stress	How STRESSED were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Stress	Just before the phone went off, how certain did you feel that you can cope with all the things that you have to do?	Not at all A little Quite a bit Extremely
Stress	Just before the phone went off, how confident did you feel about your ability to handle your personal problems?	Not at all A little Quite a bit Extremely
Energy	How ENERGETIC or FULL OF PEP were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Fatigue	How FATIGUED or TIRED were you feeling just before the phone went off?	Not at all A little Quite a bit Extremely
Main Activity	What were you DOING just before the phone went off?	Reading/Computer/Homework

		Watching TV/Movies Active Play/Sports/Exercising Eating/Drinking Riding in a car Sleeping Something else
Main Activity	(If SOMETHING ELSE) Please specify what you were DOING just before the phone went off:	[TEXT COMPLETION]
Physical Context	WHERE were you just before the phone went off?	Home (Indoors) School Outdoors Restaurant Store/Mall Someone else's house (Indoors) In a car Other
Physical Context	(IF OUTDOORS) Where were you OUTDOORS?	Home (front/back yard) School Park/trail Sidewalk Road Parking lot Other
Social Context	Just before the phone went off, were you: Choose all that apply.	Alone With your mom/dad With your sister(s) or brother(s) With your friend(s)
Stressful Events	Since the last survey you answered (In the past four hours), has anything stressful happened to you?	No stressful things have happened A few stressful things have happened Many stressful things have happened
Stressful Events	Since the last survey you answered (In the past four hours), has anyone teased you?	Yes, and caused very much stress. Yes, and caused some stress. Yes, and caused a little stress. Yes, but not at all stressful. No
Stressful Events	Since the last survey you answered (In the past four hours), have you argued with anyone?	Yes, and caused very much stress. Yes, and caused some stress. Yes, and caused a little stress. Yes, but not at all stressful. No
Stressful Events	Since the last survey you answered (In the past four hours), have you had a misunderstanding or disagreement with your parents?	Yes, and caused very much stress. Yes, and caused some stress. Yes, and caused a little stress. Yes, but not at all stressful.

		No
Stressful Events	Since the last survey you answered (In the past four hours), have you had too many things to do?	Yes, and caused very much stress. Yes, and caused some stress. Yes, and caused a little stress. Yes, but not at all stressful. No
Asthma Symptoms	Since the last survey you answered (In the past four hours), have you experienced COUGHING?	Not at all A little Quite a bit Very much so
Asthma Symptoms	Since the last survey you answered (In the past four hours), have you experienced WHEEZING?	Not at all A little Quite a bit Very much so
Asthma Symptoms	Since the last survey you answered (In the past four hours), have you experienced CHEST TIGHTNESS?	Not at all A little Quite a bit Very much so
Asthma Symptoms	Since the last survey you answered (In the past four hours), have you experienced SHORTNESS OF BREATH?	Not at all A little Quite a bit Very much so
Asthma Coping	Since the last survey you answered (In the past four hours), have you avoided strenuous activities because of your asthma?	Not at all A little Quite a bit Very much so
Asthma Coping	Since the last survey you answered (In the past four hours), have you avoided situations that could bring on an asthma attack?	Not at all A little Quite a bit Very much so
Asthma Coping	Since the last survey you answered (In the past four hours), have your worried about having an asthma attack?	Not at all A little Quite a bit Very much so

When using any of these items, please cite: Dunton, G. F., McConnell, R., Jerrett, M., Intille, S. Using Context-Sensitive Ecological Momentary Assessment to investigate the effects of the environment, stress, and physical activity on asthma symptoms. 2013. Presented at: 34th Society of Behavioral Medicine Annual Meeting & Scientific Sessions. March. San Francisco, CA/USA.