Glucocorticoid (GC) therapy is used in a variety of paediatric conditions. Adrenal suppression (AS), which results in an inability to produce adequate amounts of cortisol, is a clearly proven but under-recognized complication of GCs and can be life-threatening. The clinical presentation of AS can vary from asymptomatic to critical illness.

This survey will evaluate how frequently CPSP participants see paediatric patients treated with GCs and cases of asymptomatic AS due to GC treatment, and AS screening practices.

Your contribution is greatly appreciated.

1. **Over the past month,** have you seen any children/youth under the age of 18 years currently being treated with any form of GCs (e.g., inhaled, oral, intravenous, intramuscular)?
   - Yes ___  No ___  If yes, how many?  <5 ___  5-10 ___  11-20 ___  21-50 ___  51-100 ___  >100 ___

2. **Over the past year,** have you diagnosed any children/youth with asymptomatic AS?
   - Yes ___  No ___  If no, proceed to question 4.
     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) _________________________________________________

3. For cases of asymptomatic AS, what condition(s) was/were the GCs being used for? (Check all that apply.)
   - Asthma ___  Inflammatory bowel disease ___  Malignancy ___  Nephrotic syndrome ___
   - Rheumatologic disease ___  Other (specify) __________________________________________

4. Do you routinely screen patients on GCs for AS?  Yes ___  No ___

5. Do you have a minimum GC dose which would prompt you to screen for AS?  Yes ___  No ___
   If yes, specify generic name (e.g., prednisone, fluticasone), type (e.g., oral, inhaled, intravenous), and dosage:
   __________________________________________________________________________

6. Does your centre/office have a screening policy for AS?  Yes ___  No ___  Unsure ___

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

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