

## **Supplementary Table:** Survey questionnaire

### **- Do you have any allergies?**

1. Yes
2. No

### **- Do you have or have you had a food allergy?**

1. Yes
2. No

### **- a respiratory allergy (rhinitis or asthma)?**

1. Yes
2. No

### **- a skin allergy?**

1. Yes
2. No

### **Does your allergy cause your skin to react?**

1. Yes
2. No

### **Has a doctor diagnosed your allergy?**

1. Yes
2. No

### **-1 was it a...**

*Ask if code 1 in Q*

general practitioner

dermatologist

allergy specialist

pulmonary specialist

ENT doctor

pediatrician

acupuncturist

homeopathic doctor

other specialized physician

### **- Do you know what your allergy is called?**

1. Yes
2. No

### **- What are the symptoms of your allergy?**

asthma  
allergic rhinitis (hay fever)  
bronchitis with wheezing  
eczema/atopic dermatitis  
conjunctivitis  
edema  
other

**- Do you know the allergen?**

dust mites  
cockroaches  
pollens  
food allergens  
dogs, cats, ferrets, other animals  
mold  
Hymenoptera (bees, wasps, hornets etc.)  
latex  
other

**- Have you received treatment for your food allergy?**

*Ask if code 1 in Q*

1. Yes
2. No

**-1 - Was it a corticosteroid?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-2 - Was it an antihistamine?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-3 - Was it another drug (including plant-based medicinal preparations)?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**- Have you received treatment for your respiratory allergy?**

*Ask if code 1 in Q 53*

1. Yes
2. No

**-1 - Was it a corticosteroid?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-2 - Was it an antihistamine?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-3 - Was it another drug (including plant-based medicinal preparations)?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**- Have you received treatment for your skin allergy?**

*Ask if code 1 in Q 54*

1. Yes
2. No

**-1 - Was it a corticosteroid?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-2 - Was it an antihistamine?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-3 - Was it another drug (including plant-based medicinal preparations)?**

no  
yes, for topical use (cream or other)  
yes, oral form (tablets or other)

**-4 - Was it over-the-counter dermocosmetic products (soap, lotion or cream for the face or body)**

1. Yes
2. No

**-Did you consult a health care professional to manage the skin reactions?**

*Ask if code 1 in Q 55*

1. Yes
2. No

**-1 - Which health care professional(s)?**

general practitioner

dermatologist

allergy specialist

pediatrician

homeopathic doctor

acupuncturist

pharmacist

nurse

other

**-2 - Did you receive treatment for your skin reaction?**

1. Yes
2. No

**-3 - Which treatment did you receive for your skin reaction?**

a drug taken orally

a drug for topical use (cream or lotion or medicinal preparation)

a cosmetic: over-the-counter soap, lotion or cream for the face or body