FARE Patient Registry®

Survey Instruments

Food Allergy History

Food Allergy - History

Who is completing this survey?
Select the relationship of the person completing this survey to the registry participant. The participant is the person who has a food allergy.

Patient (self)
Mother
Father
Legal guardian
Spouse
Grandparent
Brother/Sister
Medical caregiver
Other caregiver (please specify)

What is the participant's current age?

Unsure
0 to 30 days old
1 to 3 months old
4 to 7 months old
8 to 11 months old
1 year old
2 years old
3 years old
…
77 years old
78 years old
79 years old
80 or more years old

At what age did the participant first begin experiencing symptoms of food allergies? (e.g. eczema, hives, itching)

Unsure
0 to 30 days old
1 to 3 months old
4 to 7 months old

8 to 11 months old
1 year old
2 years old
3 years old
…
77 years old
78 years old
79 years old
80 or more years old

At what age was the participant diagnosed by a healthcare provider with a food allergy?

Unsure
0 to 30 days old
1 to 3 months old
4 to 7 months old
8 to 11 months old
1 year old
2 years old
3 years old
…
77 years old
78 years old
79 years old
80 or more years old

What type of doctor or healthcare provider first made the food allergy diagnosis?

Unsure
Did not see a doctor or healthcare provider
General Practitioner/General Internal Medicine
Pediatrics
Allergy/Immunology
Dermatology
Gastroenterology
Emergency Medicine
Adolescent Medicine
Anesthesia
Cardiology
Child and Adolescent Psychiatry
Critical Care

Dentistry/Oral Surgery
Developmental/Behavioral Specialist
Ears, Nose, Throat Surgeon
Endocrinology
Family Medicine
Genetics
Geriatrics
Hematology
Infectious Disease
Metabolism
Neonatology
Nephrology (kidney)
Neurology
Nutrition
Obstetrics/Gynecology
Oncology
Ophthalmology
Orthopedics
Pain Management
Physical Medicine and Rehabilitation
Plastic Surgery
Psychiatry/Psychology
Pulmonology
Radiology
Rheumatology
Sports Medicine
Surgery
Urology
Other type of doctor or healthcare provider (please specify)

What hospital or clinical center does the participant visit for diagnosis, treatment and follow-ups?

1 - Lurie Children's Hospital (Chicago, IL)
2 - Arkansas Children's Hospital (Little Rock, AR)
3 - Boston Children's Hospital (Boston, MA)
4 - Children's Hospital Colorado (Aurora, CO)
5 - Children's Mercy Kansas City (Kansas City, KS)
6 - Children's National (Washington, DC)
7 - Cincinnati Children's Hospital (Cincinnati, OH)
8 - Columbia/NewYork-Presbyterian (New York, NY)
9 - Children's Hospital Los Angeles (Los Angeles, CA)
10 - Mount Sinai Health System (New York, NY)

11 - Massachusetts General Hospital (Boston, MA)
12 - National Jewish Health (Denver, CO)
13 - Rady Children's Hospital (San Diego, CA)
14 - Riley Hospital for Children at Indiana University Health (Indianapolis, IN)
15 - Stanford Food Allergy Center (Stanford, CA)
16 - Dell Children's Medical Group, DCMC (Austin, TX)
17 - Texas Children's Hospital Food Allergy Program (Houston, TX)
18 - Children's Hospital of Philadelphia (CHOP) (Philadelphia, PA)
19 - Northwest Asthma and Allergy Center (Seattle, WA)
20 - University of Chicago Medicine Comer Children's Hospital (Chicago, IL)
21 - UCLA (Los Angeles, CA)
22 - UNC - University of North Carolina (Chapel Hill, NC)
23 - University of Arizona - Banner University Medical Center (Tucson, AZ)
24 - Michigan Medicine (Ann Arbor, MI)
25 - Golisano's Children's Hospital (Rochester, NY)
26 - University of South Florida/Johns Hopkins All Children's Hospital (St. Petersburg. FL)
27 - University of South Florida (Tampa. FL)
28 - Children's Medical Center (Dallas, TX)
29 - Virginia Mason Medical Center (Seattle, WA)
30 - Cohen Children's Medical Center of NY (Great Neck, NY)
31 - Vanderbilt University Medical Center (Nashville, TN)
32 - Children's Hospital of Pittsburgh of UPMC (Pittsburgh, PA)
33 - Primary Children's Hospital (Salt Lake City, UT)
Unsure / Other - Please select "other" below and specify
Other hospital or clinical center (please specify)

What led to the initial medical evaluation? (Select all that apply.)

Diagnosis of a family member
Noticed from unrelated lab test (blood test, urine test, etc.)
Noticed from an unrelated tissue test (biopsy, surgery, operation, etc.)
Symptoms noticed by patient/family
Symptoms noticed by medical provider
Symptoms noticed by other professional (teacher, daycare, coach, etc.)
None of the above
Unsure
Other, please specify

Does the participant have any close relatives (mother, father, brother, sister) that have food allergies?

Yes
No
Unsure

On average, how many food allergy reactions does the participant have per year?

Never had a reaction
Less than once per year
One time a year
2 to 3 times a year
4 to 6 times a year
7 to 11 times a year
1 to 3 times per month
1 or more times per week
Unsure

Approximately how many times has the participant experienced the following because of food allergies?

Answers	Answer Columns
Admitted to the hospital	Number of Times Occurred
Admitted to the Intensive Care Unit (ICU)	Unsure
Visited an Urgent Care facility	0
Visited the Emergency Room	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	More than 10

Food Allergy - Type

Has the participant ever been diagnosed by a doctor as allergic to any of the following foods or food groups? (Select all that apply.)

Peanut
Tree Nuts
Egg
Milk
Finned Fish
Shellfish
Soy
Wheat (gluten)
Beans, Legumes, Pulses
Fruits
Cereals & Grains
Meats
Seeds
Vegetables
None of the above

Does the participant have any food allergies not listed above?

No
Unsure
Yes (please specify)

Tree Nut Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following TREE NUTS? (Select all that apply.)

Almond
Brazil nut
Cashew
Chestnut
Coconut
Hazelnut
Macadamia nut
Pecan
Pine nut
Pistachio
Walnut
Other TREE NUTS (please specify)

Finned Fish Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following FINNED FISH? (Select all that apply.)

- Anchovies
- Bass
- Catfish
- Cod
- Eel
- Flounder
- Haddock
- Hake
- Halibut
- Herring
- Mackerel
- Megrim
- Perch
- Plaice
- Pollock
- Salmon
- Sardine
- Snapper
- Swordfish
- Tilapia
- Trout
- Tuna
- Whitefish
- Other FINNED FISH (please specify)

Shellfish Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following SHELLFISH? (Select all that apply.)

- Clam
- Crab
- Crayfish
- Lobster
- Octopus
- Oyster
- Scallop
- Squid

Shrimp
Other SHELLFISH (please specify)

Bean, Legumes, or Pulses Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following BEANS, LEGUMES, or PULSES? (Select all that apply.)

Black beans
Chickpea
Green beans
Lentils
Lima beans
Navy beans
Red kidney beans
Peas
Pinto beans
Other BEANS, LEGUMES, or PULSES (please specify)

Fruit Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following FRUITS? (Select all that apply.)

Apple
Apricot
Avocado
Banana
Blackberry
Blueberry
Carambola
Carob
Cherry
Coconut
Cranberry
Currant
Date
Grape
Grapefruit
Guava
Jackfruit

Kiwifruit
Lemon
Lime
Mandarin
Mango
Melon
Olive
Orange
Papaya
Passion fruit
Peach
Pear
Persimmon
Pineapple
Plum
Raspberry
Strawberry
Watermelon
Other FRUITS (please specify)

Cereal or Grain Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following CEREALS or GRAINS? (Select all that apply.)

Barley
Buckwheat
Corn
Gluten
Hops
Malt
Millet
Oat
Rapeseed
Rice
Rye
Spelt
Wheat
Other CEREALS or GRAINS (please specify)

Meat Product Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following MEAT PRODUCTS? (Select all that apply.)

Beef
Chicken
Duck
Elk or moose
Gelatin
Horse
Lamb
Pork
Rabbit
Turkey
Venison
Other MEAT PRODUCTS (please specify)

Seed Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following SEEDS? (Select all that apply.)

Fennel seed
Flaxseed
Mustard
Poppy
Pumpkin
Sesame
Sunflower
Other SEEDS (please specify)

Vegetable Allergy

Has the participant been diagnosed by a doctor as allergic to any of the following VEGETABLES? (Select all that apply.)

Asparagus
Bamboo shoot
Beets
Broccoli
Brussels sprout
Cabbage
Carrot

Cauliflower
Celery
Cucumber
Eggplant
Lettuce
Onion
Parsley
Pepper
Potato, sweet
Potato, white
Spinach
Squash, pumpkin
Tomato
Other VEGETABLES (please specify)

Food Allergy - Recent Reaction

When did participant's last allergic reaction to foods occur?

Today
Yesterday
Within the past week
2 to 3 weeks ago
1 to 3 months
4 to 6 months
7 to 12 months
1 year
2 years
3 years
4 years
5 or more years
Unsure

Where did the participant's most recent allergic reaction to foods occur?

College
Daycare
Home
Restaurant/eating out
School

Work
Other location (please specify)

Thinking about the participant's most recent allergic reaction, how soon after the participant was exposed to the food(s) did the reaction occur?

0 to 5 minutes
6 to 10 minutes
11 to 20 minutes
21 to 30 minutes
31 to 40 minutes
41 to 50 minutes
51 to 60 minutes
2 hours
3 hours
4 or more hours
Unsure

Have any family members had a similar reaction after eating the same food(s)?

Yes
No
Unsure

Food Allergy - Symptoms

Choose the SKIN symptoms that the participant developed within 2 hours of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Hives (welts, urticaria)
Itching
Flushing
Swelling (angioedema)
Rash (redness of skin)
Red, itchy or watery eyes
None
Unsure
Other SKIN symptoms (please specify)

Choose the RESPIRATORY (lungs/breathing) symptoms that the participant developed within 2 hours of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Chest tightening
Chest pain
Coughing
Hoarse voice
Nasal congestion/stuffy or runny nose
Sneezing
Trouble breathing (shortness of breath)
Wheezing
None
Unsure
Other RESPIRATORY symptoms (please specify)

Choose the GASTROINTESTINAL (digestive tract) symptoms that the participant developed within 2 hours of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Bloating
Bloody stools
Constipation
Diarrhea
Difficulty swallowing
Itchy throat/ear canal
Nausea
Odd taste in mouth/metallic taste
Reflux
Stomach pain/cramps
Tingling mouth
Tongue swelling/throat tightness
Vomiting
None
Unsure
Other GASTROINTESTINAL symptoms (please specify)

Choose the CARDIOVASCULAR (heart) symptoms that the participant developed within 2 hours of eating the food or foods that produce an allergic reaction. (Select all that apply.)

A weak pulse
Cardiac arrest
Chest pain
Irregular heart rate
Lightheadedness/dizziness
Low blood pressure

Rapid heartbeat (tachycardia)
Slow heartbeat (bradycardia)
Turning blue
None
Unsure
Other CARDIOVASCULAR symptoms (please specify)

Choose the EMOTIONAL/BEHAVIORAL symptoms that the participant developed as a result of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Anxiety
Confusion
Depression
Fatigue
Headache
Irritability
Feeling of "impending doom"
Panic
Sleep disturbances
Withdrawal from social and recreational activities
None
Unsure
Other EMOTIONAL/BEHAVIORAL symptoms (please specify)

Choose the AUTONOMIC (involuntary) symptoms that the participant developed as a result of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Abnormal sweating
Dry skin
Dehydration
Fainting or loss of consciousness
Sexual dysfunction
Urinary dysfunction
Uterine contractions
Weight loss
None
Unsure
Other AUTONOMIC symptoms (please specify)

Choose the MOTOR (muscle) symptoms that the participant developed as a result of eating the food or foods that produce an allergic reaction. (Select all that apply.)

Arm weakness
Clawing of toes
Leg weakness
Muscle wasting
None
Unsure
Other MOTOR symptom (please specify)

Please describe any OTHER symptoms that the participant developed within 2 hours of eating the food or foods that produce an allergic reaction.

Food Allergy - Testing, Treatment, & Medical History

Which of the following diagnostic tests were performed to FIRST diagnose the food allergy or allergies? (Select all that apply.)

Allergy skin scratch/skin prick test
Blood tests - food-specific IgE antibodies (RAST, ImmunoCAP, ELISA)
Food diary
Food elimination diet
Oral food challenge
Patch testing
Screening allergy labs
None
Unsure
Other (please specify)

Which of these medications does the participant receive to treat an allergic reaction? (Select all that apply.)

Atropine
Bronchodilator (Albuterol)
Epinephrine (Intramuscular or IM; EpiPen, Adrenaclick, Auvi-Q, Generic)
Epinephrine (Intravenous or IV)
Glucagon
Oral corticosteroids (Prednisone, methylprednisone)
Oxygen therapy
Topical corticosteroids (Hydrocortisone, Aristocort)
Type 1 antihistamines (Benadryl, Zyrtec, Claritin, Allegra)
Type 2 antihistamines (Axid, Pepcid, Tagamet, Tazac, Zantac)

None
Unsure
Other medication (please specify)

Is the administered food allergy treatment successful in relieving symptoms?

Never
Almost never
Sometimes
Often
Almost always
Always
Unsure

Are there other therapies or interventions the participant may have discovered that help reduce the severity and frequency of food allergy reactions or symptoms? Please Explain.

Has the participant ever been diagnosed with any of the following conditions? (Select all that apply.)

Allergic rhinitis (hay fever)
Anaphylaxis
Arrhythmias
Asthma
Atopic dermatitis (eczema)
Attention-deficit/hyperactivity disorder (ADHD)
Autism
Bee sting allergy
Cancer
Celiac disease
Connective tissue disorder
Contact dermatitis
Drug allergy
Eosinophilic esophagitis
Food protein-induced enterocolitis syndrome (FPIES)
Gluten sensitivity
Heartburn (acid reflux)
Heart defects
Heart disease
High blood pressure (hypertension)

Histamine toxicity (scombroid poisoning)
Hypertension
Hyper-IgE syndrome (HIE)
Inflammatory bowel disease (Crohn's disease/ulcerative colitis)
Irritable bowel syndrome
Lactose intolerance
Latex allergy
Mast cell disease
Migraine headaches
Oral allergy syndrome (OAS)/pollen-food syndrome
Osteoarthritis
Rheumatoid arthritis
Stroke
Type 1 diabetes
Type 2 diabetes
Thyroid disease
None
Unsure
Other (please specify)

Has the participant outgrown or developed tolerance (not allergic) to any food/food groups that previously produced an allergic reaction?

Yes
No
Unsure

Food Allergy - Tolerance

Which past food allergens is the participant now able to eat? (Select all that apply.)

Peanut
Egg
Milk
Finned Fish
Shellfish
Soy
Wheat (gluten)
Beans, Legumes, Pulses
Fruits
Cereals & Grains

Meats
Seeds
Vegetables
Other foods (please specify)

Which of the following TREE NUTS is the participant now able to eat? (Select all that apply.)

Almond
Brazil nut
Cashew
Chestnut
Coconut
Hazelnut
Macadamia nut
Pecan
Pine nut
Pistachio
Walnut
None
Other TREE NUTS (please specify)

Food Allergy - Research and Other

How did the participant learn about the FARE Patient Registry?

Food Allergy Research & Education website
Doctor or healthcare provider
Family or friends
Social media
Web search engine
Other (Please specify)

Is the participant willing to be contacted in the future about participating in research studies, clinical trials and other developments?

Yes
No
Unsure

Please share any additional information about the participant's food allergy history and experience.