Eligibility Confirmation

* Are you currently practicing as a clinician with **at least three years of experience in treating asthma**?

Korean medicine doctors who are not currently engaged in clinical practice are not eligible for this survey, and the survey will be terminated.

- ◯ Yes
- ◯ No

Clinical Practice Patterns

* 1. Approximately how many asthma patients do you treat annually?

* 2. What is the ratio of outpatient to inpatient asthma patients at your institution?
(If your institution operates inpatient beds, please answer both ① and ②. If not, answer 100% for outpatients.)

① Outpatient ( )%

② Inpatient ( )%

* 3. (For outpatient treatment) What is the average visit frequency of asthma patients?

- ◯ As needed
- ◯ Weekly
- ◯ Every two weeks
- ◯ Monthly
- ◯ Every three months
- ◯ Every six months

* 4. (For inpatient treatment) What is the average hospitalization duration for asthma patients?

- ◯ Not applicable
- ◯ Less than 1 week
- ◯ 1–2 weeks
- ◯ 2–4 weeks
- ◯ More than 1 month

* 5. What is the average treatment duration for asthma symptom management?

- ◯ Less than 1 month
- ◯ 1–3 months
- ◯ 3–6 months
- ◯ 6 months–1 year
- ◯ 1–2 years
- ◯ More than 2 years

* 6. What is the average cost per treatment session for asthma patients, excluding herbal medicine? (Patient’s out-of-pocket cost)

- ◯ Less than 5,000 KRW
- ◯ 5,000–10,000 KRW
- ◯ 10,000–20,000 KRW
- ◯ 20,000–30,000 KRW
- ◯ More than 30,000 KRW

* 7. What is the average cost of prescribed herbal medicine for asthma treatment? (Based on a 15-day supply, in KRW)

* 8. What is the predominant age group of asthma patients you treat? (Multiple responses allowed)

- ☐ 0–9 years
- ☐ 10-19 years
- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ 60-69 years
- ☐ Over 70 years

* 9. What is the average time from the onset of asthma symptoms to the first visit?

- ◯ Less than 1 week
- ◯ 1 week–1 month
- ◯ 1–3 months
- ◯ 3–6 months
- ◯ 6 months–1 year
- ◯ Over 1 year

* 10. What is the predominant severity of asthma patients you treat?

- ☐ Mild (GINA Stage 1-2: Symptoms occur less than 4-5 days per week; well-controlled with as-needed ICS-formoterol alone or low-dose maintenance therapy such as ICS or LTRA)
- ☐ Moderate (GINA Stage 3-4: Symptoms occur almost daily or nocturnal symptoms occur at least once a week; well-controlled with low or medium-dose ICS-formoterol)
- ☐ Severe (GINA Stage 5: Uncontrolled despite Stage 4 treatment; requires high-dose ICS-LABA for optimal control or to prevent deterioration into uncontrolled asthma)

* 11. What percentage of asthma patients visiting your institution take Western medicine treatments (e.g., steroids, bronchodilators)?

- ◯ 0%
- ◯ 1%-25%
- ◯ 26%-50%
- ◯ 51%-75%
- ◯ 76%-100%
- ◯ Other

* 12. What types of Western medicine treatments are commonly prescribed to asthma patients? (Multiple responses allowed)

- ☐ Inhaled corticosteroids (ICS), ICS-LABA combinations, long-acting muscarinic antagonists (LAMA) (e.g., Pulmicort, Flixotide Diskus, Flutiform, Spiriva Respimat, Eklira Genuair, Onbrez, etc.)
- ☐ Short-acting beta agonists (SABA) or short-acting muscarinic antagonists (SAMA) (e.g., Ventolin, Atrovent, etc.)
- ☐ Leukotriene receptor antagonists (e.g., Montelukast, Pranlukast, Xafirlukast, etc.)
- ☐ Systemic corticosteroids (oral steroids)
- ☐ Macrolide antibiotics (e.g., Azithromycin, etc.)
- ☐ Biologic agents (e.g., anti-IgE antibodies, anti-IL-5 receptor antibodies, anti-IL-4 receptor antibodies, etc.)
- ☐ Other

* 13. What are the primary reasons asthma patients seek Korean medicine treatment at your institution? (Multiple responses allowed)

- ☐ Unsatisfactory results from Western medicine treatments
- ☐ Preference for treatments with fewer side effects
- ☐ Belief that Korean medicine offers greater efficacy
- ☐ Desire for integrative treatment combining Korean and Western medicine
- ☐ Recommendation from family or friends
- ☐ Other

* 14. What are the major challenges you face when treating asthma patients? (Multiple responses allowed)

- [ ] No challenges
- [ ] Difficulty in diagnosis
- [ ] Difficulty in treatment
- [ ] Financial burden for patients
- [ ] Concern about side effects
- [ ] Low cost-effectiveness
- [ ] Low patient preference
- [ ] Lack of standardized treatment protocols
- [ ] Drug interactions with Western medications
- [ ] Other

Diagnosis

* 1. Which tests or diagnostic criteria do you primarily use for diagnosing asthma? (Multiple responses allowed)

- [ ] Clinical symptoms (wheezing, dyspnea, chest tightness, cough, worsening at night, variable symptoms, exercise-induced symptoms, etc.)
- [ ] Pulmonary function test results or confirmation of variable airflow limitation (FEV1, PEFR, etc.)
- [ ] Auscultation findings (wheezing, etc.)
- [ ] Family history and atopic disease history
- [ ] Allergy tests
- [ ] Chest X-ray
- [ ] Evaluation of comorbidities (allergic diseases, obesity, rhinitis, sleep apnea, gastroesophageal reflux disease, etc.)
- [ ] Blood tests (IgE, eosinophils, etc.)
- [ ] Other

* 2. Which comorbidities do you commonly assess in asthma patients? (Multiple responses allowed)

- [ ] Allergic diseases (rhinitis, atopic dermatitis)
- [ ] Sinusitis
- [ ] Obesity
- [ ] Sleep apnea
- [ ] Gastroesophageal reflux disease
- [ ] Other

* 3. Which diagnostic tests do you consider essential for asthma diagnosis or treatment in Korean medicine clinics? (Multiple responses allowed)

- [ ] Pulmonary function test
- [ ] Imaging tests (chest X-ray)
- [ ] Blood tests
- [ ] Allergy tests
- [ ] Fractional exhaled nitric oxide (FeNO) test
- [ ] Other

* 4. Which Korean medicine diagnostic criteria or diagnostic devices do you use in making treatment decisions for asthma? (Multiple responses allowed)

- [ ] Zang-Fu pattern differentiation
- [ ] Eight-Principles pattern differentiation
- [ ] Sasang constitutional diagnosis
- [ ] Body constitution (physical form)
- [ ] Korean Medicine diagnostic devices (pulse, thermography)
- [ ] Other

* 5. Do you use syndrome differentiation in asthma treatment?

- ◯ Yes
- ◯ No (use of standardized formulas)

* 5-1. If you answered ‘Yes’ in the previous question, which syndrome differentiation patterns are most commonly diagnosed? (Multiple responses allowed)

- [ ] External wind-cold
- [ ] External wind-heat
- [ ] Phlegm-dampness accumulation
- [ ] Lung deficiency
- [ ] Heart-kidney deficiency
- [ ] Upper excess, lower deficiency

* 6. Do you think collaboration with Western medicine is necessary for asthma treatment?

- ◯ Collaboration is necessary
- ◯ Collaboration is not necessary

* 6-1. If you think collaboration with Western medicine is necessary, what are the main reasons? (Multiple responses allowed)

- [ ] Need for Western diagnostic tests (e.g., pulmonary function test, bronchial provocation test, chest X-ray, etc.)
- [ ] Need for Western medications (e.g., steroids, bronchodilators, etc.)
- [ ] To assess asthma severity and control
- [ ] To manage acute exacerbations
- [ ] Patient preference for collaboration
- [ ] Other

Treatment

* 1. Which interventions do you primarily use for asthma treatment? (Multiple responses allowed)

- [ ] Herbal medicine
- [ ] Acupuncture (body, auricular, etc.)
- [ ] Electroacupuncture
- [ ] Pharmacopuncture
- [ ] Moxibustion
- [ ] Cupping therapy
- [ ] Chuna manual therapy
- [ ] Lifestyle adjustments (e.g., smoking cessation)
- [ ] Fumigation
- [ ] Topical applications (e.g., poultices)
- [ ] Qigong
- [ ] Other

* 2. Which treatment methods have the highest patient satisfaction? (Multiple responses allowed)

- [ ] Herbal medicine
- [ ] Acupuncture (body, auricular, etc.)
- [ ] Electroacupuncture
- [ ] Pharmacopuncture
- [ ] Moxibustion
- [ ] Cupping therapy
- [ ] Chuna manual therapy
- [ ] Lifestyle adjustments (e.g., smoking cessation)
- [ ] Fumigation
- [ ] Topical applications
- [ ] Qigong
- [ ] Other

Treatment - Herbal Medicine

* 3. Which types of herbal medicine do you primarily use in prescriptions?

- ◯ Customized Decoctions
- ◯ Insurance-Covered Herbal Preparations
- ◯ Non-Insurance-Covered Herbal Preparations
- ◯ Other

* 4. Which commonly used herbal formulas do you prescribe for asthma treatment? (Multiple responses allowed)

- ☐ Cheongsangboha-tang
- ☐ Socheongryong-tang
- ☐ Mahaenggamseog-tang
- ☐ Mahwangyoonpye-tang
- ☐ Mahwangjeongcheon-tang
- ☐ Geumsuyukgunjeon
- ☐ Yukmijihwang-tang
- ☐ Palmijihwang-hwan
- ☐ Maekmundong-tang
- ☐ Sojaganggi-tang
- ☐ Jisu-san
- ☐ Haepyoijin-tang
- ☐ Other

* 5. Which commonly used individual herbs do you use for asthma treatment? (Multiple responses allowed)

- ☐ Ephedra (Mahuang)
- ☐ Gypsum (Seokgo)
- ☐ Apricot Seed (Haengin)
- ☐ Platycodon Root (Gilgyeong)
- ☐ Licorice (Gamcho)
- ☐ Rehmannia (Sukjihwang)
- ☐ Schisandra (Omija)
- ☐ Ophiopogon Tuber (Maekmundong)
- ☐ Asparagus Root (Cheonmundong)
- ☐ Scutellaria Root (Hwanggeum)
- ☐ Trichosanthes Seed (Gwalluin)
- ☐ Bitter Orange (Jisil)
- ☐ Pinellia (Banha)
- ☐ Fritillaria (Jeolpaemo)
- ☐ Other

Treatment - Acupuncture

* 6. Which acupuncture techniques do you primarily use for asthma treatment?

- ◯ Body acupuncture/meridian points
- ◯ Saam acupuncture
- ◯ Dong's acupuncture
- ◯ Other
  - [ ]
- ◯ Not used

* 7. Which commonly used acupuncture points do you use for asthma treatment? (Multiple responses allowed)

- ☐ BL13 (Feishu)
- ☐ CV22 (Tiantu)
- ☐ KI3 (Taixi)
- ☐ LU9 (Taiyuan)
- ☐ LU2 (Yunmen)
- ☐ CV6 (Qihai)
- ☐ CV17 (Danzhong)
- ☐ LU10 (Yuji)
- ☐ LU7 (Lieque)
- ☐ Other
  - [ ]

* 8. Which types of pharmacopuncture do you primarily use for asthma treatment? (Multiple responses allowed)

- ☐ Human placenta extract (Jahageo)
- ☐ Anti-inflammatory herbs (e.g., Hwangryeonhaedoktang)
- ☐ Neutralized blood stasis herbs
- ☐ Mountain ginseng
- ☐ Bee venom
- ☐ Other
  - [ ]
- ☐ None

Treatment - Patient Education

* 9. Do you provide patient education and behavioral guidelines for asthma patients?

- ◯ Yes
- ◯ No

* 9-1. What topics are included in the patient education or behavioral guidelines you provide? (Multiple responses allowed)

- ☐ Inhaler and medication guidance
- ☐ Self-monitoring methods
- ☐ Symptom control techniques and action plans
- ☐ Environmental control and allergen avoidance
- ☐ Other

Efficacy and Safety

* 1. How frequently do you assess efficacy or monitor asthma treatment?

- ◯ 1 week
- ◯ 2 weeks
- ◯ 1 month
- ◯ 2 month
- ◯ 3 month
- ◯ 6 month
- ◯ Other

* 2. What are the key indicators you use to evaluate asthma treatment efficacy? (Multiple responses allowed)

- ☐ Asthma Control Test (GINA 2021, etc.)
- ☐ Respiratory Symptom Assessment (Day/Night Symptoms, Surveys)
- ☐ Pulmonary Function Test Results (FEV1, PEF values, etc.)
- ☐ Asthma Severity Assessment
- ☐ Frequency of Acute Exacerbations
- ☐ Asthma-related Quality of Life Assessment
- ☐ Patient Satisfaction
- ☐ Other

* 3. How do you assess the effectiveness of the asthma treatments you provide?

- ◯ Highly effective
- ◯ Generally effective
- ◯ Moderately effective
- ◯ Slightly effective
- ◯ Not effective at all
- ◯ Other

* 4. How frequently do you conduct safety evaluations during asthma treatment?

- ◯ 2 weeks
- ◯ 1 month
- ◯ 3 month
- ◯ 6 month
- ◯ Other

* 5. What are the key indicators you use for safety evaluation in asthma treatment? (Multiple responses allowed)

- ☐ Blood tests
- ☐ Urine tests
- ☐ Adverse event evaluation
- ☐ Vital signs assessment
- ☐ Other

* 6. Have you encountered any adverse reactions among your asthma patients?

- ◯ Yes
- ◯ No

* 6-1. What is the estimated incidence rate of adverse reactions?

- ◯ Less than 1%
- ◯ 1% ~ 5%
- ◯ 5% ~ 10%
- ◯ 10% ~ 20%
- ◯ Over 20%
- ◯ Other

* 6-2. What types of adverse reactions have you observed? (Multiple responses allowed)

- [ ] Abnormal blood test results (e.g., hepatotoxicity, renal function)
- [ ] Cardiovascular side effects (e.g., increased blood pressure, tachycardia)
- [ ] Neurological side effects (e.g., anxiety, insomnia)
- [ ] Gastrointestinal side effects (e.g., dry mouth, nausea)
- [ ] Psychiatric side effects (e.g., irritability, nervousness)
- [ ] Musculoskeletal side effects
- [ ] Serious side effects (e.g., death, myocardial infarction, stroke)
- [ ] Respiratory side effects
- [ ] Urogenital side effects (e.g., menstrual irregularities)
- [ ] Skin side effects (e.g., hair loss, rash, urticaria)
- [ ] Other

* 6-3. Which interventions were associated with the observed adverse reactions? (Multiple responses allowed)

- [ ] Herbal medicine
- [ ] Acupuncture (body, ear, etc.)
- [ ] Electroacupuncture
- [ ] Pharmacopuncture
- [ ] Moxibustion
- [ ] Cupping therapy
- [ ] Chuna manual therapy
- [ ] Lifestyle modification (e.g., smoking cessation)
- [ ] Fumigation
- [ ] Topical applications
- [ ] Qigong
- [ ] Western medications
- [ ] Other

* 6-4. How would you describe the relationship between adverse reactions and combined Korean-Western medicine treatment?

- ◯ Clear (>90%, The temporal relationship between the adverse reaction and combined Korean-Western medicine treatment is evident and reasonable)
- ◯ Highly probable (>70%, The adverse reaction is more likely due to combined Korean-Western medicine treatment than other possible causes)
- ◯ Probable (>50%, The adverse reaction is equally attributable to combined Korean-Western medicine treatment and other potential causes)
- ◯ Less likely (>30%, A more probable alternative cause exists for the adverse reaction)
- ◯ Not likely (<10%, There is a clear and definite alternative cause for the adverse reaction)
- ◯ Evaluation impossible (Unknown)

Other

* 1. Do you think the development of a Clinical Pathway (CP) for asthma treatment in Korean medicine is necessary?

- ◯ Very necessary
- ◯ Somewhat necessary
- ◯ Not very necessary
- ◯ Not necessary at all
- ◯ Other

* 2. What aspects should be included in the Clinical Pathway? (Multiple responses allowed)

- ☐ Western diagnostic criteria
- ☐ Korean Medicine diagnostic criteria (e.g., pattern identification)
- ☐ Western treatments (e.g., medication, steroid inhalers)
- ☐ Korean Medicine treatments (e.g., herbal medicine, acupuncture)
- ☐ Patient management methods (e.g., lifestyle adjustments)
- ☐ Preventive measures and education
- ☐ Collaboration model between Korean and Western Medicine
- ☐ Patient monitoring and evaluation methods
- ☐ Adverse reaction management and response
- ☐ Other

* 3. If a Clinical Pathway for asthma treatment is developed, do you plan to incorporate it into your clinical practice?

- ◯ Likely to use it frequently
- ◯ Likely to use it occasionally
- ◯ Unsure
- ◯ Likely to rarely use it
- ◯ No plans to use it

* 4. Which non-reimbursed herbal medicine preparation do you think would have the highest utilization if covered by insurance?

- ◯ Cheongsangboha-tang
- ◯ Palmijihwang-hwan
- ◯ Mahaenggamseog-tang
- ◯ Maekmundong-tang
- ◯ Yukmijihwang-tang
- ◯ Other

* 5. If (simplified) pulmonary function tests become available for asthma diagnosis and evaluation, do you plan to use them in your practice?

- ◯ Likely to use it frequently
- ◯ Likely to use it occasionally
- ◯ Unsure
- ◯ Likely to rarely use it
- ◯ No plans to use it

Please provide any additional comments or suggestions.

Basic Information of Survey Participants

* 1. What is your gender?

- ◯ Male
- ◯ Female

* 2. What is your age group?

- ◯ Under 29 years
- ◯ 30–39 years
- ◯ 40–49 years
- ◯ 50–59 years
- ◯ 60 years and over

* 3. How many years have passed since you obtained your Korean medicine doctor (KMD) license?

- ◯ Less than 5 years
- ◯ 5–10 years
- ◯ 10–15 years
- ◯ 15–20 years
- ◯ 20–30 years
- ◯ More than 30 years

* 4. Where is your workplace located?

* 5. What type of institution do you currently work at?

* 6. Is Western-Korean medicine collaboration available at your institution?

- ◯ Yes
- ◯ No

* 7. Which of the following best describes your professional status?

- ◯ General Practitioner
- ◯ Specialist

* 7.1 If you are a specialist, what is your specialty?

- ◯ Korean Internal Medicine
- ◯ Obstetrics and Gynecology
- ◯ Pediatrics
- ◯ Neuropsychiatry
- ◯ ENT and Dermatology
- ◯ Rehabilitation Medicine
- ◯ Acupuncture
- ◯ Constitutional Medicine