

# The Chicago Food Allergy Research Surveys for Parents of Children with Food Allergy

*The following survey is part of a study being conducted by researchers at Children’s Memorial Hospital and Northwestern University Feinberg School of Medicine in Chicago, Illinois. The goal of this survey is to assess the knowledge, attitudes and beliefs around food allergy of **parents of children with food allergies**.*

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## Before beginning the survey, please answer the following questions:

1. Do you have at least one child under the age of 18 with a food allergy that has been diagnosed by a doctor?

Yes

No



We’re sorry, but you are not eligible for this survey.  
Thank you for your interest.

2. Are you a member of a food allergy support group?  Yes  No

3. In which state do you live?

State: \_\_\_\_\_

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**Please mark one box for each statement.**

	<u>TRUE</u>	<u>FALSE</u>	<u>I DON'T KNOW</u>
1. Food allergy involves the immune system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The only way to know that your child is allergic to a food is with a medical test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eczema may be the first sign of having a food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asthma is an important risk factor for severe anaphylaxis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Foods eaten by a mother can be passed to her child through her breast milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Food additives (like citric acid, colorings, starch) are common food allergens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Teenagers are at higher risk for fatal food allergy compared to younger children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Taking a daily antihistamine (like Benadryl or Claritin) can prevent food allergy reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Which of the following contain food ingredients that could cause an allergic reaction? Mark <u>all</u> that apply.	<input type="checkbox"/> Play-doh <input type="checkbox"/> Medicines	<input type="checkbox"/> Toothpaste <input type="checkbox"/> Lotions & creams	
10. A boy with a milk allergy accidentally drank some milk. Please mark which of the following could be a sign of a food allergy reaction. Mark <u>all</u> that apply.	<input type="checkbox"/> After 2 days he gets hyperactive, cranky, & complains of headaches <input type="checkbox"/> After 1 hour he has hives on his face and chest <input type="checkbox"/> Immediately his tongue swells and he has trouble breathing <input type="checkbox"/> He has a stuffy nose that won't go away for weeks		
11. Which of the following are the <u>three</u> most common allergies in children? Mark three answers.	<input type="checkbox"/> Egg <input type="checkbox"/> Wheat <input type="checkbox"/> Milk	<input type="checkbox"/> Peanut <input type="checkbox"/> Tree nuts ( <i>almonds, walnuts, pecans, cashews</i> ) <input type="checkbox"/> Shellfish ( <i>shrimp, lobster, crab</i> )	
12. Which age group is the most likely to have food allergies?	<input type="checkbox"/> 0 - 5 years <input type="checkbox"/> 6 - 10 years	<input type="checkbox"/> 11 years or older <input type="checkbox"/> I don't know	
13. What percent of children with <u>milk</u> allergies develop tolerance (or outgrow the allergy)?	<input type="checkbox"/> Less than 1% <input type="checkbox"/> Between 1 - 25% <input type="checkbox"/> Between 26% - 50%	<input type="checkbox"/> Between 51% - 75% <input type="checkbox"/> Greater than 75% <input type="checkbox"/> I don't know	
14. What percent of children with <u>peanut</u> allergies develop tolerance (or outgrow the allergy)?	<input type="checkbox"/> Less than 1% <input type="checkbox"/> Between 1 - 25% <input type="checkbox"/> Between 26% - 50%	<input type="checkbox"/> Between 51% - 75% <input type="checkbox"/> Greater than 75% <input type="checkbox"/> I don't know	
15. Where is the best place to use an EpiPen or Twinject (injectable epinephrine)?	<input type="checkbox"/> Upper arm <input type="checkbox"/> Outer thigh	<input type="checkbox"/> Buttock <input type="checkbox"/> I don't know	

➤ **Please continue to the next page.**

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Do you have a significant other, such as a spouse or partner?

No      **➔**      Please skip to the next page.

Yes      **➔**      Please continue to the next question.

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How does having a child with food allergy affect your relationship with your husband, wife, boyfriend, girlfriend, or partner? **Please mark one box for each statement.**

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Does Not Apply</u>
16. My child's food allergy causes a strain on my marriage/relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. He/she and I do not agree on how to take care of our child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I pay more attention than him/her in keeping our child away from the allergenic food(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I worry more than him/her about our child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. He/she thinks that I exaggerate the seriousness of our child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. His/her career has suffered because of our child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ **Please continue to the next page.**

Please mark one box for each statement.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Does Not Apply</u>
22. I have relatives who do not accommodate my child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My child's friends treat my child differently because of his or her food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have experienced hostility from parents of children without food allergies when I have asked them to make accommodations for my child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The way I deal with my child's food allergy affects the way my child deals with his or her own food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Having a child with a food allergy affects my other children's daily lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Having a child with a food allergy causes money problems for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My career has suffered because of my child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have been frustrated because different doctors have told me different things about my child's food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Most people know the symptoms of food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Most people take food allergy seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you or your significant other made career changes because of your child's food allergy? Mark <u>all</u> that apply.	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> No	<input type="checkbox"/> Yes, my significant other has			
33. Have you or your significant other chosen not to work outside the home because of your child's food allergy? Mark <u>all</u> that apply.	<input type="checkbox"/> Yes, I have	<input type="checkbox"/> No	<input type="checkbox"/> Yes, my significant other has	<input type="checkbox"/> Not applicable		

➤ **Please continue to the next page.**

Please mark one box for each statement.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
34. I feel confident that the staff in my child's school or daycare is knowledgeable in the management of food allergy emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Children with food allergies should be allowed to carry an EpiPen or Twinject with them at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. In schools, an EpiPen or Twinject should be kept only in nurse's offices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Schools should ban all products with nuts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Schools should have an adult with experience or training in food allergy always available during lunch periods, parties, and field trips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Food labeling laws have decreased the choice of foods that my child can eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. More government money should go toward research about food allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Which of the following do you think is the most important to help people with food allergies?	<input type="checkbox"/> Develop a cure for food allergy <input type="checkbox"/> Improve the treatments of food allergy <input type="checkbox"/> Identify the causes of food allergy <input type="checkbox"/> Promote school education programs about food allergy <input type="checkbox"/> Promote public awareness campaigns about food allergy				
42. Which of the following resources have you used for food allergy education or support? Mark <u>all</u> that apply.	<input type="checkbox"/> American Academy of Pediatrics (AAP) <input type="checkbox"/> Food Allergy & Anaphylaxis Network (FAAN) <input type="checkbox"/> Internet/websites **Like <a href="http://www.foodallergyproject.com">www.foodallergyproject.com</a> or <a href="http://www.webmd.com">www.webmd.com</a> <input type="checkbox"/> Government agencies **Like Food and Drug Administration (FDA), Centers for Disease Control (CDC), or National Institute of Allergy and Infections Disease (NIAID) <input type="checkbox"/> Local support groups <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____				

➤ **Please continue to the next page.**

**Please tell us about yourself.**

1. What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
2. What is your race/ethnicity? Mark <b>all</b> that apply.	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____				
3. What is your current marital status?	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single		
4. What is the highest education level you have completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> 2 year college	<input type="checkbox"/> 4 year college <input type="checkbox"/> Graduate degree			
5. Which of the following categories best represents the <b>combined income for all family members in your household</b> for the past 12 months before taxes?	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$299,999 <input type="checkbox"/> \$300,000 or more			
6. How many children do you have under the age of 18?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more
7. Do you currently live in the same household as your food-allergic child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, (please describe how often you see your: food-allergic child(ren): _____			
8. In the past 12 months, how many times have you spoken with a <b>pediatrician</b> during an office visit or by telephone about your child's food allergy?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1-2 times <input type="checkbox"/> 3-5 times	<input type="checkbox"/> 6-9 times <input type="checkbox"/> 10-12 times <input type="checkbox"/> More than 12 times			
9. In the past 12 months, how many times have you spoken with an <b>allergist</b> during an office visit or by telephone about your child's food allergy?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1-2 times <input type="checkbox"/> 3-5 times	<input type="checkbox"/> 6-9 times <input type="checkbox"/> 10-12 times <input type="checkbox"/> More than 12 times			
10. In the past 12 months, have you had to visit the emergency room (ER) for your child's food allergy?	<input type="checkbox"/> Yes, number of times: _____	<input type="checkbox"/> No			

➤ **Please continue to the next page.**

**Please tell us about your children under the age of 18.**

	<b><u>CHILD #1</u></b>	<b><u>CHILD #2</u></b>	<b><u>CHILD #3</u></b>	<b><u>CHILD #4</u></b>
1. How old is your child?	_____ years _____ months	_____ years _____ months	_____ years _____ months	_____ years _____ months
2. What is his/her gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. What is his/her race/ethnicity? Mark <b>all</b> that apply.	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
4. Does he/she have any of the following? Mark <b>all</b> that apply.	<input type="checkbox"/> Eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> None of the above	<input type="checkbox"/> Eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> None of the above	<input type="checkbox"/> Eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> None of the above	<input type="checkbox"/> Eczema <input type="checkbox"/> Asthma <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> None of the above
5. Has he/she <b>ever</b> been diagnosed with food allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No**  <b>**Please skip the remaining questions in the column "<u>Child #1</u>"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No**  <b>**Please skip the remaining questions in the column "<u>Child #2</u>"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No**  <b>**Please skip the remaining questions in the column "<u>Child #3</u>"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No**  <b>**Please skip the remaining questions in the column "<u>Child #4</u>"</b>
6. Has he/she ever experienced anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has he/she outgrown any food allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____ _____ _____

➤ **Please continue to the next page.**

Please tell us about your children under the age of 18 with a physician-diagnosed food allergy.

	<u>CHILD #1</u>	<u>CHILD #2</u>	<u>CHILD #3</u>	<u>CHILD #4</u>
8. Does your child have a <u>current</u> physician-diagnosed food allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No** **Please skip the remaining questions in the column " <u>Child #1</u> "	<input type="checkbox"/> Yes <input type="checkbox"/> No** **Please skip the remaining questions in the column " <u>Child #2</u> "	<input type="checkbox"/> Yes <input type="checkbox"/> No** **Please skip the remaining questions in the column " <u>Child #3</u> "	<input type="checkbox"/> Yes <input type="checkbox"/> No** **Please skip the remaining questions in the column " <u>Child #4</u> "
9. To which foods is he/she <u>CURRENTLY</u> allergic?  Please provide the name of each food your child is allergic to and select the statements that apply to that food.	<p><b>Food #1:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #2:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #3:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #4:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #1:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #2:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #3:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #4:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #1:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #2:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #3:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #4:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #1:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #2:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #3:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food <p><b>Food #4:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food



**Please tell us about your children under the age of 18 with a physician diagnosed food allergy (continued).**

	<b>CHILD #1</b>	<b>CHILD #2</b>	<b>CHILD #3</b>	<b>CHILD #4</b>
<p>9. To which foods are your children <b>CURRENTLY</b> allergic? (continued)</p> <p><i>Please provide the name of each food your child is allergic to and select the statements that apply to that food.</i></p>	<p><b>Food #5:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #5:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #5:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #5:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food
	<p><b>Food #6:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #6:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #6:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #6:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food
	<p><b>Food #7:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #7:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #7:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #7:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food
	<p><b>Food #8:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #8:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #8:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food	<p><b>Food #8:</b></p> <hr/> <input type="checkbox"/> Has had a reaction to this food <input type="checkbox"/> An allergy to this food has been diagnosed by a doctor <input type="checkbox"/> Strictly avoiding this food

~ Thank you! You have completed this survey. ~