Baseline

Family ID

_____

Visit ID (Baseline)

_____
(IN0)

Interview Date

_____

Interviewer's Name

_____
(First and last name)

Location of Interview

_____

Child's home zipcode

¿Qúe es su código poste?

_____

SCREENING: FOR INTERVIEWS

Eligibility

Are you this child's biological mother?

¿Usted es la madre biológica de..., verdad?

◯ Yes
◯ No
(IF NO STOP)

Are you this child's legal guardian?

¿Tiene usted custodia legal de...?

◯ Yes
◯ No
(IF NO STOP)

Mother's Name Matches Query

◯ Yes
◯ No

Child's Name Matches Query

◯ Yes
◯ No

IF NO STOP

Section I. Family Pedigree

Can I ask you a few questions about your child's biological father's medical history?

¿Puedo preguntar sobre el historial médico del padre?

◯ Yes
◯ No

Father's Birth Month

¿Cuál es su fecha de nacimiento?

_____
(Month)

Father's Birth Year

¿Cuál es su fecha de nacimiento?

_____ (Year)

Father's Medical History

Usted sabe si el padre de ...tiene algunas enfermedades como
Alergias alimentarias
Eccema
Asma
Alergias estacionales
Alergias a medicinas
Otros
Reflujo de ácido

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

Do you have any other children with her/his father? (Full Sibling)

¿Tiene ud. otros hijos con el padre de (index kid)?

- ◯ Yes
- ◯ No

Full Sibling 1. Gender

- ◯ Male
- ◯ Female

Full Sibling 1 Birth Month

¿Cuál es la fecha de nacimiento de el/ella?

_____ (Month)

Full Sibling 1 Birth Year

¿Cuál es la fecha de nacimiento de el/ella?

_____ (Year)

Full Sibling 1 Medical History

Alergias alimentarias
Eccema
Asma
Alergias estacionales
Alergias a medicinas
Otros
Reflujo de ácido

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

Full Sibling 2 Gender

- ◯ Male
- ◯ Female

Full Sibling 2 Birth Month

_____ (Month)

Full Sibling 2 Birth Year

_____ (year)

Full Sibling 2 Medical History

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

Full Sibling 3 Gender

- ◯ Male
- ◯ Female

Full Sibling 3 Birth Month

_____
(Month)

Full Sibling 3 Birth Year

_____
(Year)

Full Sibling 3 Medical History

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

Full Sibling 4 Gender

- ◯ Male
- ◯ Female

Full Sibling 4 Birth Month

_____
(Month)

Full Sibling 4 Birth Year

_____
(Year)

Full Sibling 4 Medical History

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

Full Sibling 5 Gender

- ◯ Male
- ◯ Female

Full Sibling 5 Birth Month

_____
(Month)

Full Sibling 5 Birth Year

_____
(Year)

Full Sibling 5 Medical History

- ☐ Food Allergy
- ☐ Eczema
- ☐ Asthma
- ☐ Hay Fever
- ☐ Drug Allergy
- ☐ Other Allergies
- ☐ EE
- ☐ GERD

1. Since birth and/or up until your child reached one year old, has your child ever had any of the following illnesses? (DURING THE FIRST YEAR OF LIFE ONLY)

¿Desde ha nacido o durante el primer año de... tenía algunas enfermedades como:?

	Yes	No	Unsure
Common Cold / Gripe	○	○	○
Ear Infection / Infección de oreja	○	○	○
Pneumonia / Pulmonía	○	○	○
Skin Infection / Infección de piel	○	○	○
Urinary Tract Infection / Infección urinaria	○	○	○
Gastric/intestinal infection / Infección intestinal	○	○	○
Conjunctivitis / Conjuntivitis	○	○	○
Parasite Infection / Infección de parasito	○	○	○
Bone Infection (osteomyelitis) / Infección de hueso	○	○	○
Meningitis / Meningitis	○	○	○
Bacteremia/Sepsis (Blood Infection) / Infección de sangre	○	○	○
RSV/Bronchiolitis / Bronquiolitis	○	○	○
If yes, hospitalized	○	○	○
Sinus Infection / Infección de sino	○	○	○
Bronchitis / Bronquitis	○	○	○
Has your child been diagnosed with any other illnesses within the last year?	○	○	○

Other illness specify

_____

Other illness specify

_____

If yes, how many times?
Cold _____

If yes, how many times?
Ear Infection _____

If yes, how many times?
Pneumonia _____

If yes, how many times?
Skin Infection _____

If yes, how many times?
Urinary Tract Infection _____

If yes, how many times?
Gastric/Intestinal Infection _____

If yes, how many times?
Conjunctivitis _____

2. During the first year of life (or since birth IF THE CHILD IS UNDER 1 YEAR OLD), has your child taken any antibiotics? Antibiotics are medicine that your doctor prescribes for illnesses caused by infections. Examples of some names of commonly prescribed antibiotics are amoxicillin and penicillin?

Desde...ha nacido en el último ano ¿tomo alguno antibiótico?

◯ Yes
◯ No

If yes, how many times was your child prescribed an antibiotic medicine since birth (IF UNDER 1 YEAR OLD) or in the first year of life?

¿Cuántas veces fue ... recetado un antibiótico?

_____ (times)

3. During the first year of life (or since birth if the child is under 1 years old), has your child ever lived in a farming environment?

¿Ha vivido en una granja?

◯ Yes
◯ No

4. Were pets present in the home during your child's first year of life (or since birth if child is under 1 year old)?

Desde... ha nacido o en el último año, ha tenido Ud. algunas mascotas o animales en la casa?

◯ Yes
◯ No

	Yes	No
Cats / Gatos	◯	◯
Dogs / Pero	◯	◯

Fish / Pez	◯	◯
Birds / Pajaro	◯	◯
Reptiles / Reptiles	◯	◯
Rabbit / Conejos	◯	◯
Guinea Pig / conejillo de Indias	◯	◯
Others	◯	◯

If others, specify

_____

Number of cats present during child's first year?

_____

Number of dogs present during child's first year?

_____

Number of fish present during child's first year?

_____

Number of birds present in child's first year of life?

_____

5. How long has your child lived in your current home?
Years

¿Cuántos años ha vivido ... en su casa actual?

_____ (Years)

5. How long has your child lived in your current home?
Months

¿Cuántos años ha vivido ... en su casa actual?

_____ (Months)

6. Before the age of 5, did someone help in caring for your child for even part of the day? (nanny, daycare, preschool, relative)

Antes de la edad de cinco, ¿Alguien diferente del padres de... cuidaba de...? (Como una niñera guardería, preescolar, otra pariente)

◯ Yes
◯ No

If yes, child's age in years when childcare 1 began
Years

¿Desde qué edad?

_____ (Years)

Child's age in months when childcare 1 began
Months

¿Desde qué edad?

_____ (months)

Child's age in days when childcare 1 began
Days

¿Desde qué edad?

_____ (days)

Child's age in years when childcare 1 ended
Years

¿A qué edad?

_____ (Years)

Child's age in months that childcare 1 ended

¿A qué edad?

_____ (Months)

Child's age in days when childcare 1 ended
days

¿A qué edad?

_____ (days)

# of days/week @ Childcare 1

¿Cuánto días por semana?

_____ (days/week)

# of other children @ Childcare 1

¿Cuantos otros niños? (en su clase o en el cuidado de niñera/otro pariente)

_____ (# of other children)

If yes, what age in years when childcare 2 began
Years

_____ (Years)

Child's age in months when childcare 2 began
Months

_____ (months)

Child's age in days when childcare 2 began
Days

_____ (days)

Child's age in years when childcare 2 ended
Years

_____ (Years)

Child's age in months that childcare 2 ended
Months

_____ (Months)

Child's age in days when childcare 2 ended
days

_____ (days)

# of days/week @ Childcare 2

_____ (days/week)

# of other children @ Childcare 2

_____ (# of other children)

7. Before your child reached the age of 5, did/do you take care of other children in your home (at least twice a week)?

Antes de la edad de cinco, ¿Ud. cuida de otros niños en su casa?

◯ Yes
◯ No

# of days/week

_____
(# of days/week)

# of other children

_____
(# of other children)

8. Did you breast feed or formula feed your child?

¿Daba el pecho? ¿O alimentaba con formula? ¿Ambos?

◯ Formula Only
◯ Breast Only
◯ Both

9. If breast fed, how long did you exclusively breast feed for (no formula)?
Months

¿Cuánto tiempo le dio pecho exclusivamente? (No formula)

_____
(Months)

9. If breast fed, how long did you exclusively breast feed for (no formula)?
Weeks

¿Cuánto tiempo le dio pecho exclusivamente? (No formula)

_____
(weeks)

9. If breast fed, how long did you exclusively breast feed for (no formula)?
Days

¿Cuánto tiempo le dio pecho exclusivamente? (No formula)

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?

¿A qué edad le dio... formula por la primera vez?

10. At what age did you introduce the following formula/milk to your child?
Cow's milk formula (Enfamil, Similac)?

◯ never
◯ not yet
◯ unsure

Cow's milk formula introduced at:
Years

_____
(Years)

Cow's milk formula introduced at:
Months

_____
(Months)

Cow's milk formula introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Whey hydrolyzed formula (Goodstart)?

¿A qué edad le dio... formula por la primera vez?

◯ never
◯ not yet
◯ unsure

Whey hydrolyzed formula introduced at:
Years

_____
(Years)

Whey hydrolyzed formula introduced at:
Months

_____
(Months)

Whey hydrolyzed formula introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Casein Hydrolysate formula?

◯ never
◯ not yet
◯ unsure

Casein Hydrolysate formula introduced at:
Years

_____
(Years)

Casein Hydrolysate formula introduced at:
Months

_____
(Months)

Casein Hydrolysate formula introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Elemental formula (Neocate, Elecare, EO28)?

◯ never
◯ not yet
◯ unsure

Elemental formula introduced at:
Years

_____
(Years)

Elemental formula introduced at:
Months

_____
(Months)

Elemental formula introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Whole cow's milk?

◯ never
◯ not yet
◯ unsure

Whole cow's milk introduced at:
Years

_____
(Years)

Whole cow's milk introduced at:
Months

_____
(Months)

Whole cow's milk introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Soy formula (Isomil, Prosobee, Alsoy)?

◯ never
◯ not yet
◯ unsure

Soy formula introduced at:
Years

_____
(Years)

Soy formula introduced at:
Months

_____
(Months)

Soy formula introduced at:
Days

_____
(Days)

10. At what age did you introduce the following formula/milk to your child?
Soy milk?

◯ never
◯ not yet
◯ unsure

Soy milk introduced at:
Years

_____
(years)

Soy milk introduced at:
Months

_____
(Months)

Soy milk formula introduced at:
Days

_____
(Days)

11. In a typical week during your pregnancy with this child, on average, how often did you (THE MOTHER) eat the following foods (Only ask those : if cases, ID< 2141, if control ID< 4248)

¿Mientras estaba embrazada de..., con que frecuencia Ud. come estas comidas?

	None	< 1 day	1-2 days	3-5 days	6-7 days	Unsure

Peanut (Including peanut butter) / Maní (o cacahuete)	◯	◯	◯	◯	◯	◯
Tree Nuts (ie almond, cashew, filbert/hazel, walnut, brazil, macadamia, pecan, pine, pistachio) / Otros nueces	◯	◯	◯	◯	◯	◯
Shellfish (ie shrimp, crab, lobster, clam, oyster, mussels) / Mariscos	◯	◯	◯	◯	◯	◯
Wheat (ie pasta, bread, cereal) / Trigo (pan/cereal/pasta)	◯	◯	◯	◯	◯	◯
Soy/Tofu / Soya/Tofu	◯	◯	◯	◯	◯	◯
Seeds (ie sesame, sunflower, pumpkin) / Semillas	◯	◯	◯	◯	◯	◯
Orange veggies (carrots, squash, etc) / Verdura naranjas	◯	◯	◯	◯	◯	◯

12. In a typical week during the period of breast feeding, how often did you (THE MOTHER) eat the following foods?

◯ Not applicable

12. In a typical week during the period of breast feeding, how often did you (THE MOTHER) eat the following foods?

¿Normalmente, mientras estaba amamantado, con qué frecuencia come las siguientes comidas? ¿Cuántas días por semana?

	None	< 1 days	1-2 days	3-5 days	6-7 days	Unsure
Cow's milk/Dairy Products/Cheese / Productos Lácteos	◯	◯	◯	◯	◯	◯
Egg Whites / Huevos	◯	◯	◯	◯	◯	◯
Peanut (including peanut butter) / Maní (incluyendo crema/mantequilla de maní)	◯	◯	◯	◯	◯	◯
Tree Nuts (ie almond, cashew, filbert/hazel, walnut, brazil, macadamia, pecan, pine, pistachio) / Otros nueces	◯	◯	◯	◯	◯	◯
Fish (ie salmon, tuna, catfish, cod, flounder, halibut, trout, bass) / Pescado	◯	◯	◯	◯	◯	◯
Shellfish (shrimp, crab, lobster, clam, oyster, mussels) / Mariscos	◯	◯	◯	◯	◯	◯

Wheat (ie pasta, bread, cereal) / Productos de Trigo	◯	◯	◯	◯	◯	◯
Soy/Tofu / Soja/Tofu	◯	◯	◯	◯	◯	◯
Seeds (ie sesame, sunflower, pumpkin) / Semillas	◯	◯	◯	◯	◯	◯
Green vegetables / Verduras Verdes	◯	◯	◯	◯	◯	◯
Orange veggies (carrots, squash, etc) / Verduras Naranjas	◯	◯	◯	◯	◯	◯
Fruits / Frutas	◯	◯	◯	◯	◯	◯
Meats / Carnes	◯	◯	◯	◯	◯	◯
Beans / Frijoles	◯	◯	◯	◯	◯	◯
Rice / Arroz	◯	◯	◯	◯	◯	◯
Orange Juice / Jugo de naranja	◯	◯	◯	◯	◯	◯

13. During breast feeding did you take medications for gastrointestinal upset?

¿Cuándo estaba dando el pecho, tomaba alguna medicina para dolor de estómago?

◯ No
◯ Yes
◯ Unsure
◯ Not Applicable

If YES, which one of the following medications did you take?

☐ Antacids (Mylanta, Rolaids, TUMS, Pepto-Bismol)
☐ H2 Blockers (Pepcid AC, Zantac)
☐ Proton Pump inhibitors (Aciphex, Prilosec, Preveacid, Nexium)
☐ Prokinetic agents (Urecholine, Regland, Erythromycin)
☐ Unsure
☐ Other

If Others, specify:

_____
(Other GI medications taken during breast feeding)

14. During pregnancy did you take medications for gastrointestinal upset?

¿Tomaba Ud. alguna medicina para el dolor de estómago cuando estaba embarazada...?

◯ No
◯ Yes
◯ Unsure

If YES, which one of the following medications did you take?

☐ Antacids (Mylanta, Rolaids, TUMS, Pepto-Bismol)
☐ H2 Blockers (Pepcid AC, Zantac)
☐ Proton Pump inhibitors (Aciphex, Prilosec, Preveacid, Nexium)
☐ Prokinetic agents (Urecholine, Regland, Erythromycin)
☐ Unsure
☐ Other

If Others, specify:

_____

15. In a typical week while you were breast feeding, what brands of skin oil or lotions did you (THE MOTHER) apply to the breast area?

¿Cuándo Ud. daba el pecho a ..., usaba crema o loción en el pecho? ¿Qué tipo o marca?

◯ None
◯ Yes, I remember
◯ Yes, but I don't remember
◯ Unsure
◯ Not Applicable

They are:
Lotion 1

_____
(Lotion 1 applied to breast area while breast feeding)

They are:
Lotion 2

_____
(Lotion 2 applied to breast area while breast feeding)

They are:
Lotion 3

_____
(Lotion 3 applied to breast area while breast feeding)

They are:
Lotion 4

_____
(Lotion 4 applied to breast area while breast feeding)

16. At what age did you first introduce solid food to your child?

¿Qué edad tenía cuando comió comidas solidas por la primera vez?

◯ Not yet
◯ Never
◯ Unsure

16. At what age did you first introduce solid food to your child?
Years

_____
(Child's age in years at solid food introduction)

16. At what age did you first introduce solid food to your child?
Months

_____
(Child's age in months at solid food introduction)

17. At what age did you first introduce the following foods to your child?

Ahora, le diré una lista de comidas, y Ud. me dirá que edad tenía... cuando le día estas siguientes comida por la primera vez?

17. At what age did you first introduce the following foods to your child?
Jar Vegetables (baby food)

Verduras para bebes

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Jar vegetables (baby food)
Years

_____
(Child's age in years at introduction of jar vegetables)

17. At what age did you first introduce the following foods to your child? Jar Vegetables (baby food) Months	_____ (Child's age in months at introduction of jar vegetables)
17. At what age did you first introduce the following foods to your child? Green Vegetables Verduras verdes	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Green vegetables Years	_____ (Child's age in years at introduction of green vegetables)
17. At what age did you first introduce the following foods to your child? Green vegetables Months	_____ (Child's age in months at introduction of green vegetables)
17. At what age did you first introduce the following foods to your child? Orange Vegetables Verduras naranjas	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Orange vegetables Years	_____ (Child's age in years at introduction of orange vegetables)
17. At what age did you first introduce the following foods to your child? Orange vegetables Months	_____ (Child's age in months at introduction of orange vegetables)
17. At what age did you first introduce the following foods to your child? Jar Fruits Frutas para bebes	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Jar Fruits Years	_____ (Child's age in years at introduction of jar fruits)
17. At what age did you first introduce the following foods to your child? Jar Fruits Months	_____ (Child's age in months at introduction of jar fruits)
17. At what age did you first introduce the following foods to your child? Fresh Fruits Frutas solida	◯ never ◯ not yet ◯ unsure

17. At what age did you first introduce the following foods to your child? Fresh Fruits Years	_____ (Child's age in years at introduction of fresh fruits)
17. At what age did you first introduce the following foods to your child? Fresh Fruits Months	_____ (Child's age in months at introduction of fresh fruits)
17. At what age did you first introduce the following foods to your child? Rice Cereal Cereal de arroz	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Rice Cereal Years	_____ (Child's age in years at introduction of rice cereal)
17. At what age did you first introduce the following foods to your child? Rice Cereal Months	_____ (Child's age in months at introduction of rice cereal)
17. At what age did you first introduce the following foods to your child? Cow's Milk/Dairy Products/Cheese Productos lácteos	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Cow's Milk/Dairy Products/Cheese Years	_____ (Child's age in years at introduction of Cow's Milk/Dairy Products/Cheese)
17. At what age did you first introduce the following foods to your child? Cow's Milk/Dairy Products/Cheese Months	_____ (Child's age in months at introduction of Cow's Milk/Dairy Products/Cheese)
17. At what age did you first introduce the following foods to your child? Egg Huevos	◯ never ◯ not yet ◯ unsure
17. At what age did you first introduce the following foods to your child? Egg Years	_____ (Child's age in years at introduction of egg)
17. At what age did you first introduce the following foods to your child? Egg Months	_____ (Child's age in months at introduction of egg)

17. At what age did you first introduce the following foods to your child?
Meat

Carne

◯ never
◯ not yet
◯ unsure

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17. At what age did you first introduce the following foods to your child?
meat
Years

_____
(Child's age in years at introduction of meat)

---

17. At what age did you first introduce the following foods to your child?
Meat
Months

_____
(Child's age in months at introduction of meat)

---

17. At what age did you first introduce the following foods to your child?
Fruit Juice

Jugo de fruta

◯ never
◯ not yet
◯ unsure

---

17. At what age did you first introduce the following foods to your child?
Fruit Juice
Years

_____
(Child's age in years at introduction of fruit juice)

---

17. At what age did you first introduce the following foods to your child?
Fruit Juice
Months

_____
(Child's age in months at introduction of fruit juice)

---

17. At what age did you first introduce the following foods to your child?
Peanut (incl. peanut butter)

Maní (incluyendo mantequilla de maní)

◯ never
◯ not yet
◯ unsure

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17. At what age did you first introduce the following foods to your child?
Peanut (incl. peanut butter)
Years

_____
(Child's age in years at introduction of Peanut (incl. peanut butter))

---

17. At what age did you first introduce the following foods to your child?
Peanut (incl. peanut butter)
Months

_____
(Child's age in months at introduction of Peanut (incl. peanut butter))

---

17. At what age did you first introduce the following foods to your child?
Tree Nuts (ie almond, cashew, filbert/hazel, macadamia, pecan, pine, pistachio)

Nueces

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Tree Nuts (ie almond, cashew, filbert/hazel, macadamia, pecan, pine, pistachio)
Years

_____ (Child's age in years at introduction of tree nuts)

17. At what age did you first introduce the following foods to your child?
Tree Nuts (ie almond, cashew, filbert/hazel, macadamia, pecan, pine, pistachio)
Months

_____ (Child's age in months at introduction of tree nuts)

17. At what age did you first introduce the following foods to your child?
Fish

Pez

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Fish
Years

_____ (Child's age in years at introduction of fish)

17. At what age did you first introduce the following foods to your child?
Fish
Months

_____ (Child's age in months at introduction of fish)

17. At what age did you first introduce the following foods to your child?
Shellfish

Mariscos

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Shell Fish
Years

_____ (Child's age in years at introduction of shell fish)

17. At what age did you first introduce the following foods to your child?
Shellfish
Months

_____ (Child's age in months at introduction of shellfish)

17. At what age did you first introduce the following foods to your child?
Wheat (ie pasta, bread, cereal)

Trigo

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Wheat (ie pasta, bread, cereal)
Years

_____ (Child's age in years at introduction of wheat)

17. At what age did you first introduce the following foods to your child?
Wheat (ie pasta, bread, cereal)
Months

_____ (Child's age in months at introduction of wheat)

17. At what age did you first introduce the following foods to your child?
Soy/Tofu

Soja/Tofu

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Soy/Tofu
Years

_____
(Child's age in years at introduction of soy)

17. At what age did you first introduce the following foods to your child?
Soy/Tofu
Months

_____
(Child's age in months at introduction of soy)

17. At what age did you first introduce the following foods to your child?
Seeds (ie sesame, sunflower, pumpkin)

Semillas

◯ never
◯ not yet
◯ unsure

17. At what age did you first introduce the following foods to your child?
Seeds (ie sesame, sunflower, pumpkin)
Years

_____
(Child's age in years at introduction of seeds)

17. At what age did you first introduce the following foods to your child?
Seeds (ie sesame, sunflower, pumpkin)
Months

_____
(Child's age in months at introduction of seeds)

18. During the first year of life or since birth if the child is less than 1 year old, what brands of skin oil or lotion (NOT SOAP) did you use on your child's skin?

Desde...ha nacido hasta su primer año, que tipo de crema o loción usaba Ud. Por su piel su ...?

◯ None
◯ Yes, I remember
◯ Yes, but I don't remember
◯ Unsure

18. They are
Skin Oil/Lotion #1

_____

18. They are
Skin Oil/Lotion #2

_____

18. They are
Skin Oil/Lotion #3

_____

18. They are
Skin Oil/Lotion #4

_____

19. At present, does your child take any nutritional supplements or vitamins?

¿Toma... algunas vitaminas o suplementos?

◯ Yes
◯ No

19. If YES, on average how many days per week does your child take a nutritional supplement or vitamin?

¿Cuántas días por semana toma la vitamina?

	None	1-2 days	3-4 days	5-6 days	Everyday	Unsure
Multivitamin/polyvisol / Multivitamínica	◯	◯	◯	◯	◯	◯
Multivitamin with iron (polyvisol with iron) / Multivitamínica con hierro	◯	◯	◯	◯	◯	◯
Trivisol	◯	◯	◯	◯	◯	◯
Calcium / Calcio	◯	◯	◯	◯	◯	◯
Pediasure/Ensure	◯	◯	◯	◯	◯	◯
Other	◯	◯	◯	◯	◯	◯

Other specify: _____

20a. At present, how often does your child eat the following foods per week?

Ahora, le diré una lista de comidas, y Ud. me dirá cuántas días por semana...los come?

	None	< 1 day	1-2 days	3-5 days	6-7 days	Unsure
Cow's milk/Dairy Products/Cheese / Productos Lácteos	◯	◯	◯	◯	◯	◯
Egg Whites / Huevos	◯	◯	◯	◯	◯	◯
Peanut (Including peanut butter) / Maní (incluyendo crema/mantequilla de maní)	◯	◯	◯	◯	◯	◯
Tree Nuts (ie almond, cashew, filbert/hazel, walnut, brazil, macadamia, pecan, pine, pistachio) / Otros nueces	◯	◯	◯	◯	◯	◯
Fish (ie salmon, tuna, catfish, cod, flounder, halibut, trout, bass) /Pescado	◯	◯	◯	◯	◯	◯
Shellfish (ie shrimp, crab, lobster, clam, oyster, mussels) / Mariscos	◯	◯	◯	◯	◯	◯
Wheat (ie pasta, bread, cereal) / Productos de Trigo	◯	◯	◯	◯	◯	◯
Soy/Tofu / Soja/Tofu	◯	◯	◯	◯	◯	◯

Seeds (ie sesame, sunflower, pumpkin) / Semillas	◯	◯	◯	◯	◯	◯
Green vegetables /Verduras Verdes	◯	◯	◯	◯	◯	◯
Orange veggies (carrots, squash, etc) / Verduras Naranjas	◯	◯	◯	◯	◯	◯
Fruits / Frutas	◯	◯	◯	◯	◯	◯
Meats / Carnes	◯	◯	◯	◯	◯	◯
Beans / Frijoles	◯	◯	◯	◯	◯	◯
Rice / Arroz	◯	◯	◯	◯	◯	◯
Calcium-fortified Juice / Jugo de naranja con calcio	◯	◯	◯	◯	◯	◯

20b. At present, how often does your child eat breakfast per week?

¿Come...el desayuno todos los días?

◯ None
◯ < 1 day
◯ 1-2 days
◯ 3-5 days
◯ 6-7 days
◯ Unsure

---

21. Does your child have Eczema?

¿Ha tenido eccema?

◯ No
◯ Yes, he/she has it now
◯ Yes, only when she/he was a baby, but outgrew
◯ Unsure

By what age did your child outgrow his/her Eczema? Years

_____
(child's age in YEARS when eczema was outgrown)

By what age did your child outgrow his/her Eczema? Months

_____
(child's age in MONTHS when eczema was outgrown)

If YES, was your child's eczema diagnosed by a doctor?

¿Fue diagnosticado por un doctor?

◯ No
◯ Yes
◯ Unsure

How old was your child when first diagnosed by a doctor?

¿Cuándo?

◯ Yes, I remember
◯ Unsure

Age IN YEARS when eczema first diagnosed by a doctor

_____
(age in years)

Age IN MONTHS when eczema first diagnosed by a doctor

_____
(age in months)

22. Have you ever used a steroid cream (like hydrocortisone cream or triamcinolone cream, including creams, lotions, and ointments containing steroids) on your child's skin? ¿Ha usado...una crema que tiene esteroides (como hidrocortisona) en su piel?	◯ No ◯ Yes ◯ Unsure
23. Does your child have asthma? ¿Ha tenido ... asma?	◯ No ◯ Yes, he/she has it now ◯ Yes, only when she/he was a baby, but outgrew ◯ Unsure
By what age did your child outgrow his/her asthma? Years	_____ (child's age in YEARS when asthma was outgrown)
By what age did your child outgrow his/her asthma? Months	_____ (child's age in MONTHS when asthma was outgrown)
If YES, was your child's asthma diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ No ◯ Yes ◯ Unsure
How old was your child when first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old was your child when first diagnosed by a doctor? Years	_____ (child's age in YEARS when asthma was first diagnosed)
How old was your child when first diagnosed by a doctor? Months	_____ (child's age in MONTHS when asthma was first diagnosed)
24. Has your child ever used an inhaler or a nebulizer? ¿Ha usado.. un inhalador o nebulizador?	◯ Yes ◯ No ◯ Unsure
25. Does your child have hay fever or seasonal allergies? ¿Tiene alergias estacionales?	◯ No ◯ Yes, he/she has it now ◯ Yes, only when she/he was a baby, but outgrew ◯ Unsure
By what age did your child outgrow his/her hay fever or seasonal allergies? Years	_____ (child's age in YEARS when hayfever or seasonal allergies was outgrown)

By what age did your child outgrow his/her hay fever or seasonal allergies? Months	_____ (child's age in MONTHS when hayfever or seasonal allergies was outgrown)
If YES, was your child's hay fever ever diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old was your child when first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old was your child when first diagnosed by a doctor? Years	_____ (child's age in YEARS when hayfever or seasonal allergies was first diagnosed)
How old was your child when first diagnosed by a doctor? Months	_____ (child's age in MONTHS when hayfever or seasonal allergies was first diagnosed)
Which season does your child have seasonal allergies? (select all that apply) Primavera Verano Otoño Invierno Todo el año	☐ Spring ☐ Summer ☐ Autumn ☐ Winter ☐ Year round ☐ Unsure
26. Does your child have pet allergies? ¿Tiene ... alergias a algunas animales?	◯ No ◯ Yes, he/she has it now ◯ Yes, only when she/he was a baby, but outgrew ◯ Unsure
At what age did your child outgrow his/her pet allergies? Years	_____ (child's age in YEARS when pet allergies were outgrown)
At what age did your child outgrow his/her pet allergies? Months	_____ (child's age in MONTHS when pet allergies were outgrown)
If YES, what type of pet allergy? (select all that apply)	☐ Cat ☐ Dog ☐ Other ☐ Unsure
If OTHER, specify:	_____ (name of other type of pet that child is allergic to)

If YES, was your child's pet allergy diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ No ◯ Yes ◯ Unsure
How old was your child when first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old was your child when first diagnosed by a doctor? Years	_____ (child's age in YEARS when pet allergies were first diagnosed)
How old was your child when first diagnosed by a doctor? Months	_____ (child's age in MONTHS when pet allergies were first diagnosed)
27. Has your child ever used anti-allergy medication? (ie Benadryl, Zyrtec, Claritin, Atarax, Dimetapp) ¿Ha usado...medicina anti alergia?	◯ Yes ◯ No ◯ Unsure
28. Does your child have any drug allergies? ¿Ha tiene alergia a medicina o drogas?	◯ Yes ◯ No ◯ Unsure
If yes, specify the drug (use "," to separate):	_____
If YES, was your child's drug allergy diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old was your child when first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old was your child when first diagnosed by a doctor? Years	_____ (child's age in YEARS when drug allergy was first diagnosed)
How old was your child when first diagnosed by a doctor? Months	_____ (child's age in MONTHS when drug allergy was first diagnosed)
29. Is your child G6PD deficient? ¿Tiene...una deficiencia de G6PD?	◯ Yes ◯ No ◯ Unsure

30. Is your child allergic to insect stings? ¿Ha sido...picado por una abeja o una avispa? ¿Tuvo una reacción alérgica?	◯ Yes ◯ No ◯ Don't know/Child has never been stung
If yes, 1) what type of insect? ¿Cuál tupo de insecto?	◯ Bee ◯ Wasp ◯ Yellow Jacket
If yes, 2) Is it a severe allergy (that is, difficulty breathing, need epi pen or to go to the hospital)? ¿Es una alergia muy grave?	◯ Yes ◯ No ◯ Unsure
31. Has your child ever used medications for gastrointestinal upset? ¿Ha usado...alguna medicina por el dolor de estómago?	◯ Yes ◯ No ◯ Unsure
if YES, which of the following medications did he/she take?	☐ Antacids (Mylants, Rolaids, TUMS, Pepto-Bismol) ☐ H2 Blockers ☐ Proton Pump inhibitors (Aciphex, Prilosec, Preveacid, Nexium) ☐ Prokinetic agents (Urecholine, Reglin, Erythromycin) ☐ Unsure ☐ Other
If Others, specify:	_____
32. Is your child allergic to any food(s) at present? ¿Está...actualmente alérgico(a) a algunas comidas?	◯ Yes ◯ No
33. Has your child ever been allergic to any foods in the past that they have since outgrown? ¿Ha tenido...alguna alergia en el pasado?	◯ Yes ◯ No
Allergy to Dairy products / Cheese / Milk Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Dairy products/Cheese/Milk)? Years ¿Cuándo notó por primera vez la alergia?	_____ (child's age in years when parent first noticed milk FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Dairy products/Cheese/Milk)? Months ¿Cuándo notó por primera vez la alergia?	_____ (child's age in months when parent first noticed milk FA)

If Outgrown, at what age?
Years

¿Cuándo superó la alergia?

_____
(child's age in years when he/she outgrew milk FA)

If Outgrown, at what age?
Months

¿Cuándo superó la alergia?

_____
(child's age in months when he/she outgrew milk FA)

Allergy to Egg
Current, Outgrown, Never?

◯ Never
◯ Current
◯ Outgrown

If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Egg)?
Years

_____
(child's age in years when parent first noticed egg FA)

If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Egg)?
Months

_____
(child's age in months when parent first noticed egg FA)

If Outgrown, at what age?
Years

_____
(child's age in years when he/she outgrew egg FA)

If Outgrown, at what age?
Months

_____
(child's age in months when he/she outgrew egg FA)

Allergy to Peanuts
Current, Outgrown, Never?

◯ Never
◯ Current
◯ Outgrown

If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Peanuts)?
Years

_____
(child's age in years when parent first noticed peanut FA)

If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Peanuts)?
Months

_____
(child's age in months when parent first noticed peanut FA)

If Outgrown, at what age?
Years

_____
(child's age in years when he/she outgrew peanut FA)

If Outgrown, at what age?
Months

_____
(child's age in months when he/she outgrew peanut FA)

Allergy to Tree Nuts Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Tree Nuts)? Years	_____ (child's age in years when parent first noticed tree nut FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Tree Nuts)? Months	_____ (child's age in months when parent first noticed tree nut FA)
If CURRENT, please choose the specific type (select all that apply):	☐ Almond ☐ Cashew ☐ Filbert/hazel ☐ Walnut ☐ Brazil ☐ Macadamia ☐ Pecan ☐ Pine ☐ Pistachio ☐ Other
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew treenut FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew treenut FA)
If OUTGROWN, please choose the specific type (select all that apply):	☐ Almond ☐ Cashew ☐ Filbert/hazel ☐ Walnut ☐ Brazil ☐ Macadamia ☐ Pecan ☐ Pine ☐ Pistachio ☐ Other
Allergy to Fish Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Fish)? Years	_____ (child's age in years when parent first noticed fish FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Fish)? Months	_____ (child's age in months when parent first noticed fish FA)

If CURRENT, please choose the specific type (select all that apply)	☐ Salmon ☐ Tuna ☐ Catfish ☐ Cod ☐ Flounder ☐ Halibut ☐ Trout ☐ Bass
If CURRENT, other type of fish child is allergic to?	_____
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew fish FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew fish FA)
If OUTGROWN, please choose the specific type (select all that apply)	☐ Salmon ☐ Tuna ☐ Catfish ☐ Cod ☐ Flounder ☐ Halibut ☐ Trout ☐ Bass
If OUTGROWN, other type of fish that child was allergic to?	_____
Allergy to Shellfish Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Shellfish)? Years	_____ (child's age in years when parent first noticed shellfish FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Shellfish)? Months	_____ (child's age in months when parent first noticed shellfish FA)
If CURRENT, please choose the specific type (select all that apply)	☐ Shrimp ☐ Crab ☐ Lobster ☐ Clam ☐ Oyster ☐ Mussels
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew shellfish FA)

If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew shellfish FA)
If OUTGROWN, please choose the specific type (select all that apply)	☐ Shrimp ☐ Crab ☐ Lobster ☐ Clam ☐ Oyster ☐ Mussels
Allergy to Wheat Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Wheat)? Years	_____ (child's age in years when parent first noticed wheat FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Wheat)? Months	_____ (child's age in months when parent first noticed wheat FA)
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew wheat FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew wheat FA)
Allergy to Soy/Tofu Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Soy/Tofu)? Years	_____ (child's age in years when parent first noticed soy/tofu FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Soy/Tofu)? Months	_____ (child's age in months when parent first noticed soy/tofu FA)
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew soy FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew soy FA)

Allergy to Seeds Current, Outgrown, Never?	◯ Never ◯ Current ◯ Outgrown
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Seeds)? Years	_____ (child's age in years when parent first noticed seed FA)
If Current/Outgrown, how old was your child when you first noticed his/her food allergy (to Seeds)? Months	_____ (child's age in months when parent first noticed seed FA)
If CURRENT, please choose the specific type (select all that apply)	◯ Sesame ◯ Sunflower ◯ Pumpkin
If CURRENT, name of other type of seed that child is allergic to?	_____
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew seed FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew seed FA)
If OUTGROWN, please choose the specific type (select all that apply):	☐ Sesame ☐ Sunflower ☐ Pumpkin
If OUTGROWN, other type of seed child is allergic to?	_____
Specify Other Food Allergy #1:	_____ (name of other food #1 child is allergic to)
Other Food Allergy #1 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #1 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #1 FA)
Other Food Allergy #1 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #1 FA)
Other Food Allergy #1 If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew food #1 FA)

Other Food Allergy #1 If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew food #1 FA)
Specify Other Food Allergy #2:	_____ (name of other food #2 child is allergic to)
Other Food Allergy #2 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #2 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #2 FA)
Other Food Allergy #2 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #2 FA)
If OUTGROWN, at what age? Years	_____ (child's age in years when he/she outgrew food #2 FA)
If OUTGROWN, at what age? Months	_____ (child's age in months when he/she outgrew food #2 FA)
Specify Other Food Allergy #3:	_____ (name of other food #3 child is allergic to)
Other Food Allergy #3 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #3 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #3 FA)
Other Food Allergy #3 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #3 FA)
Other Food Allergy #3 If Outgrown, at what age? Years	_____ (child's age in years when he/she outgrew food #3 FA)
Other Food Allergy #3 If Outgrown, at what age? Months	_____ (child's age in months when he/she outgrew food #3 FA)

Specify Other Food Allergy #4:	_____ (name of other food #4 child is allergic to)
Other Food Allergy #4 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #4 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #4 FA)
Other Food Allergy #4 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #4 FA)
Other Food Allergy #4 If Outgrown, at what age? Years	_____ (child's age in years when he/she outgrew food #4 FA)
Other Food Allergy #4 If Outgrown, at what age? Months	_____ (child's age in years when he/she outgrew food #4 FA)
Specify Other Food Allergy #5:	_____ (name of other food #5 child is allergic to)
Other Food Allergy #5 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #5 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #5 FA)
Other Food Allergy #5 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #5 FA)
Other Food Allergy #5 If Outgrown, at what age? Years	_____ (child's age in years when he/she outgrew food #5 FA)
Other Food Allergy #5 If Outgrown, at what age? Months	_____ (child's age in months when he/she outgrew food #5 FA)
Specify Other Food Allergy #6:	_____ (name of other food #6 child is allergic to)

Other Food Allergy #6 Current or Outgrown?	◯ Current ◯ Outgrown
Other Food Allergy #6 How old was your child when you first noticed his/her food allergy? Years	_____ (child's age in years when parent first noticed food #6 FA)
Other Food Allergy #6 How old was your child when you first noticed his/her food allergy? Months	_____ (child's age in months when parent first noticed food #6 FA)
Other Food Allergy #6 If Outgrown, at what age? Years	_____ (child's age in years when he/she outgrew food #6 FA)
Other Food Allergy #6 If Outgrown, at what age? Months	_____ (child's age in months when he/she outgrew food #6 FA)

34. Specific symptoms of food allergy (through ingestion):
Sintomas Alergicas
a. MOUTH
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Lips Itching/Tingling / Picazón de labios	☐
Lips Swelling / Labios hinchados	☐
Tongue Itching/Tingling / Picazón la lengua	☐
Tongue Swelling / Lengua hinchada	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Egg

	Check box if yes
Lips Itching/Tingling	☐
Lips Swelling	☐
Tongue Itching/Tingling	☐
Tongue Swelling	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Peanut

	Check box if yes
Lips Itching/Tinging	☐
Lips Swelling	☐
Tongue Itching/Tingling	☐
Tongue Swelling	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Tree Nuts

	Check box if yes
Lips Itching/Tingling	☐
Lips Swelling	☐
Tongue Itching/Tingling	☐
Tongue Swelling	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Fish

	Check box if yes
Lips Itching/Tingling	☐
Lips Swelling	☐
Tongue Itching/Tingling	☐
Tongue Swelling	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Shellfish

	Check box if yes
Lips Itching/Tingling	☐
Lips Swelling	☐
Tongue Itching/Tingling	☐
Tongue Swelling	☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Wheat

	Check box if yes
Lips Itching/Tingling	☐
Lips Swelling	☐

Tongue Itching/Tingling ☐
Tongue Swelling ☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Soy/Tofu

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐
Tongue Itching/Tingling ☐
Tongue Swelling ☐

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Seeds

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐
Tongue Itching/Tingling ☐
Tongue Swelling ☐

34a. Name of Other Food Allergy #1 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #1

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐
Tongue Itching/Tingling ☐
Tongue Swelling ☐

34a. Name of Other Food Allergy #2 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #2

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐

Tongue Itching/Tingling ☐
Tongue Swelling ☐

34a. Name of Other Food Allergy #3 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #3

Check box if yes

Lips Itching/Tingling ○
Lips Swelling ○
Tongue Itching/Tingling ○
Tongue Swelling ○

34a. Name of Other Food Allergy #4 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #4

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐
Tongue Itching/Tingling ☐
Tongue Swelling ☐

34a. Name of Other Food Allergy #5 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #5

Check box if yes

Lips Itching/Tingling ☐
Lips Swelling ☐
Tongue Itching/Tingling ☐
Toungue Swelling ☐

34a. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
a. MOUTH
Other Food Allergy #6

	Check box if yes
Lips Itching/Tingling	○
Lips Swelling	○
Tongue Itching/Tingling	○
Tongue Swelling	○

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE / Síntomas de ojos/ nariz
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Red/Watery/Itchy Eye / Ojo rojo/picazón	☐
Swollen Eye / Ojo hinchado	☐
Stuffy/Runny Nose / Congestión nasal	☐
Sneezing / Estornudo	☐
Itchy Nose / Picazón en la nariz	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Egg

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Peanut

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Tree Nuts

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Fish

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Shellfish

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Wheat

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Soy/Tofu

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Seeds

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34b/c. Name of Other Food Allergy #1

_____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #1

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34b/c. Name of Other Food Allergy #2

_____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #2

	Check box if yes
Red/Watery/Itchy Eye	☐

Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34b/c. Name of Other Food Allergy #3 _____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #3

	Check box if yes
Red/Watery/Itchy Eye	○
Swollen Eye	○
Stuffy/Runny Nose	○
Sneezing	○
Itchy Nose	○

34b/c. Name of Other Food Allergy #4 _____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #4

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34b/c. Name of Other Food Allergy #5 _____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #5

	Check box if yes
Red/Watery/Itchy Eye	○
Swollen Eye	○
Stuffy/Runny Nose	○

Sneezing	◯
Itchy Nose	◯

34b/c. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
b/c. EYE/NOSE
Other Food Allergy #6

	Check box if yes
Red/Watery/Itchy Eye	☐
Swollen Eye	☐
Stuffy/Runny Nose	☐
Sneezing	☐
Itchy Nose	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT / Síntomas de la garganta
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Itching and/or tightness in the throat / Picazón u opresión en la garganta	☐
Hoarseness/change of voice / Voz ronco	☐
Choking/Difficulty Swallowing / Dificultad para deglutir	☐
Throat Clearing / Limpiado de la garganta	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Egg

	Check box if yes
Itching and/or tightness in the throat	◯
Hoarseness/change of voice	◯
Choking/Difficulty Swallowing	◯
Throat Clearing	◯

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Peanut

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Tree Nuts

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Fish

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Shellfish

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Wheat

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Soy/Tofu

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Seeds

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34d. Name of Other Food Allergy #1

_____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #1

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34d. Name of Other Food Allergy #2

_____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #2

	Check box if yes
Itching and/or tightness in the throat	○
Hoarseness/change of voice	○
Choking/Difficulty Swallowing	○
Throat Clearing	○

34d. Name of Other Food Allergy #3

_____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #3

	Check box if yes
Itching and/or tightness in the throat	○
Hoarseness/change of voice	○
Choking/Difficulty Swallowing	○
Throat Clearing	○

34d. Name of Other Food Allergy #4

_____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #4

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34d. Name of Other Food Allergy #5

_____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #5

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34d. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
d. THROAT
Other Food Allergy #6

	Check box if yes
Itching and/or tightness in the throat	☐
Hoarseness/change of voice	☐
Choking/Difficulty Swallowing	☐
Throat Clearing	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN / Síntomas de piel
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Itching / Picazón	☐
Hives /Urticaria	☐
Swelling of the face and/or extremeties / Hinchazón de la cara o extremidades	☐
Redness of the skin / Piel rojo	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Egg

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐

Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Peanut

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Treenut

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Fish

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Shellfish

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Wheat

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Soy/Tofu

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Seeds

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #1 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #1

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #2 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #2

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremeties	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #3 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #3

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremities	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #4 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #4

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremities	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #5 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #5

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremities	☐
Redness of the skin	☐

34e. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
e. SKIN
Other Food Allergy #6

	Check box if yes
Itching	☐
Hives	☐
Swelling of the face and/or extremities	☐
Redness of the skin	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG / Síntomas de Pulmón
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Shortness of breath / Falta de aliento	☐
Repetitive coughing / Tos repetitiva	☐
Wheezing / Aliento ruidoso	☐
Chest Tightness / Opresión en el pecho	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Egg

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐

Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Peanut

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Treenut

	Check box if yes
Shortness of breath	☐
Repetitive Coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Fish

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Shellfish

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Wheat

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Soy/Tofu

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Seeds

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34f. Name of Other Food Allergy #1

_____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #1

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34f. Name of Other Food Allergy #2

_____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #2

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tighness	☐

34f. Name of Other Food Allergy #3 _____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #3

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34f. Name of Other Food Allergy #4 _____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #4

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34f. Name of Other Food Allergy #5 _____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #5

	Check box if yes
Shortness of breath	☐

Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34f. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
f. LUNG
Other Food Allergy #6

	Check box if yes
Shortness of breath	☐
Repetitive coughing	☐
Wheezing	☐
Chest Tightness	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT / Síntomas de tripa / intestino
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Stomach cramps/pain / Dolor de estómago	☐
Nausea / Náusea	☐
Vomiting / Vómito	☐
Diarrhea / Diarrea	☐
Bloating (swelling, gassy feeling) / Estómago hinchado	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Egg

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Peanut

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Tree Nuts

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Fish

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Shellfish

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Wheat

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Blaoting (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Soy/Tofu

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Seeds

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34g. Name of Other Food Allergy #1

_____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #1

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐

Bloating (swelling, gassy feeling) ☐

34g. Name of Other Food Allergy #2

_____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #2

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34g. Name of Other Food Allergy #3

_____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #3

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34g. Name of Other Food Allergy #4

_____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #4

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34g. Name of Other Food Allergy #5

_____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #5

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34g. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
g. GUT
Other Food Allergy #6

	Check box if yes
Stomach cramps/pain	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Bloating (swelling, gassy feeling)	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR / Síntomas de cardiovascular
Cow's Milk/Dairy Products/Cheese

	Check box if yes
Pale or turn blue / Piel pálida o azul	☐
Dizzy/Light-headed / Marceo	☐
Passing out/Fainting / Desmogo	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Egg

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Peanut

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Treenut

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Fish

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Shellfish

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Wheat

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Soy/Tofu

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Seeds

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #1

_____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #1

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #2

_____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #2

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #3

_____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #3

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #4 _____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #4

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #5 _____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #5

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

34h. Name of Other Food Allergy #6 _____

34. Specific symptoms of food allergy (through ingestion):
h. CARDIOVACULAR
Other Food Allergy #6

	Check box if yes
Pale or turn blue	☐
Dizzy/Light-headed	☐
Passing out/Fainting	☐

35. Has your child ever experienced anaphylaxis (a life-threatening allergic reaction)?
◯ Yes
◯ No

¿Ha experimentado...anafilaxia? (Reacción alérgica que amenaza la vida)

35a. If yes, to what foods? (Select all that apply)

¿A qué tipo de comida?

	Yes	No
Cow's Milk/Dairy Products/Cheese	○	○
Egg	○	○
Peanut	○	○
Tree Nuts	○	○
Fish	○	○
Shellfish	○	○
Wheat	○	○
Soy/Tofu	○	○
Seeds	○	○
Other Food Allergy #1	○	○
Other Food Allergy #2	○	○
Other Food Allergy #3	○	○
Other Food Allergy #4	○	○
Other Food Allergy #5	○	○
Other Food Allergy #6	○	○

Cow's Milk/Dairy Products/Cheese
Number of episodes (lifetime) _____

Cow's Milk/Dairy Products/Cheese
Number of episodes (in last year) _____

Egg
Number of episodes (lifetime) _____

Egg
Number of episodes (in last year) _____

Peanut
Number of episodes (lifetime) _____

Peanut
Number of episodes (in last year) _____

Tree Nuts
Number of episodes (lifetime) _____

Tree Nuts
Number of episodes (in last year) _____

Fish
Number of episodes (lifetime) _____

Fish
Number of episodes (in last year) _____

Shellfish
Number of episdoes (lifetime) _____

Shellfish
Number of episdoes (in last year) _____

Wheat
Number of episdoes (lifetime) _____

Wheat
Number of episdoes (in last year) _____

Soy/Tofu
Number of episodes (lifetime) _____

Soy/Tofu
Number of episodes (in last year) _____

Seeds
Number of episodes (lifetime) _____

Seeds
Number of episodes (in last year) _____

Other Food Allergy #1 _____

Other Food Allergy #1
Number of episodes (lifetime) _____

Other Food Allergy #1
Number of episodes (in last year) _____

Other Food Allergy #2 _____

Other Food Allergy #2
Number of episodes (lifetime) _____

Other Food Allergy #2
Number of episodes (in last year) _____

Other Food Allergy #3 _____

Other Food Allergy #3
Number of episodes (lifetime) _____

Other Food Allergy #3
Number of episodes (in last year) _____

Other Food Allergy #4 _____

Other Food Allergy #4 Number of episodes (lifetime)	_____
Other Food Allergy #4 Number of episodes (in last year)	_____
Other Food Allergy #5	_____
Other Food Allergy #5 Number of episodes (lifetime)	_____
Other Food Allergy #5 Number of episodes (in last year)	_____
Other Food Allergy #6	_____
Other Food Allergy #6 Number of episodes (lifetime)	_____
Other Food Allergy #6 Number of episodes (in last year)	_____

36. How long does it usually take from eating the food to the onset of the allergic symptoms?

¿Después de comer la comida, cuánto tiempo toma para los síntomas a aparecer?

36. How long does it usually take from eating the food to the onset of the allergic symptoms for COW'S MILK/DAIRY PRODUCTS/CHEESE? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for COW'S MILK/DAIRY PRODUCTS/CHEESE? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for COW'S MILK/DAIRY PRODUCTS/CHEESE? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for EGGS? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for EGGS? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for EGGS? (Time until onset in MINUTES)	_____ (number of minutes)

36. How long does it usually take from eating the food to the onset of the allergic symptoms for PEANUTS? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for PEANUTS? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for PEANUTS? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for TREE NUTS? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for TREE NUTS? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for TREE NUTS? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for FISH? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for FISH? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for FISH? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SHELLFISH? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SHELLFISH? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SHELLFISH? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for WHEAT? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for WHEAT? (Time until onset in HOURS)	_____ (number of hours)

36. How long does it usually take from eating the food to the onset of the allergic symptoms for WHEAT? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SOY/TOFU? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SOY/TOFU? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SOY/TOFU? (Time until onset in MINUTES)	_____ (number of minutes)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SEEDS? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SEEDS? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for SEEDS? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #1	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #1? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #1? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #1? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #2	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #2? (Time until onset in DAYS)	_____ (number of days)

36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #2? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #2? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #3	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #3? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #3? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #3? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #4	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #4? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #4? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #4? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #5	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #5? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #5? (Time until onset in HOURS)	_____ (number of hours)

36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #5? (Time until onset in MINUTES)	_____ (number of minutes)
36. Name of Other Food Allergy #6	_____
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #6? (Time until onset in DAYS)	_____ (number of days)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #6? (Time until onset in HOURS)	_____ (number of hours)
36. How long does it usually take from eating the food to the onset of the allergic symptoms for OTHER FOOD ALLERGY #6? (Time until onset in MINUTES)	_____ (number of minutes)

37. What treatment(s) has/have your child used for the most severe COW's MILK/DAIRY PRODUCTS/CHEESE allergic reactions? (Select all that apply)

¿Qué tipo de tratamiento se ha utilizado... para tratar las reacciones alérgicas?

	Check box if yes
Benadryl Only / Solamente Benadryl	☐
Epi Pen / Epipen	☐
Doctor's Office / Oficina del doctor	☐
ER / Sala de emergencia	☐
Hospital / Hospital	☐
ICU / UCI	☐

37. What treatment(s) has/have your child used for the most severe EGG allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe PEANUT allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe TREE NUTS allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe FISH allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe SHELLFISH allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe WHEAT allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe SOY/TOFU allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. What treatment(s) has/have your child used for the most severe SEEDS allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. Name of Other Food Allergy #1

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #1 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐

ICU ☐

37. Name of Other Food Allergy #2

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #2 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. Name of Other Food Allergy #3

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #3 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. Name of Other Food Allergy #4

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #4 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. Name of Other Food Allergy #5

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #5 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

37. Name of Other Food Allergy #6

_____

37. What treatment(s) has/have your child used for the most severe OTHER FOOD ALLERGY #6 allergic reactions? (Select all that apply)

	Check box if yes
Benadryl Only	☐
Epi Pen	☐
Doctor's Office	☐
ER	☐
Hospital	☐
ICU	☐

Section II. Family History

38. What is your present marital status?

¿Mamá, Ud. Está?
Casada
Viuda
Divorciada
Separada
Soltera

◯ Married
◯ Widowed
◯ Divorced
◯ Separated
◯ Single

39. What is the highest grade of school you have completed to date?

¿Qué grado de escuela Ud. terminó?

◯ No school
◯ Elementary school
◯ Some secondary school (9th grade and above)
◯ High school graduate or GED
◯ Some college
◯ College degree
◯ Graduate school degree
◯ Post Graduate (PhD/MD/Other)

40. Are you currently working for pay?

¿Ud. Está trabajando?

◯ Yes
◯ No

41. What is your occupation/job title?

¿Cuál es su ocupación?

_____

What field does your occupation fall under?

◯ Not Applicable
◯ Management/Business/Administration
◯ Financial/Computer/Mathematical
◯ Architecture and Engineering
◯ Life, Physical, and Social Science
◯ Legal Occupations
◯ Education, Training, and Library
◯ Sales, Arts, Design, Entertainment, and Media
◯ Athletics (Sports, Dancing, etc)
◯ Healthcare
◯ Food Preparation and Serving
◯ Building and Grounds Cleaning and Maintenance
◯ Personal Care and Service
◯ Farming, Fishing, and Forestry
◯ Construction Trades
◯ Extraction Workers
◯ Installation, Maintenance, and Repair Workers
◯ Production Occupations
◯ Transportation and Material Moving
◯ Military Specific

42. What was your total household income last year, before taxes? (INCLUDES PUBLIC ASSISTANCE)

¿Por el último año, ¿Cuántos fueron su ingresos totales de hogar?

◯ < $5,000
◯ $5,000-9,999
◯ $10,000-14,999
◯ $15,000-19,999
◯ $20,000-24,999
◯ $25,000-29,999
◯ $30,000-34,999
◯ $35,000-39,999
◯ $40,000-49,999
◯ $50,000-59,999
◯ $60,000-79,999
◯ $80,000-99,999
◯ > $100,000
◯ Unsure

43. What is your current height in FEET?

¿Qué es su altura actual?

_____

43. What is your current height in INCHES?

¿Qué es su altura actual?
Pulgudas

_____

43. What is your current height in CENTIMETERS?

¿Qué es su altura actual?
Centimetros

_____

44. What is your current weight (IN POUNDS)?

¿Su peso actual?

_____
(pounds)

44. What is your current weight (IN KILOGRAMS)?

_____
(kilograms)

45a. Can I ask what your child's biological father's height and weight is? ¿Puedo preguntar sobre el padre?	◯ Yes ◯ No
45b. What is the baby's father's current height (IN FEET)? ¿Altura de parde de...?	_____ (feet)
45b. What is the baby's father's current height (IN INCHES)? ¿Altura de parde de...?	_____ (inches)
45b. What is the baby's father's current height (IN CENTIMETERS)? ¿Altura de parde de...?	_____ (centimeters)
45b. Check box if mother is unsure of baby's father's current height	☐ Unsure
46. What is the baby's father's current weight (IN POUNDS)? ¿Peso de padre de...?	_____ (pounds)
46. What is the baby's father's current weight (IN KILOGRAMS)? ¿Peso de padre de...?	_____ (kilograms)
46. Check box if mother is unsure of baby's father's current weight	☐ Unsure
47. Do you have a personal history of asthma? ¿Ud. Tenido asma?	◯ No ◯ Yes I have it now ◯ Yes, only when I was a child, but I outgrew it ◯ Unsure
If asthma outgrown, at what age? (YEARS)	_____ (age in years when mother outgrew asthma)
If asthma outgrown, at what age? (MONTHS)	_____ (age in months when mother outgrew asthma)
If YES, was your asthma diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old were you when your asthma was first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure

How old were you when your asthma was first diagnosed by a doctor? (AGE IN YEARS)	_____ (years)
How old were you when your asthma was first diagnosed by a doctor? (AGE IN MONTHS)	_____ (months)
48. Have you ever used an inhaler or a nebulizer? ¿Ha usado Ud. un inhalador?	◯ Yes ◯ No ◯ Unsure
49. Do you have Eczema? ¿Ha tenido Ud. Eccema?	◯ Yes, I have it now ◯ Yes, only when I was a child, but I outgrew it ◯ No ◯ Unsure
If yes, only when I was a baby, but outgrew by: Years	_____ (Years)
If yes, only when I was a baby, but outgrew by: Months	_____ (Months)
If YES, was your eczema diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old were you when your eczema was first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old were you when your eczema was first diagnosed by a doctor? (AGE IN YEARS)	_____ (years)
How old were you when your eczema was first diagnosed by a doctor? (AGE IN MONTHS)	_____ (months)
50. Have you ever used a steroid cream (like hydrocortisone cream or triamcinolone cream), including creams, lotions, and oitments containing steroids? ¿Ha usado ud. alguna crema que contiene esteroides (como hidrocortisona)?	◯ Yes ◯ No ◯ Unsure
51. Do you have hay fever or seasonal allergies? ¿Tiene Ud. alergias estacionales?	◯ Yes, I have it now ◯ Yes, only when I was a child, but I outgrew it ◯ No ◯ Unsure
How old were you when you outgrew your hay fever or seasonal allergies? Years	_____ (Years)

How old were you when you outgrew your hay fever or seasonal allergies? Months	_____ (Months)
If YES, was your hay fever diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old were you when your hay fever was first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old were you when your hay fever was first diagnosed by a doctor? (AGE IN YEARS)	_____ (years)
How old were you when your hay fever was first diagnosed by a doctor? (AGE IN MONTHS)	_____ (months)
Which season(s) do you have seasonal allergies? (select all that apply) Primavera Verano Otoño Invierno Todo el año	☐ Spring ☐ Summer ☐ Autumn ☐ Winter ☐ Year round ☐ Unsure
52. Do you have drug allergies? ¿Tiene Ud. alergias a algunas medicinas?	◯ Yes ◯ No ◯ Unsure
If YES, specify the drug(s)	_____ (use "," to separate)
If YES, was your drug allergy diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No
How old were you when your drug allergy was first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old were you (AGE IN YEARS) when first diagnosed by a doctor with a drug allergy?	_____ (years)
How old were you (AGE IN MONTHS) when first diagnosed by a doctor with a drug allergy?	_____ (months)

53. Have you ever used anti-allergy medications? (ie Benadryl, Zyrtex, Claritin, Atarax, Dimetapp) ¿Ha usado Ud. Medicina anti-alergia?	◯ Yes ◯ No ◯ Unsure
54. Do you have any allergies triggered by the environment that was diagnosed by your doctor? ¿Tiene Ud. otras alergias diagnosticas por un doctor?	◯ Yes ◯ No ◯ Unsure
If YES, what type? (select all that apply) Gato Pero Cucaracha Moho Polen Polvo	☐ Cat ☐ Cockroach ☐ Dog ☐ Dust Mite ☐ Mold ☐ Pollen ☐ Other ☐ Unsure
If OTHER, specify	_____
55. Are you allergic to insect stings? ¿Ha sido Ud. picado por un abeja o avispa/ avispón? ¿Tuvo Ud. una reacción alérgica a la picadura?	◯ Yes ◯ No ◯ Don't know/Never been stung
If YES, 1) What type of insect? ¿Qué tipo?	◯ Bee ◯ Wasp ◯ Yellow Jacket
If YES, 2) Is it a severe allergy (that is, difficulty breathing, need epi pen or to go to the hospital)? ¿Es una alergia muy grave?	◯ Yes ◯ No ◯ Unsure
56. Do you have food allergies? ¿Tiene Ud. alergias alimentales?	◯ Yes, I have it now ◯ Yes, only when I was a child, but outgrew ◯ Unsure ◯ No
If OUTGREW, by what age (IN YEARS)?	_____
If OUTGREW, by what age (IN MONTHS)?	_____
If YES, was your food allergy diagnosed by a doctor? ¿Fue diagnosticado por un doctor?	◯ Yes ◯ No ◯ Unsure
How old were you when first diagnosed by a doctor? ¿Cuándo?	◯ Yes, I remember ◯ Unsure
How old were you (AGE IN YEARS) when first diagnosed by a doctor?	_____ (years)

How old were you (AGE IN MONTHS) when first diagnosed by a doctor?

_____ (months)

57. If you ever had a food allergy, what type of food(s) were you allergic to?

¿A qué tipo de comida tiene Ud. alergias?

	Yes	No
Cow's milk/dairy products/cheese	○	○
Egg Whites	○	○
Peanut	○	○
Tree Nuts	○	○
Fish	○	○
Shellfish	○	○
Wheat	○	○
Soy/Tofu	○	○
Seeds	○	○
Other Foods	○	○

If you have ever had an allergy to TREE NUTS, please choose the specific type (select all that apply)

¿Qué tipo de nueces?

- ☐ Almond
- ☐ Cashew
- ☐ Filbert/Hazel
- ☐ Walnut
- ☐ Brazil
- ☐ Macadamia
- ☐ Pecan
- ☐ Pine
- ☐ Pistachio
- ☐ Other

If other tree nuts, specify:

_____

If you have ever had an allergy to FISH, please choose the specific type (select all that apply)

¿Qué tipo de pescado?

- ☐ Salmon
- ☐ Tuna
- ☐ Catfish
- ☐ Cod
- ☐ Flounder
- ☐ Halibut
- ☐ Trout
- ☐ Bass
- ☐ Other

If other fish, specify:

_____

If you have ever had an allergy to SHELLFISH, please choose the specific type (select all that apply)

¿Qué tipo de mariscos?

- ☐ Shrimp
- ☐ Crab
- ☐ Lobster
- ☐ Clam
- ☐ Oyster
- ☐ Mussels
- ☐ Other

If other shellfish, specify:

_____

If you have ever had an allergy to SEEDS, please choose the specific type (select all that apply)

¿Qué tipo de semillas?

☐ Sesame
☐ Sunflower
☐ Pumpkin
☐ Other

If other seeds, specify:

_____

If other foods not listed, specify:

_____

Section III. Home Environment

58. Here are some questions about your current home:

Estas preguntas son sobre su hogar actual

a) How long have you lived in your current home? (TIME IN YEARS)

¿Cuántos años ha vivido Ud. en su Casa?

_____

a) How long have you lived in your current home? (TIME IN MONTHS)

¿Cuántos años ha vivido Ud. en su Casa?

_____

b) What type of housing is your home?

¿Qué tipo de casa? ¿Casa o apartamento?

◯ Single family
◯ Duplex
◯ Row House
◯ Condo/Apartment
◯ Trailer Home
◯ Shelter
◯ Other

If Others, specify:

_____

c) # of bedrooms

¿Cuántas habitaciones tiene en la casa?

_____

d) # of bathrooms

¿Cuántos baños?

_____

e) # of people who permanently live in your home

¿Cuántas personas viven allí?

_____

f) What type of fuel do you use for heating your home?

¿Qué usa Ud. para calentar la casa?
Aceite
Electricidad
Gas

- ◯ Gas
- ◯ Electricity
- ◯ Oil
- ◯ Other
- ◯ Unsure

If Others, specify:

_____
(other type of fuel used for heating the home)

g) What type of stove do you use for cooking?

¿Y para cocinar?
Gas
Electricidad

- ◯ Gas
- ◯ Electricity
- ◯ Other
- ◯ Unsure

If Others, specify:

_____
(other type of fuel used for cooking)

h) Do you have any wall to wall carpet in your home?

¿Hay alfombra de pared a pared en alguna parte de la casa?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes, specify location:

Sala
Sala de estar
Comendar
Cocina
Habitaciones
Sótano
Baño

- ☐ Living room
- ☐ Family room
- ☐ Dining room
- ☐ Kitchen
- ☐ Bedroom (master) parents
- ☐ Bedroom index child
- ☐ Bedroom Sib#1
- ☐ Bedroom Sib#2
- ☐ Basement
- ☐ Bathroom

i) Approximately how old is the building/apartment/home you live in?

¿Cuántos años tiene desde su casa ha sido consumado?

- ◯ 10 years or less
- ◯ 11-25 years
- ◯ 26-50 years
- ◯ 51-75 years
- ◯ Greater than 75 years old
- ◯ Don't know

59. Have you (mother of the child) ever smoked cigarettes, cigars, or pipes?

¿Ud. fuma? (¿Ha fumado?)
Nunca
¿Ha dejado fumar?
¿Cuándo dejó, antes o después de queda embarazada con...?

- ◯ No, I never smoked
- ◯ Yes, I currently smoke
- ◯ I used to smoke but I quit before becoming pregnant with index child
- ◯ I used to smoke but quit after becoming pregnant with index child

If yes, what do/did you smoke?

Cigarrillos
Cigarros
Pipa

- ◯ Cigarettes
- ◯ Cigars
- ◯ Pipes

60. If yes to Q 59,
Do you smoke inside the home?

¿Fuma en la casa?

◯ Yes
◯ No

How many (cigarettes, cigars, pipes) do you smoke PER DAY (Regardless of indoor or outdoor)

¿Cuántos cigarrillos fuman por día?

_____

OR, How many (cigarettes, cigars, pipes) do you smoke PER WEEK (Regardless of indoor or outdoor)

¿Cuántos cigarrillos fuman por semana?

_____

61. Can I ask you about your child's biological father's smoking status?

¿Puedo preguntar sobre el padre?

◯ Yes
◯ No

61a. Has the father of the child ever smoked cigarettes, cigars, or pipes?

¿Y el padre de ... ha fumado?

◯ No, he never smoked
◯ Yes, he currently smokes
◯ He used to smoke but he quit before I became pregnant with index child
◯ He used to smoke but he quit after I became pregnant with index child

If yes, what does/did he smoke?

Cigarrillos
Cigarros
Pipa

◯ Cigarettes
◯ Cigars
◯ Pipes

62. If yes to Q 61,
Does he smoke inside the home?

¿Fuma él en la casa?

◯ Yes
◯ No

How many (cigarettes, cigars, pipes) does he smoke PER DAY (Regardless of indoor or outdoor)?

¿Cuántos cigarrillos fuman por día?

_____
(per day)

OR, How many (cigarettes, cigars, pipes) does he smoke PER WEEK (Regardless of indoor or outdoor)?

¿Cuántos cigarrillos fuman por semana?

_____
(per week)

63. How many other people who live in your home smoke cigarettes (not including the mother and father of the child)?

¿Hay otras personas en la casa que fuman?

_____

64. How many of them smoke inside the home?

¿Cuántas personas fuman en la casa?

_____

65. Total numbers of cigarettes smoked inside your home per day (NOT INCLUDING AMOUNT SMOKED by yourself and the father of your child)? _____

66. Do you currently have any pets in your home?
¿Tiene Ud. mascotas o animales en la casa?

◯ Yes
◯ No

If yes, specify type of pet and how many of each type:

	Yes	No
Cat / Gato	◯	◯
Dog / Pero	◯	◯
Reptiles / Reptiles	◯	◯
Rabbit / Conejo	◯	◯
Fish / Pez	◯	◯
Guinea Pig / conejillo de indias	◯	◯
Birds / Pájaro	◯	◯
Others	◯	◯

How many cats? _____

How many dogs? _____

How many reptiles? _____

How many rabbits? _____

How many fish? _____

How many guinea pigs? _____

How many birds? _____

If others, specify: _____

How many others? _____

67. Does the house you live in have any cockroaches?
¿Hay cucarachas en la casa?

◯ Yes
◯ No
◯ Unsure

68. Does the house you live in have any mice/rats?

¿Hay ratones o ratas en las casa?

◯ Yes
◯ No
◯ Unsure

69. Does the house you live in have any visible mold, mildew, water damage, leakage or seepage?

¿Hay moho o daños por agua en la casa?

◯ Yes
◯ No
◯ Unsure

70. Do you currently live in a farming environment?

¿Ud. no vive en una granja, verdad?

◯ Yes
◯ No
◯ Unsure