

FOOD ALLERGY KNOWLEDGE QUESTIONNAIRE

(applicable for parents of children under 12 years old and for patients aged 12 years and old)

Please indicate whether the following statements 1-12 are correct:

	True	False	I don't know
1. Food allergy involves the immune system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you think your child is having a severe allergic reaction, but you are not sure, you should go ahead and administer epinephrine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The injectable epinephrine (adrenaline auto-injector: EpiPen / Jext) can be injected through clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A child who ate a food to which he/she is allergic and now has coughing, a hoarse voice, trouble swallowing should be given an antihistamine, watched closely, and if the problem continues more than 5 minutes or worsens should then receive injected epinephrine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. At a restaurant, you need to inform the staff of a food allergy only if your child orders something that he or she has never eaten before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Food allergens are passed from maternal diet into breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The injectable epinephrine (adrenaline auto-injector: EpiPen / Jext) should be refrigerated, if possible, when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anaphylaxis typically develops 1-2 hours after a food is eaten and a severe allergic reaction can take up to 2 hours to show up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Smell of peanut alone may trigger reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Allergic reaction possible from sharing cup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Someone with milk allergy can scrape cheese off hamburger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. An anaphylactic reaction can get better after treatment and then come back again an hour or two later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle the correct answer for items 13 to 20:

13. How should **NEW** foods be introduced to a baby with food allergies?
- A. Solid foods should be introduced gradually between four to six months of age.
 - B. Egg, dairy, peanut, tree nuts, fish and shellfish can be gradually introduced after less allergenic foods have been tolerated. However, delaying the introduction of these foods may increase your baby's risk of developing allergies.
 - C. Give a child with a history of food allergy a small amount of new food at home. Gradually increase the amount if your baby is not having any allergic reactions
 - D. Never give children whole nuts before they are at least 5 years old. Also, avoid giving nut butter to your baby with a spoon, as it is also a choking hazard.
 - E. None of the above

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14. Sign(s) of allergic reaction. Circle the answer(s)
- A. Hives on face or chest
B. Mouth itching
C. Hyperactivity
D. Lip swelling
E. Tongue swelling
F. Learning problems
G. Eczema
H. Abdominal pain
I. Nausea
J. Hair Loss
K. Vomiting
L. Diarrhea
M. Throat swelling
N. Trouble breathing
O. Fainting
P. Coughing
Q. Fever
R. Bruising
15. A boy with a milk allergy accidentally drank some milk. Please mark which of the following could be a sign of a food allergy reaction. Mark all that apply.
- A. After 2 days he gets hyperactive, cranky, and complains of headaches
B. After 1 hour he has hives on his face and chest
C. Immediately his tongue swells and he has trouble breathing
D. He has a stuffy nose that won't go away for weeks
16. Where is the best place to use/inject an EpiPen (injectable epinephrine)?
- A. Shoulder
B. Upper arm
C. Buttocks
D. Outer thigh
E. Any of the above
F. I don't know
17. Which of the following sequences of actions is in an appropriate order in the event that a child with a known allergy is experiencing anaphylaxis (a life threatening allergic reaction)?
- A. Give epinephrine → Call 999 → call parents
B. Give epinephrine → Call parents → Call 999
C. Give antihistamine → Call 999 → give epinephrine
D. Call 999 → Call parents → give epinephrine
E. Call 999 → give antihistamine → give epinephrine
18. Which of the following situation would not require epinephrine? (choose one answer only)
- A. A child who was just in the cafeteria and now has red, raised, itchy marks on his/her face and has experienced repeated vomiting.
B. A child who has no known allergies but is sick to their stomach, is coughing and has hives all over their chest and back.
C. A child who was on the soccer field, was stung by a bee who is now wheezing and feels dizzy.
D. A child who has a fever, had diarrhoea earlier in the morning and has just vomited in class.
19. For students with anaphylaxis, they should be transported to the hospital by:
- A. Ambulance
B. School transport
C. Parents
D. None of the above
20. Which of the following contain food ingredients that could cause an allergic reaction? Mark all that apply.
- A. Play-Doh
B. Toothpaste
C. Medicines (included Chinese medicine)
D. Lotions and creams
E. Food additives: Flavor enhancers e.g. MSG (monosodium glutamate); Preservatives e.g. sodium nitrite; Color additives e.g. Yellow 5
F. Royal jelly (presented as food or present in food), bee pollen and propolis

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CONFIDENCE IN FOOD ALLERGY MANAGEMENT SKILLS

	Not Confident At All (0)	Not Too Confident (1)	Somewhat Confident (2)	Fairly Confident (3)	Very Confident (4)
1. How confident do you feel in preparing food (for your child with food allergy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How confident do you feel in your ability to recognise the symptoms of anaphylaxis (a life-threatening allergic reaction)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How confident do you feel in knowing <u>what</u> to do for the allergic reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How confident do you feel in knowing <u>when</u> to use the injectable epinephrine (adrenaline auto-injector: EpiPen / Jext)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How confident do you feel in knowing <u>how</u> to use the injectable epinephrine (adrenaline auto-injector: EpiPen / Jext)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How confident do you feel in planning social activities (for your child with food allergy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How confident do you feel in taking steps to eat out (with your child with food allergy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How confident do you feel in your knowledge about how to prevent exposure to food allergens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How confident do you feel in teaching babysitters and caregivers to take care your child with food allergy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How confident do you feel in teaching your child about allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship between the person completing the questionnaire and the patient:

- ₁ Father ₂ Mother ₃ Self ₄ Relative ₅ Teacher
₆ Others, please specify: _____

Age of the person completing the questionnaire: _____

Education level of the person completing the questionnaire:

- ₁ Senior Primary School (P4-P6) ₂ Junior High School (S1-S3)
₃ High School (S4-S6) ₄ College ₅ University (Bachelor)
₆ University (Master or above) ₇ Others, please specify: _____

Have you or your child/student ever been prescribed an adrenaline auto-injector (EpiPen / Jext):

- ₀ No ₁ Yes

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