The Chicago Food Allergy Research Survey for the Primary Care Physicians

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 food allergy knowledge, attitudes and beliefs of the pediatricians and family physicians.

Before beginning the survey, please answer the following questions:

1.	Are you currently a practicing pediatrician or family practitioner?				
	☐ Yes				
	□ No →	We're sorry, but you are not eligible for this survey. Thank you for your interest.			
2.	In which state do you live?				
	State:				

Please mark one box for each statement below.						
		<u>TRUE</u>	FALSE	I DON'T KNOW		
1.	A positive skin prick test or RAST by itself is sufficient for the diagnosis of food allergy.					
2.	Chronic behavioral problems may be a symptom of food allergy.					
3.	Chronic nasal symptoms (i.e. congestion or colds that never clear up) may be a symptom of food allergy.					
4.	Asthma is an important risk factor for severe anaphylaxis.					
5.	Some children who have IgE-mediated milk allergies can tolerate certain yogurts and cheeses made from milk.					
6.	A child can die from a milk allergy reaction.					
7.	Teenagers are at higher risk for fatal food allergy compared to younger children.					
8.	Food allergens may be passed from the maternal diet into breast milk.					
9.	It is okay for children with egg allergies to eat egg yolks.					
10.	Food additives (like citric acid, colorings, starch) are common food allergens.					
11.	The number of children in the United States who have food allergies is increasing.					
12.	Based on published research, the quality of life in children with food allergy is better than in children with rheumatologic disease (arthritis).					
13.	Based on published research, the quality of life in children with food allergy is worse than in children with diabetes mellitus (type I).					
14.	Taking a daily antihistamine is effective for preventing a food allergy reaction.					
15.	There is a cure for food allergy.					
16.	There is no absolute contraindication to prescribing self-injectable epinephrine such as EpiPen or Twinject.					

> Please continue to the next page.

1/.	mechanism that corresponds with each symptom. Choose <u>one</u> mechanism per symptom.					
	Blood in stool —	☐ IgE-mediated	☐ T-cell mediated	□ Non-imm	nune mediated	☐ I don't know
	Colic	☐ IgE-mediated	☐ T-cell mediated	□ Non-imm	nune mediated	☐ I don't know
18.	A parent presents to your offiner child has milk allergy. Provided the consistent with an IgE-me reaction. Mark one answer.	ease mark the sign that is most likely to	☐ Hyperactivity	nd bloating	☐ Headache ☐ None of the ☐ I don't kno	
19.	How often do you refer your allergy to a subspecialist (alle		□ None of the tim □ A little of the tim □ Some of the tim	me	☐ Most of the ☐ All of the t	
20.	How often do you use a place an educational tool for the ins EpiPen or Twinject?		☐ None of the tim☐ A little of the tim☐ Some of the tim☐	me	☐ Most of the ☐ All of the t	
21.	Are you finding that your pat more life-threatening reaction to five years ago?		Yes No I don't know Not applicable,	I have been p	racticing less tha	an 5 years
22.	Are you seeing more children today as compared to five year		☐ Yes ☐ No ☐ I don't know ☐ Not applicable,	I have been p	racticing less tha	an 5 years
23.	Which tests would you order allergy? Mark <u>all</u> that apply.		☐ Food specific Ig ☐ Food specific Ig ☐ Oral food challe ☐ Desensitization	E levels	☐ Skin-prick t☐ None of the☐ I don't know	above
24.	Which of the following in iso symptom of food allergy in a that apply.		☐ Colic ☐ Fussiness ☐ Hives ☐ Spitting up	□ Ec □ No	ronic diarrhea zema one of the above on't know	
25.	Which of the following are meto change an infant's formula apply.		☐ Colic ☐ Fussiness ☐ Hives ☐ Spitting up	□ Ec	ronic diarrhea zema one of the above on't know	
26.	Which of the following are the common allergies in children answers.		☐ Egg ☐ Milk ☐ Soy ☐ Tomato ☐ Wheat	☐ Peanut☐ Shellfis☐ Strawb	sh <i>(shrimp, lobste</i> erry	
27.	Which of the following contact that could cause an allergic remark all that apply.		☐ Play-doh ☐ Medicines		othpaste tions & creams	

20.	Mark the best answer.	í	☐ Fat ☐ Carbohydrate		☐ I don't know
29.	Which age group is most likely to have food allergies?		☐ 0-5 years ☐ 6-10 years ☐ 11-15 years		Greater than 15 years I I don't know
30.	What percent of children with <u>milk</u> allergy develop tolerance (or outgrow the allergy)?		☐ Nearly 0% ☐ Less than 25% ☐ Between 25% - 50%		Between 51% - 75% Greater than 75% I don't know
31.	What percent of children with peanut allergy develop tolerance (or outgrow the allergy)?		☐ Nearly 0% ☐ Less than 25% ☐ Between 25% - 50%		☐ Between 51% - 75% ☐ Greater than 75% ☐ I don't know
32.	What percent of moderate to severe <u>atopic</u> <u>dermatitis</u> is associated with food allergy?		☐ Nearly 0% ☐ Less than 25% ☐ Between 25% - 50%		☐ Between 51% - 75% ☐ Greater than 75% ☐ I don't know
33.	How often does timely administration of epinephrine prevent fatal anaphylaxis?		☐ None of the time ☐ A little of the time ☐ Some of the time		☐ Most of the time ☐ All of the time ☐ I don't know
34.	Which of the following vaccines are not safe for children with egg allergy? Mark <u>all</u> that apply.		☐ Influenza ☐ Varicella (Chickenpo	ox)	☐ Measles Mumps Rubella (MMR) ☐ I don't know
35.	Which of the following doses of epinephrine would you prescribe to a child who weighs 60 lbs (27 kg)?		☐ EpiPen Jr. or Twinject (☐ EpiPen or Twinject (☐ Neither of the above ☐ I don't know	(0.3)	Jr. (0.15 mg of epinephrine) 3 mg of epinephrine)
36.	Which location do you instruct your patients to inject epinephrine autoinjectors (EpiPen or Twinject)?		☐ Upper arm ☐ Lateral thigh ☐ Buttock		☐ None of the above ☐ I don't know
	Which of the following are evidence-based recommendations as preventative measures for children at high-risk of developing food allergy? Mark <u>all</u> that apply.		☐ Delaying introduction☐ Withholding solids up ☐ Switching from a cov ☐ I don't know	ınti	•
38.	A peanut-allergic child presents to your office aft lesions on his trunk and face and periorbital swell emesis followed by a persistent cough. His vital decreased air movement. He is 25 kg. What is t answer.	ling l sig	g. Shortly after arrival and his expressions are stable and his expressions.	l to xa	your office, he develops repetitive m reveals clear breath sounds but
			Epinephrine 1:1,000 intra Epinephrine 1:1,000 subc		
39.	Protection Act (FALCPA), which took effect January 1, 2006, mandates that:	r i 7	outs, wheat, and soy must ngredient list The label must list the FD	t de	s, fish, crustacean shellfish, peanuts, tree eclare the food in plain language on the -certified color additives by name a descending order by weight

	□ P	romote public	awareness campaig	gns about food all	ergy
Please mark one box for each statement below.					
	Strong Disagr		ee <u>Neither</u> <u>Agree nor</u> <u>Disagree</u>	<u>Agree</u>	Strongly Agree
41. Most people take food allergy seriously.					
42. Parents of children with food allergy are hypervigilant.					
43. I feel comfortable interpreting laboratory tests to establish a diagnosis of food allergy.					
44. My medical training adequately prepared me to care for food allergy patients.					
45. I am confident in my ability to care for patients with food allergy.					
46. I feel confident that the staff in the <u>local</u> <u>emergency department</u> will discharge patients who've had food allergy reactions with an epinephrine autoinjector (EpiPen or Twinject).	. 🗆				
47. All classrooms should be nut-free (including peanuts and tree nuts).					
48. In schools, EpiPen/Twinject should be kept only in nurse/principal/counselor's offices.	у 🗆				
49. In comparison to federal funding levels of \$400 million per year for asthma research and \$1.2 billion per year for diabetes research, \$10 million per year for food allergy research is sufficient	<u>on</u>				
	rongly isagree	<u>Disagree</u>	Neither Ag Agree nor Disagree	ree Strongly Agree	
50. Physicians in a group practice: My partners are knowledgeable about food allergy.					

☐ Develop a cure for food allergy

☐ Improve the treatments of food allergy☐ Identify the causes of food allergy

☐ Promote school education programs about food allergy

40. Which of the following do you think is the most

important to help people with food allergies?

> Please continue to the next page.

Please tell us about yourself.

1.	What is your medical specialty?	☐ Pediatrics ☐ Family Practice ☐ Other:
2.	In what year did you complete your residency?	
3.	How would you describe your practice? Choose the community	☐ Practicing clinician affiliated with an academic center one answer that best fits. ☐ Private practice clinician in ☐ Hospital-based clinician ☐ Other:
4.	In which zip code is your practice located?	
5.	If you see children in an outpatient setting, on average about how many children (0-18 years) do you see per week?	children
6.	Please estimate the percentage of your patient population that fall into each <u>insurance</u> category. The total must equal 100%.	% Employer-based/Private insurance% Medicaid or other state-funded programs% Uninsured% Unknown
7.	Please estimate the percentage of your patient population that fall into each <u>racial/ethnic</u> category. The total must equal 100%.	% White% Black/African American% Hispanic/Latino% Asian% Other:
8.	What percentage of your patients have food allergy?	☐ None ☐ 6-10% ☐ More than 10%
9.	Please estimate the percentage of your <u>food</u> <u>allergy</u> patient population that fall into each racial/ethnic category. This total must equal 100%.	% White% Black/African American% Hispanic/Latino% Asian Unknown
10.	Do any of the following people have a food allergy?	☐ Me ☐ Spouse/partner or child ☐ Relative or close friend ☐ None of the above

~ Thank you! You have completed this survey. ~