The CPSP has recently completed a study on adrenal suppression (AS). This post-study survey aims to evaluate current practices of participants and to assess the educational impact of the study. Results of pre and post-study surveys will be compared. **Your contribution is greatly appreciated.**

1. **Over the past year,** have you diagnosed any children/youth with asymptomatic AS?  
   Yes____  No____  
   **If no, proceed to question 2.**  
   **If yes,** how was AS diagnosed? (Check all that apply)  
   Morning cortisol____  Random cortisol____  24-hour urinary cortisol____  
   Standard-dose ACTH stimulation test____  Low-dose ACTH stimulation test____  
   Other (specify):______________________________________________________________

2. Do you routinely screen patients on glucocorticoids (GCs) for AS?  
   Yes____  No____

3. Does your centre/office have a screening policy for AS?  
   Yes____  No____  Unknown____

4. **Over the past two years,** have you changed your approach towards managing patients on GCs for AS?  
   Yes____  No____  
   **If yes,** check all that apply:  
   Closer surveillance of growth____  Routine screening of AS____  
   Change in office policy____  Change in hospital policy____  Other (specify):______________________________________________________________

5. Has your screening practice for AS changed because of the CPSP AS study?  
   Yes____  No____  
   **If no, proceed to question 6.**  
   **If yes,** for what type of GC therapy has your screening for related AS changed? (Check all that apply)  
   Inhaled corticosteroids (ICS)____  Oral or IV GC____  
   Other forms of GC (specify):________________________________________________________

6. What dose of ICS is your threshold to screen for AS?  
   I do not screen children only receiving ICS____  Fluticasone (or equivalent) ≥ 500 mcg/day____  
   Fluticasone (or equivalent) > 500 mcg/day____  Other (specify):__________________________

7. Which of the following best describes your practice? (Check all that apply)  
   - adolescent medicine  
   - allergy/immunology  
   - cardiology  
   - consultation  
   - critical care  
   - dermatology  
   - development/behaviour  
   - emergency  
   - endocrinology/metabolism  
   - gastroenterology  
   - haematology  
   - infectious disease  
   - medical genetics  
   - neonatology/perinatology  
   - nephrology  
   - neurology  
   - oncology  
   - primary care  
   - respirology  
   - rheumatology  
   Other (specify):________________________________________________________

**Additional learning points**

- In two years of surveillance, 44 cases of SYMPTOMATIC AS were confirmed.  
- Adrenal crisis, a condition with significant morbidity, was confirmed in six cases.  
- Growth failure was the most common presenting sign in children with symptomatic AS.  
- ICS was the predominant type of glucocorticoid treatment in the majority of the cases reported; many were treated with more than one form of glucocorticoids.  
- There were no reported cases of symptomatic AS in children treated with intranasal glucocorticoids alone.

Please return this survey with your monthly reporting form.  
Thank you for your participation.