

Food Allergy Reactions

Exposure History

Who is completing this survey?

The participant is the person who has a food allergy. Select your relationship to the participant.

- Myself (participant)
 - Mother of participant
 - Father of participant
 - Legal guardian of participant
 - Other (please specify)
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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
 - Participant is deceased
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When did the participant's most recent food allergy reaction occur?

If unsure, please approximate the date.

Date

How severe do you feel the participant's most recent food allergy reaction was?

- Mild
- Moderate
- Severe
- Very severe
- Unsure

Did you report this food allergy reaction to your doctor, allergist, or primary care provider?

- Yes
- No
- Unsure

Did the participant experience any of the following around the time of the food allergy reaction? (Select all that apply.)

- Blood transfusion
- Bone marrow/organ transplantation
- Alcohol consumption
- Exercise before eating
- Exercise after eating
- Medication use (including over the counter drugs and supplements)
- Infection or viruses
- Stress
- Tick bite
- Lack of sleep
- Travel abroad
- Menstrual period
- Vaccination or vaccine
- None of the above
- Unsure

Medication Use

Please specify which medication(s) was taken around the time of the participant's reaction. (Select all that apply.)

- Antibiotics
- Antidepressants
- Epinephrine
- Heart medications
- Inhaled asthma medication
- Non-steroidal anti-inflammatory drugs (NSAIDs, e.g., aspirin, ibuprofen)
- Unsure
- Other (please specify)

Exposure Circumstance

Was the participant's food allergy exposure:

Intentional (non-accidental)
Unintentional (accidental)
Unsure

Who was the participant with during the food allergy reaction?

Alone
One other person
Small group (3 to 10 individuals)
Large group (11 or more individuals)
Unsure

Intentional Exposure

Why do you think the participant experienced this intentional (non-accidental) reaction? (Select all that apply.)

Bullying
Didn't believe seriousness of food allergy
Decided to take the risk anyway
Never had serious reaction before
Not aware of risk
Not aware that past reactions don't predict future reactions
Peer pressure
Unsure
Other (please specify)

Unintentional Exposure

Why do you think the participant experienced this unintentional (accidental) reaction? (Select all that apply.)

Child grabbed food unknowingly
Cross-contact with food allergen
Did not read the food label/menu
Did not inform staff about the participant's food allergy
Food allergen hidden in food and not listed on food label
Food label/menu was not clear
Had eaten this food previously without a reaction (new allergen suspected)
Informed staff of food allergy but reaction still occurred
No ingredients listed/menu not available

Unsure
Other (please specify)

Food Allergens

What food allergen was the participant exposed to?

Peanut
Tree nuts
Egg
Milk
Shellfish
Soy
Wheat (includes wheat gluten)
Finned fish
Sesame
Mustard
Beans, legumes, or pulses (other than soy)
Cereals and grains (other than wheat)
Fruits
Herbs or spices
Meats
Non-food items
Seeds (other than mustard, sesame)
Vegetables
Other

If you selected "Other" above, please enter the allergen in the space provided:

No
Unsure
Yes (please specify)

Peanut Allergy

In what form was PEANUT ingested?

Boiled
Fried
Peanut butter
Peanut oil

Raw
Roasted
Unsure

Tree Nut Allergy

Which TREE NUT caused the most recent allergic reaction?

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

Egg Allergy

Was this an allergic reaction to baked (heated) EGG?

Yes
No
Unsure

Does the participant ever experience a food allergy reaction to EGG in a baked food or heated food with EGG in it (e.g. waffles, noodles)?

Yes
No
Unsure

Milk Allergy

Was this an allergic reaction to baked (heated) MILK?

Yes
No
Unsure

Does the participant ever experience a food allergy reaction to MILK in a baked food or heated food with MILK in it (e.g. waffles, pancakes)?

Yes
No
Unsure

Shellfish Allergy

Which SHELLFISH caused the most recent allergic reaction?

Abalone
Barnacle
Clam
Crab
Crayfish
Cockle
Cuttlefish
Krill
Limpet
Lobster
Mussel
Octopus
Oyster
Periwinkle
Prawn
Sea cucumber
Sea urchin
Scallop
Squid (calamari)
Shrimp
Snail (escargot)
Other SHELLFISH (please specify)

Fish Allergy

Which FINNED FISH caused the most recent allergic reaction?

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

Sesame Allergy

In what form was SESAME ingested?

Cooked
Raw
Sesame butter (Tahini)
Sesame flour
Sesame oil
Sesame seed
Unsure

Bean, Legumes, or Pulses Allergy

Which BEAN, LEGUME, or PULSE caused the most recent allergic reaction?

Black bean
Carob
Chickpea
Green bean
Lentil
Lima bean
Lupin
Navy bean
Red kidney bean
Pea
Pinto bean
Other BEANS, LEGUMES or, PULSES (please specify)

Cereal or Grain Allergy

Which CEREAL or GRAIN caused the most recent allergic reaction?

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

Fruit Allergy

Which FRUIT caused the most recent allergic reaction?

Apple
Apricot
Avocado
Banana
Blackberry
Blueberry
Cantaloupe

Carambola or starfruit
Cherry
Coconut
Cranberry
Currant
Date
Fig
Grape
Grapefruit
Guava
Jackfruit
Kiwifruit
Lemon
Lime
Mandarin
Mango
Melon
Nectarine
Olive
Orange
Papaya
Passion-fruit
Peach
Pear
Persimmon
Pineapple
Plum
Raspberry
Strawberry
Watermelon
Other FRUITS (please specify)

Herb or Spice Allergy

Which HERB or SPICE caused the most recent allergic reaction?

Aniseed
Basil
Bay leaf
Black pepper
Chamomile
Caraway

Cardamom
Cayenne
Cinnamon
Clove
Coriander
Cumin
Curry
Dandelion
Echinacea
Fennel
Fenugreek
Garlic
Ginger
Hibiscus
Hops
Nutmeg
Oregano
Paprika
Parsley
Peppermint
Saffron
Sage
Spearmint
Turmeric
Vanilla
Other HERBS or SPICES (please specify)

Meat Allergy

Which MEAT caused the most recent allergic reaction?

Beef
Chicken
Duck
Elk or moose
Gelatin
Horse
Lamb
Pork
Rabbit
Turkey

Venison
Other MEAT PRODUCTS (please specify)

Non-food Items

Which NON-FOOD ITEM caused the most recent allergic reaction?

Cosmetics
Craft supplies
Dental products
Prescription medication
Non-prescription medicine
Pet food
Vaccine
Other NON-FOOD ITEM (please specify)

Seed Allergy

Which SEED caused the most recent allergic reaction?

Chocolate (cacao seed)
Flaxseed
Fennel seed
Sunflower
Poppy
Pumpkin
Other SEEDS (please specify)

Vegetable Allergy

Which VEGETABLE caused the most recent allergic reaction?

Artichoke
Asparagus
Bamboo shoot
Beet
Bell pepper
Broccoli
Brussels sprout
Cabbage
Carrot

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

Exposure History 2

Was a manufactured, processed, or pre-packaged food product ingested?

Yes
No
Unsure

How much of the allergenic food did the participant consume?

Participant did not consume allergen
Contact with lip/mouth without swallowing
One mouthful
Half of the meal
The entire meal
Unsure

Food Label

Did the participant or caretaker read the food label and ingredient list?

Yes
No
Not labeled
Unsure

Exposure History 3

By what route was the participant exposed to the allergen?

Injection (shot)
Ingestion (eating, licking)
Inhalation (breathing)
Skin contact (touching)
Unsure

Has the participant been exposed to this allergen previously?

Yes
No
Unsure

**Was any information available that indicated the participant could be exposed to the allergen?
(Select all that apply.)**

No
Did not look
I chose not to ask
Allergen not mentioned in the ingredient list
Allergen not mentioned in the precautionary allergen statement
Information provided by friends
Information provided by staff verbally
Label listed allergen as ingredient
Menu - allergen listed in menu
Precautionary allergen statement (e.g. may contain)
Unsure
Other (please specify)

Where did the participant's exposure to the allergen occur?

Airplane/in-flight
Camp
Commuting/in transit (bike/bus/car/train/on foot)
Day care
Dining out
Field/park/recreation area
Friend's/Relative's house

Gym
Home
Hospital
School
Work
Unsure
Other

If you selected "Other" in the previous question, please enter where the exposure occurred in the space provided:

Please list any food or non-food item the participant came into contact with that contributed to the most recent allergic reaction (e.g., pizza, sandwich, ice cream, medication)

Dining Out

If the participant was exposed while dining out, what type of establishment was visited?

Asian restaurant
Bakery
Bar
Buffet
Cafe
Concert
Fast food restaurant
Hotel
Ice cream parlor
Movies
Sports arena
Theater
Other establishment

If the allergen exposure occurred while dining out, was the staff informed about the participant having a food allergy?

Yes
No
Unsure

Was a list of ingredients, allergens, or a precautionary statement included in the menu?

Yes
No
Unsure

Symptoms

What specific SKIN symptoms did the participant develop during the food allergy reaction? (Select all that apply.)

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

What specific GASTROINTESTINAL (digestive tract) symptoms did the participant develop during the food allergy reaction? (Select all that apply.)

Bloating
Bloody stools
Constipation
Diarrhea
Difficulty swallowing
Itchy/tingling mouth/tongue/throat/ear canal
Nausea
Odd taste in mouth/metallic taste
Reflux
Stomach pain/cramps
Swelling of mouth or tongue
Throat tightness
Vomiting
None

Unsure
Other GASTROINTESTINAL symptoms (please specify)

What specific RESPIRATORY (lungs/breathing) symptoms did the participant develop during the food allergy reaction? (Select all that apply.)

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

What specific CARDIOVASCULAR (Heart) symptoms did the participant develop during the food allergy reaction? (Select all that apply.)

Cardiac arrest
Chest pain
Irregular heart rate
Lightheadedness/dizziness
Loss of consciousness/passed out
Low blood pressure
Rapid heartbeat (tachycardia)
Slow heartbeat (bradycardia)
Turning blue
Weak pulse
None
Unsure
Other CARDIOVASCULAR symptoms (please specify)

What specific BEHAVIORAL/NEUROLOGIC symptoms did the participant develop during the food allergy reaction? (Select all that apply.)

Anxiety
Blurred vision
Confusion
Depression

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

How soon after exposure to the allergen did symptoms begin?

Immediately/while eating
5 to 10 minutes
11 to 30 minutes
31 minutes to 1 hour
2 hours
3 hours
More than 3 hours
Unsure

Did the participant experience a biphasic reaction?

A second wave of symptoms one to four hours after initial symptoms subsided without repeated exposure to the allergen.

Yes
No
Unsure

Biphasic Reaction

How long after initial symptoms disappeared, did the second wave of symptoms begin?

Less than 1 hour
1 to 5 hours
6 to 10 hours
11 to 24 hours
25 to 48 hours

49 to 72 hours
More than 72 hours

Compared to the initial reaction, how severe do you feel was the participant's second wave of symptoms?

Mild
Moderate
Severe
Very Severe
Unsure

Treatment

What treatment was administered to manage the allergic reaction?

Resolved without treatment
Atropine
Bronchodilator (albuterol inhaler)
Epinephrine auto-injector
Epinephrine (intravenous or IV)
Glucagon
Intravenous (IV) fluids
Oral corticosteroids (prednisone, methylprednisolone)
Oxygen therapy
Type 1 antihistamines (Benadryl, Zyrtec, Claritin, Allegra)
Type 2 antihistamines (Axid, Pepcid, Tagamet, Tazac, Zantac)
Topical corticosteroids (hydrocortisone, triamcinolone)
Unsure
Other medication

If you selected "Other medication" above, please enter the medication in the space provided:

Where or from whom did the participant receive help during the allergic reaction? (Select all that apply.)

911/ambulance
Admitted to the hospital
Admitted to the Intensive Care Unit (ICU)

Allergist
Family/friends
General practitioner
Pharmacy
Visited emergency room
Visited urgent care facility
Did not seek help

How many epinephrine auto-injectors does the participant carry at all times?

0
1
2
3
More than 3
Unsure

Epinephrine Use

After the allergic reaction started, how much time elapsed before epinephrine was administered?

Immediately
Less than 30 minutes
30 to 60 minutes
1 to 2 hours
2 to 4 hours
4 to 6 hours
6 or more hours
Unsure

How many doses of epinephrine (auto-injectors) were used to treat the initial food allergy reaction?

1
2
3
More than 3
Unsure

Which brand of epinephrine auto-injector did the participant use? (Select all that apply.)

Adrenaclick
Adrenalina WZF
Altellus
Anapen
Auvi-Q
Emerade
EpiPen
Fastjekt
Fastpen
Generic
Impax
Jext
Symjepi
Unsure

Other

How did the participant feel after experiencing this allergic reaction? (Select all that apply.)

Anxious
Concerned
Confident
Depressed
Embarrassed
Frustrated
Hopeless
Indifferent
Scared
Unwell
Upset
Worried

What steps does the participant plan to take to avoid future exposures and reactions? (Select all that apply.)

Always carry at least 2 epinephrine auto-injectors
Avoid cross-contact
Avoid foods from bulk bins
Avoid foods when unsure about composition and safety
Avoid high-risk situations (buffets, picnics, etc.)
Avoid non-accidental (intentional) exposure

Avoid products with precautionary allergen labeling (PAL)
Carry a chef card
Carry a Food Allergy & Anaphylaxis Emergency Care Plan
Constant vigilance
Do not buy foods without an ingredient list
Educate all caretakers
Perform a Triple Check by reading the label 3 times: before buying, before putting away, before serving
Prepare more meals at home
Read food labels each time a product is purchased
Strict allergen avoidance
Wear medical identification bracelet
Unsure
Other (please specify)

Does the participant have additional comments about this food allergy reaction?