

**Table S9: Studies on the stability of EVW and MTW**

Study	Study population, age at baseline	Follow-up period	Phenotype definition	Baseline	Phenotype at follow-up*			Percentage among children with wheeze at follow-up†	
				N	no wheeze n (%)	EVW n (%)	MTW n (%)	EVW %	MTW %
Studies on the stability of EVW (N = number of children with EVW at baseline)									
Present study		2 years							
ALSPAC 2-4 years	Population-based cohorts, 2.5 years		EVW: Wheeze triggered by infection or bronchitis  MTW: Wheeze triggered by smoke, weather, allergens, air pollution, other	591	337 (57)	126 (21)	128 (22)	126 (50)	128 (50)
ALSPAC 4-6 years				392	262 (67)	79 (20)	51 (13)	79 (61)	51 (39)
LRC 2-4 years	Population-based cohorts, 2 years		EVW: Wheeze during or soon after a cold. MTW: Wheeze without cold and wheeze triggered by ecercise, excitement, allergens	176	120 (68)	27 (15)	29 (17)	27 (48)	29 (52)
LRC 4-6 years				95	60 (63)	19 (20)	16 (17)	19 (54)	16 (46)
Kapelle 2012 <sup>1</sup>	Treated for wheeze at hospital, 1.9 years (median)	Min. 2 years	EVW: Wheeze only during viral colds. MTW: Wheeze during viral colds as well as smoke, fog or allergens.	78	36 (47)	23 (29)	19 (24)	23 (55)	19 (45)
Topal 2013 <sup>2</sup>	Children hospitalized for wheeze, 2 years (median)	20 months	EVW: Wheeze only by infections, no wheeze between.  MTW: Wheeze triggered by colds as well as	236	91 (38)	108 (46)	37 (16)	108 (74)	37(26)

			allergens, smoke, exercise or weather						
<b>Van Wonderen 2015<sup>3</sup></b>	Children visiting physician because of cough or wheeze, 2 years (median)	1 year	EVW: Wheeze with colds but not between colds, past 12 months. MTW: Wheeze with colds and also between, past 12 months						
Baseline to 12 mo				126	50 (40)	67 (53)	9 (7)	67 (88)	9 (12)
Baseline to 24 mo				126	86 (68)	33 (26)	7 (6)	33 (83)	7 (17)
<b>Schultz 2009</b>	Children diagnosed with asthma, 4 years (median)	1 year	EVW: Wheezing only during colds and not in the absence of colds. MTW: Wheeze in the absence of colds, irrespective of wheeze with colds	38	13 (34)	12 (32)	13(34)	12 (48)	13(52)
<b>Studies on the stability of MTW (N = number of children with MTW at baseline)</b>									
<b>Present study</b>		2 years							
ALSPAC 2-4 years	Population-based cohorts, 2.5 years		EVW: Wheeze triggered by infection or bronchitis  MTW: Wheeze triggered by smoke, weather, allergens, air pollution, other	699	311 (45)	73 (10)	315 (45)	73 (19)	315 (81)
ALSPAC 4-6 years				616	282 (46)	52 (8)	282 (46)	52 (16)	282 (84)
LRC 2-4 years	Population-based cohorts, 2 years		EVW: Wheeze during or soon after a cold. MTW: Wheeze without cold and wheeze triggered by exercise, excitement, allergens	216	97 (45)	23 (11)	96 (44)	23 (19)	96 (81)
LRC 4-6 years				213	82 (39)	14 (7)	117 (55)	14 (11)	117 (89)
<b>Van Wonderen 2015<sup>3</sup></b>	Children visiting physician because of cough or	1 year	EVW: Wheeze with colds but not between colds, past 12 months. MTW: Wheeze with						

wheeze, 2 years (median)			colds and also between, past 12 months						
Baseline to 12 mo				49	13 (27)	14 (29)	22 (45)	14 (39)	22 (61)
Baseline to 24 mo				49	24 (49)	14 (29)	11 (22)	14 (56)	11 (44)
<b>Schultz 2009<sup>4</sup></b>	Children diagnosed with asthma, 4 years (median)	1 year	EVW: Wheezing only during colds and not in the absence of colds. MTW: Wheeze in the absence of colds, irrespective of wheeze with colds	71	11 (16)	22 (31)	38 (54)	22 (37)	38 (63)

\* Numbers and percentage (parenthesis) of children with no wheeze, EVW, and MTW at follow-up among children with the given baseline phenotype (100%).

† Numbers and percentage (parenthesis) of children with EVW, and MTW at follow-up among children with the given baseline phenotype who continued to wheeze at follow-up (non-wheezers at follow-up excluded).

## References

1. Kappelle L, Brand PL. Severe episodic viral wheeze in preschool children: High risk of asthma at age 5-10 years. *Eur J Pediatr* 2012; 171:947-54.
2. Topal E, Bakirtas A, Yilmaz O, Ertoy Karagol IH, Arga M, Demirsoy MS, et al. Short-term follow-up of episodic wheeze and predictive factors for persistent wheeze. *Allergy Asthma Proc* 2013; 34:e42-6.
3. van Wonderen KE, Geskus RB, van Aalderen WM, Mohrs J, Bindels PJ, van der Mark LB, et al. Stability and predictiveness of multiple trigger and episodic viral wheeze in preschoolers. *Clin Exp Allergy* 2016; 46:837-47.
4. Schultz A, Devadason SG, Savenije OE, Sly PD, Le Souef PN, Brand PL. The transient value of classifying preschool wheeze into episodic viral wheeze and multiple trigger wheeze. *Acta Paediatr* 2010; 99:56-60.