

NO REACTION

☐

FOOD AND LATEX ALLERGIES

Contact ID:

--	--	--	--	--	--	--	--

Version: 26/10/00

SECTION A: ALLERGIES

A1. Does your child currently eat any the following foods?

	Yes	No	Never Eaten
a) peanuts	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>
b) other nuts	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>
c) whole egg	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>
d) milk	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>
e) fish	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>
f) sesame seeds	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>

A2. a) *If the child does not have a skin prick test of 2mm or greater to peanuts, go to A2b.*

Has your child had any problems (symptoms) when eating peanuts?

a) peanuts	Yes	No	Never Eaten
	1 <input style="width: 30px; height: 25px;" type="text"/>	2 <input style="width: 30px; height: 25px;" type="text"/>	3 <input style="width: 30px; height: 25px;" type="text"/>

If no or never eaten, go to A2b on page 2

If Yes,

(i) when did your child last react to peanuts?

Month				199	
-------	--	--	--	-----	--

(ii) How many minutes after eating it did it start? minutes

(iii) What problems did your child develop?

.....

.....

.....

A2. b) If the child does not have a skin prick test of 2mm or greater to tree nuts, go to A2c, below

Has your child had any problems (symptoms) when eating other nuts (e.g. hazel, walnut, brazil)?

Yes 1 No 2 Never Eaten 3 ► If no or never eaten, go to A2c below

If yes,

A2. b) (i) when did your child last react to other nuts?

Month 199

(ii) How many minutes after eating it did it start? minutes

(iii) What problems did your child develop?

.....
.....
.....

A2. c) If the child does not have a skin prick test of 2mm or greater to egg, go to A2d

Has your child had any problems (symptoms) when eating egg? (e.g. boiled egg, scrambled)?

Yes 1 No 2 Never Eaten 3 ► If no or never eaten, go to A2d on page 3

If yes,

(i) when did your child last react to egg?

Month 199

(ii) How many minutes after eating it did it start? minutes

(iii) What problems did your child develop?

.....
.....

.....
A2. d) *If the child does not have a skin prick test of 2mm or greater to milk, go to A2e*

Has your child had any problems (symptoms) drinking milk?

Yes 1 No 2 Never Eaten 3 ➔ **If no or never
eaten, go to A2e
below**

If yes,

(i) when did your child last react to milk?

Month 199

A2. d) (ii) How many minutes after drinking it did it start? minutes
(iii) What problems did your child develop?

.....
.....
.....

A2. e) *If the child does not have a skin prick test of 2mm or greater to fish, go to A2f below*

Has your child had any problems (symptoms) eating fish?

Yes 1 No 2 Never Eaten 3 ➔ **If no or never
eaten, go to A2f
on page 4**

If yes,

(i) when did your child last react to fish?

Month 199

(ii) How many minutes after eating it did it start? minutes

(iii) What problems did your child develop?

.....
.....
.....

A2. f) If the child does not have a skin prick test of 2mm or greater to milk, go to A3 below

Has your child had any problems (symptoms) eating sesame seeds (e.g. on top of a bun)?

Yes No Never Eaten ► If no or never eaten, go to A3 on page 5

If yes,

(i) when did your child last react to sesame seeds?

Month 199

(ii) How many minutes after eating it did it start? minutes

(iii) What problems did your child develop?

.....
.....
.....

A3. If the child does not have a skin prick test of 2mm or greater to egg, go to A4 below

Does your child develop any problems when they touch raw egg or eat foods containing raw egg (e.g. mayonnaise, chocolate mousse)

Yes ☐ 1 No ☐ 2 Never Touched ☐ 3 ► If no or never Touched go to A4 below

If yes,

(i) when did your child last develop this problem?

Month ☐ ☐ 199 ☐

(ii) How many minutes after eating it did it start? ☐ ☐ minutes

(iii) What problems did your child develop?

.....
.....
.....

A4. If the child does not have a skin prick test of 2mm or greater to latex, go to B1

Has your child ever had any possible allergic reactions in the following situations:

a) playing with balloons
Yes ☐ 1 No ☐ 2 N/A ☐ 3 ► If no or N/A go to A4b below

If yes,

(i) How many minutes after the contact did the problem start?

☐ ☐ minutes

(ii) What problems did your child develop?

.....
.....
.....

A4. b) using rubber gloves

Yes ☐ 1 No ☐ 2 N/A ☐ 3 ► If no or N/A go to

A4. b) cont.

If **yes**,

- (i) How many minutes after the contact did the problem start?

--	--

minutes

- (ii) What problems did your child develop?

.....

.....

.....

A4. c) wearing swimming caps

Yes

 No

 N/A

 ► If **no** or N/A go to A4d below

If **yes**,

- (i) How many minutes after the contact did the problem start?

--	--

minutes

- (ii) What problems did your child develop?

.....

.....

.....

A4. d) playing with rubbery toys

Yes

 No

 N/A

 ► If **no** or N/A go to A4e on page 7

If **yes**,

- (i) How many minutes after the contact did the problem start?

--	--

6

minutes

(ii) What problems did your child develop?

.....
.....
.....

A4. e) going to the dentist

Yes

No

N/A

► If **no** or N/A go to B1 below

If **yes**,

A4. e) (i) How many minutes after the contact did the problem start?

minutes

(ii) What problems did your child develop?

.....
.....
.....

B1. If the child is:

either (1) not eating a food (answered 2 or 3 in section A1) which they have a skin prick test of 2mm or greater,

or (2) if you have answered yes to any of the questions in A2, A3 or A4,

your child may have an allergy to food or latex. The allergy clinic at St Mary's Hospital in London would like to invite you to take part in a study to assess whether or not your child is allergic to the food or latex. They would first wish to talk to you over the phone about your child's symptoms and, if you consent, see them at St Mary's Hospital for further allergy testing.

Please may we have your permission to pass your child's name, address and telephone number to the allergy team at St Mary's so that they can find out a little more about your child and tell you about the study?

YES

Date _____

We will pass your child's details to the Children's Allergy Team at St Mary's Hospital and they will contact you in the next few weeks..

Can you tell me the most convenient time to phone:

NO

☐

2

May we pass this questionnaire on to the Children's Allergy Team at St Mary's Hospital but we will not give them your child's name and other details?

Yes

☐

1

No

☐

2

No reaction

☐

Catrina Hurley – Allergy Nurse
Graham Roberts – Research Fellow
Gideon Lack – Consultant Paediatrician