#### **1. What type of stenosis do you have?**

1. Idiopathic (no known cause)
2. Autoimmune (due to an autoimmune disease such as Wegener’s disease)
3. Polytrauma (caused by a traumatic injury to the airway such as breathing hot air or chemicals)
4. Iatrogenic (caused by a medical injury such as tracheostomy or intubation)
5. Other (please specify)

#### **2. And where is your stenosis?**

1. Subglottic (just below your vocal cords)
2. Tracheal (lower down in your trachea)
3. Supraglottic (above your vocal cords)
4. Other (please specify)

#### **3. At which age were you diagnosed with airway stenosis?**

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65+

#### **4. How old are you now?**

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65+

**5. How long have you been treated for airway stenosis?**

1. Less than a year
2. 1-2 years
3. 2-3 years
4. 3-4 years
5. 4-5 years
6. 5-6 years
7. 6-7 years
8. 7-8 years
9. 8-9 years
10. 9-10 years
11. 10-11 years
12. 11-12 years
13. 12-13 years
14. 13-14 years
15. 14-15 years
16. 15-16 years
17. 16-17 years
18. 17-18 years
19. 18-19 years
20. 19-20 years
21. More than 20 years

#### **6. What is your gender?**

1. Male
2. Female

#### **7. How many times (if at all) have you been pregnant? Please include any pregnancies which were not carried to term.**

1. Never
2. Once
3. Twice
4. Three times
5. Four times
6. More often (please specify)

#### **8. Have you ever been pregnant while you have had your airway stenosis?**

1. Yes
2. No

#### **9. How did your stenosis behave during your pregnancy?**

1. It first appeared while I was pregnant
2. It got worse/more aggressive while I was pregnant
3. It improved/slowed down while I was pregnant
4. Something else (please specify)

#### **10. In the 12 months BEFORE your first pregnancy with airway stenosis, how many times did you undergo treatment for your airway in the operating room (ie involving a general anesthetic including microlaryngoscopy, bronchoscopy, dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **11. In the 12 months BEFORE your first pregnancy when you had airway stenosis, how many times did you undergo treatment for your airway in the clinic (ie an awake balloon dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **12. DURING your first pregnancy with airway stenosis, how many times did you undergo treatment for your airway in the operating room (ie involving a general anesthetic including microlaryngoscopy, bronchoscopy, dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **13. DURING your first pregnancy with airway stenosis, how many times did you undergo treatment for your airway in the clinic (ie treated while awake with balloon dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **14. In the 12 months AFTER your first pregnancy with airway stenosis, how many times did you undergo treatment for your airway in the operating room (ie involving a general anesthetic, including microlaryngoscopy, bronchoscopy, dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **15. In the 12 months AFTER your pregnancy with airway stenosis, how many times did you undergo treatment for your airway in the clinic (ie treated while awake with balloon dilation or steroid injection)?**

1. 0
2. 1
3. 2
4. 3
5. More than 3

#### **16. Please rate your airway symptoms DURING pregnancy.**

1. Much better than before pregnancy
2. Better than before pregnancy
3. About the same as before pregnancy
4. Worse than before pregnancy
5. Much worse than before pregnancy

#### **17. Please rate your airway symptoms AFTER pregnancy.**

1. Much better than during pregnancy
2. Better than during pregnancy
3. About the same as during pregnancy
4. Worse than during pregnancy
5. Much worse than during pregnancy

#### **18. Did you use a saline nebulizer for treatment of your airway stenosis during pregnancy?**

1. Yes
2. No
3. Unsure
4. Other (please specify)

#### **19. Did you experience any complications during pregnancy? Please select all that apply:**

1. No complications
2. Preeclampsia or high blood pressure
3. Gestational diabetes
4. Infections
5. Preterm labor
6. Pregnancy loss or miscarriage
7. Stillbirth
8. Placenta previa
9. Placental abruption
10. Changes in mood
11. Anemia
12. Persistent nausea and vomiting (hyperemesis gravidarum)
13. Bedrest
14. Miscarriage
15. Other (please specify)

#### **20. Did you alter your lifestyle during pregnancy because of your airway stenosis? Please select all that apply:**

1. No alterations in lifestyle
2. Alteration in diet
3. Decreased amount of daily exercise
4. Limited travel
5. Limited hours at work
6. Starting taking supplements or vitamins
7. Other (please specify)

#### **21. Has your experience with airway stenosis during your pregnancy impacted your decision to have children in the future?**

1. Yes
2. No
3. Unsure
4. Other (please specify)

#### **22. To what extent do you agree or disagree with the following statement:Taking birth control has worsened my breathing symptoms and recurrence of stenosis**

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. Not applicable

#### **23. To what extent do you agree or disagree with the following statement:Taking hormones after menopause has worsened my breathing symptoms and recurrence of stenosis:**

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
6. Does not apply

#### **24. Is there anything else you would like to share with us regarding your pregnancy and your airway stenosis?**