**Online supplement 1**: Detailed description of moisture damage and mould characterization

A detailed description of the exposure assessment has been comprehensively depicted previously (1,2). Briefly, “no damage” corresponded to “need for repair” classes 0 and 1, which was defined as no need for repair or only aesthetic repair, respectively. “Minor damage” referred to the “need for repair” class 2 (repair of surface materials needed and with an area of damage ≤ 1m2) or to the “need for repair” class 3 (a repair of structural components needed and with an area of damage ≤ 0.1m2). “Major damage” has been defined as “need for repair” class 2 with an affected area of damage of > 1m2 or as “need for repair” class 3 with an area of damage of > 0.1m2 or as “need for repair” class 4 (more extensive repair needed on structural components). In the presence of several areas of damage in a given room or area, the areas of damage with the same need for repair estimation were summarized.

In addition, the presence of “visible mould” was recorded for each moisture damage observation and “moisture damage with visible mould” was categorized into three classes: “no mould”, “only spots of mould” and “visible mould” growth. Mould growth, which was detectable on silicone sealants in the kitchen or in the bathroom, was classified as “no mould”.

A combination variable “moisture damage or mould (combined)” in the child’s main living areas had three classes, defined as follows: “none” (no moisture damage and no mould), “minor” (minor moisture damage with or without mould spots) and “major” (major moisture damage or any moisture damage with visible mould). Child’s main living areas consisted living room, kitchen and child’s bedroom.

1. Karvonen AM, Hyvärinen A, Korppi M, Haverinen-Shaughnessy U, Renz H, Pfefferle PI, et al. Moisture damage and asthma: A birth cohort study. Pediatrics. 2015;135(3):e598–606.

2. Pekkanen J, Hyvärinen A, Haverinen-Shaughnessy U, Korppl M, Putus T, Nevalainen A. Moisture damage and childhood asthma: A population-based incident case-control study. Eur Respir J. 2007;29(3):509–15.