FAQLQ-PF

Food Allergy Quality of Life Questionnaire – Parent Form (0-12 years)

Please return the completed questionnaire to:

Dr Andrew Clark
WTCRF
01223 762 603

This questionnaire is part of the EuroPrevall project, a European multidisciplinary study of the prevalence, costs and basis of food allergy in Europe.

Food Allergy Quality of Life Questionnaire-Parent Form

(FAQoL-PF)

Children aged 0-12 years

Instructions to Parents

- The following are scenarios that parents have told us affect children's quality of life because of food allergy.

- Please indicate how much of an impact each scenario has on **your child's quality of life** by placing a tick or an x in one of the boxes numbered 0-6.

All information given is completely confidential.

This questionnaire will only be identified by a code number.

Response Options

0 = not at all

1= a little bit

2 = slightly

3 = moderately

4 = quite a bit

5 = very much

6 = extremely

There are 4 sections to this questionnaire : A, B, C, and D.

- If your child is aged 0 to 3 years, please answer Section A
- If your child is aged 4 to 6 years, please answer Section A and Section B
- If your child is aged 7 years and over, please answer Section A, Section B, and Section C.

Section D : For all age groups.

SECTION A : For all age groups

		Not at all → Extremely						
Because of food allergy, my child feels……		**0**	**1**	**2**	**3**	**4**	**5**	**6**
1	Worried about food	☐	☐	☐	☐	☐	☐	☐
2	Different from other children	☐	☐	☐	☐	☐	☐	☐
3	Frustrated by dietary restrictions	☐	☐	☐	☐	☐	☐	☐
4	Afraid to try unfamiliar foods	☐	☐	☐	☐	☐	☐	☐
5	Concerned that I am worried that he/she will have a reaction to food	☐	☐	☐	☐	☐	☐	☐

		Not at all → Extremely						
Because of food allergy, my child……		**0**	**1**	**2**	**3**	**4**	**5**	**6**
6	Experiences physical distress	☐	☐	☐	☐	☐	☐	☐
7	Experiences emotional distress	☐	☐	☐	☐	☐	☐	☐
8	Has a lack of variety in his her diet	☐	☐	☐	☐	☐	☐	☐

		Not at all → Extremely						
Because of food allergy, my child has been negatively affected by……		**0**	**1**	**2**	**3**	**4**	**5**	**6**
9	Receiving more attention more attention than other children of his/her age	☐	☐	☐	☐	☐	☐	☐
10	Having to grow up more quickly than other children of his/her age	☐	☐	☐	☐	☐	☐	☐
11	His/her environment being more restricted than other children of his/her age	☐	☐	☐	☐	☐	☐	☐

	Not at all						Extremely
	→						
Because of food allergy, my child's social environment is restricted because of limitations on……..	**0**	**1**	**2**	**3**	**4**	**5**	**6**
12 Restaurants we can safely go to as a family	☐	☐	☐	☐	☐	☐	☐
13 Holiday destinations we can safely go to as a family	☐	☐	☐	☐	☐	☐	☐

SECTION B : For children aged 4 to 12 years.

	Not at all → Extremely						
Because of food allergy, my child's ability to take part has been limited……..	**0**	**1**	**2**	**3**	**4**	**5**	**6**
14 In social activities in other people's houses (*sleepovers, parties, playtime*)	☐	☐	☐	☐	☐	☐	☐

	Not at all → Extremely						
Because of food allergy, my child's ability to take part has been limited……..	**0**	**1**	**2**	**3**	**4**	**5**	**6**
15 In preschool/school events involving food (*class parties/treats/lunchtime*)	☐	☐	☐	☐	☐	☐	☐

	Not at all → Extremely						
Because of food allergy, my child feels……..	**0**	**1**	**2**	**3**	**4**	**5**	**6**
16 Worried when going to unfamiliar places	☐	☐	☐	☐	☐	☐	☐
17 Concerned that he/she must always be cautious about food	☐	☐	☐	☐	☐	☐	☐
18 'Left out' in activities involving food	☐	☐	☐	☐	☐	☐	☐
19 Upset that family social outings have been restricted by the need to plan ahead.	☐	☐	☐	☐	☐	☐	☐
20 Concerned about accidentally eating an ingredient to which he/she is allergic	☐	☐	☐	☐	☐	☐	☐
21 Worried when eating with unfamiliar adults/children	☐	☐	☐	☐	☐	☐	☐
22 Frustrated by social restrictions	☐	☐	☐	☐	☐	☐	☐

	Not at all						Extremely
	→						
Because of food allergy, my child……	**0**	**1**	**2**	**3**	**4**	**5**	**6**
23 Is more worried in general than other children of his/her age	☐	☐	☐	☐	☐	☐	☐
24 Is more cautious in general than other children of his/her age	☐	☐	☐	☐	☐	☐	☐
25 Is not as confident as other children of his/her age in social situations	☐	☐	☐	☐	☐	☐	☐
26 Wishes his/her food allergy would go away	☐	☐	☐	☐	☐	☐	☐

SECTION C : For children aged 7 to 12 years

	Not at all → Extremely						
Because of food allergy, my child feels……	**0**	**1**	**2**	**3**	**4**	**5**	**6**
27 Worried about his/her future(opportunities, relationships)	☐	☐	☐	☐	☐	☐	☐
28 Many people do not understand the serious nature of food allergy	☐	☐	☐	☐	☐	☐	☐
29 Concerned by poor labelling on food products	☐	☐	☐	☐	☐	☐	☐
30 Food allergy limits his/her life in general	☐	☐	☐	☐	☐	☐	☐

Thank you for completing the questionnaire. I would be grateful if you would now answer some questions on your child's food allergy.

SECTION D: For all age groups

Part 1 : My child's food allergy.

Q1. What sex are you ? Male ☐ Female ☐

Q2. What sex is your child? Male ☐ Female ☐

Q3. What age is the child with food allergy? Years _____ Months _____

☐ ☐

Q4. What type of food(s) is your child allergic to? *Tick where applicable.*

Peanut	☐	Nut	☐	Milk	☐	Egg	☐
Wheat	☐	Soya	☐	Sesame	☐	Fish	☐
Shellfish	☐	Fruits	☐	Vegetables	☐	Other	☐

Please specify '**Other**'

Q5. After ingesting which food, did your child have his/her most severe reaction?

Q6. Has your child had an anaphylactic reaction? Yes ☐ No ☐

Q7. If 'Yes', how recent was the reaction? *Tick where applicable.*

Very recently ☐

6 to 12 months ago ☐

Approximately 1 yr ago ☐

Approximately 2yrs ago ☐

More than 2 years ago ☐

Q8(a). Has your child been issued with an anapen/epipen? Yes ☐ No ☐

Q8(b). Does the provision of an anapen/epipen cause?

(1) Reassurance ... For you ☐ For your child ☐

(2) Anxiety ... For you ☐ For your child ☐

Q9. Who diagnosed your child with food allergy? *Tick where applicable*

.

G.P. ☐

Consultant Allergist ☐

Consultant Paediatrician ☐

Dermatologist ☐

Dietician ☐

Alternative Practitioner ☐

Q10. What Symptoms does your child have? *Tick where applicable.*

Itching in the mouth	☐	Throat tightening	☐	Urticaria/Hives	☐
Itching in the throat	☐	Difficulty swallowing	☐	Skin swelling	☐
Itching in the ears	☐	Hoarseness	☐	Nausea	☐
Itching of the lips	☐	Difficulty breathing	☐	Abdominal cramps	☐
Runny nose	☐	Shortness of breath	☐	Vomiting	☐
Stuffy nose	☐	Wheeze	☐	Diarrhoea	☐
Sneeze	☐	Cough	☐	Light-headedness	☐
Itchy eyes	☐	Itching of the skin	☐	Palpitations	☐
Tears	☐	Redness of the skin	☐	Inability to stand	☐
Red eyes	☐	Increase eczema	☐	Loss of consciousness	☐

Q11. How often does your child meet another child with food allergy?

Never ☐

Rarely ☐

Sometimes ☐

Often ☐

SECTION E: For all age groups

Part 2 : You and your child's worries about food safety

0 = extremely unlikely
1 = very unlikely
2 = somewhat unlikely
3 = likely
4 = quite likely
5 = very likely
6 = extremely likely

Please answer the following questions with reference to the 6-point scale on the right

Q1. What chance **do you think** your child has of ….?

	Question	6-point Scale						
		0	**1**	**2**	**3**	**4**	**5**	**6**
1	……accidentally ingesting the food to which they are allergic ?							
2	……having a severe reaction if food is accidentally ingested ?							
3	……dying from his/her food allergy following ingestion in the future ?							
4	……effectively treating him/herself, or receiving effective treatment from others (including Epipen administration), if he/she accidentally ingests a food to which he/she is allergic ?							

Q2. What chance **does your child think** he/she has of ……?

	Question	6-point Scale						
		0	**1**	**2**	**3**	**4**	**5**	**6**
1	……accidentally ingesting the food to which they are allergic ?							
2	……having a severe reaction if food is accidentally ingested ?							
3	……dying from his/her food allergy following ingestion in the future ?							

4	……effectively treating him/herself, or receiving effective treatment from others (including Epipen administration), if he/she accidentally ingests a food to which he/she is allergic ?							

Q3. How many foods **does your child** have to avoid ?

0-2	
3-6	
7-10	
10+	

SECTION F: For all age groups

Part 3: Your concerns as a parent

Q1. How would you describe ...

(A) *Your* general health?

Excellent	☐
Very Good	☐
Good	☐
Fairly Good	☐
Not So Good	☐
Poor	☐
Very Poor	☐

(B) *Your child's* general health?

Excellent	☐
Very Good	☐
Good	☐
Fairly Good	☐
Not So Good	☐
Poor	☐
Very Poor	☐

Q2. Because of food allergy, how much worry/concern does each of the following cause *you*?

(A) your child's physical health

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

(B) your child's emotional well-being

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

Q3. What level of stress does your child's food allergy cause ...

(A) You?

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

(B) Your Partner?

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

(C) Your Family?

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

Q4. How much has food allergy limited the type of activities ...

(A) you can do as a family ?

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

(B) your child can take part in ?

None at all	☐
A little bit	☐
Some	☐
Quite a bit	☐
A lot	☐

Thank you for taking the time to complete this questionnaire. Your participation is most appreciated.