

Food Allergy—Survey questions

1. Please provide information on each child age 17 or younger in your household for which you are the parent, step parent or guardian:

1a. Child	1b. Age (begin with oldest child)	1c. Gender	1d. In general, how would you rate this child's health?	1e. Does this child have a regular health care provider?	1f. Does this child have asthma?
1.	<input type="text"/> [RANGE<1-17]	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="text"/> [RANGE <1-17]	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

This next set of questions is about food allergies.

2. Please indicate the type of school your child(ren) attend and if they have a food allergy?

Populate row(s) in this column with child gender and age from Q1a-c	2a. What type of school does this child attend?	2b. Does this child have a life-threatening food allergy?
	<input type="checkbox"/> Daycare/ Preschool <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> Home school <input type="checkbox"/> Does not attend school <input type="checkbox"/> Other [write-in]	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Daycare/ Preschool <input type="checkbox"/> Public school <input type="checkbox"/> Private school <input type="checkbox"/> Home school <input type="checkbox"/> Does not attend school <input type="checkbox"/> Other [write-in]	<input type="checkbox"/> Yes <input type="checkbox"/> No

[If Q2b = Yes then Q2d.]

[If more than one child with life-threatening food allergy, then insert a Q2d for each child with a food allergy]

2d. How do you know that your [insert age of child]-year-old's food allergy is life-threatening?

S/he developed immediate (within 1 hour) hives, rashes, vomiting, coughing, wheezing, or itchiness

Yes No

S/he had allergy testing (Skin Prick Testing)

Yes No

S/he had blood work that suggested an allergy

Yes No

The doctor recommended having an EpiPen/Twinject or other rescue medication

Yes No

[If Q2a=daycare/preschool, then Q3a]

3a. Do you know of a child with a life-threatening food allergy in your child's daycare/preschool?

(Do not include your own child(ren) if they have a life-threatening food allergy.)

Yes

No

[If Q2a=public school or private school, then Q3b]

3b. Do you know of a child with a life-threatening food allergy in your child(ren)'s school?
(Do not include your own child(ren) if they have a life-threatening food allergy.)

- Yes
- No

[If Q2a=daycare/preschool, then Q4a]

4a. Does your child's daycare/preschool have any of the following because of food allergies?

Separate eating areas or accommodations	Yes	No	Don't know
Special class/room assignment due to allergy	Yes	No	Don't know
Ban on treats or foods brought from home	Yes	No	Don't know
Training of staff in food allergies	Yes	No	Don't know
Posted or required food allergy plan	Yes	No	Don't know

[If Q2a=public school or private school and child age = 5-13, then Q4b]

4b. Does your [insert age of youngest child 5-13]-year old child's school have any of the following because of food allergies?

Separate eating areas or accommodations	Yes	No	Don't know
Special class/room assignment due to allergy	Yes	No	Don't know
Ban on treats or foods brought from home	Yes	No	Don't know
Training of staff in food allergies	Yes	No	Don't know
Posted or required food allergy plan	Yes	No	Don't know

[If Q2b= yes and Q2a = private or public school then Q5]

[If a parent has more than one-child with a life threatening allergy, repeat this question and insert the age of the next child with a life-threatening food allergy]

5. How well have parents and other children at your child's school accommodated your [age of child with life threatening food allergy]-year old child's life-threatening food allergy?

- Very well
- Somewhat
- Not very well
- Not at all

[If Q2b= Yes and Q2a = daycare/preschool then Q5a]

5a. How well have parents and other children at your child's daycare/preschool accommodated your child's life-threatening food allergy?

- Very well
- Somewhat
- Not at all

[For ALL PARENTS, except those where Q5b = yes]

5b. How inconvenient is it for you to make changes with food or the handling of food at the request of a school, community event, or food allergic family?

- Very inconvenient
- Somewhat inconvenient
- Not at all inconvenient
- Have not had to make any changes

Participants were also asked demographic questions on age, gender, health status, annual household income, education, race/ ethnicity and health insurance status.

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