

FOOD ALLERGY QUESTIONNAIRE

PATIENT NAME:

PATIENT REG ID NO:

AGE:

SEX: M / F

1. Explain your food allergy symptoms in detail?

2. How many foods is the patient allergic to?

- 1
- 1-5
- 5+

3. Which all foods are the patient allergic to?

- Milk
- Eggs
- Fish
- Shellfish
- Tree nuts
- Peanuts

Wheat

Soy

Corn

Other (please specify)

4. How long has the patient food allergies?

Less than one year

1-5 years

5+ years

Since adolescence

Since birth

5. How many household members have food allergies?

1

2

3+

6. Has the patient been ever put on a rotation diet? If so, for how long? (A rotation diet is a system of controlling food allergies by eating biologically related foods on the same day and then waiting at least four days before eating them again.)

Never tried

Less than a month

Less than a year

1+ years

Currently on a rotation diet

7. Symptom's child developed after the food ingestion?

- Hives Wheezing Eczema/atopic dermatitis
 Nausea Vomiting Diarrhea
 Passed out Shock Anaphylaxis
 Behavior changes Itching Other

8. Has the child been diagnosed with any other allergic conditions?

- Asthma Eczema
 Rhinitis Urticaria/Angioedema (hives/swelling)
 Medication allergies Food Allergies
 Latex allergy Venom allergy (i.e. Bee, wasp)

9. If your child has asthma, how often do they need an inhaler/MDI?

- Less than once a week Twice a week
 Daily Never

10. Has the child ever been admitted because of asthma?

- No Emergency Room Only Hospitalized Intensive Care Unit

11. Has the child ever been diagnosed with Eczema?

- Yes No

12. What medications the child is taking?

13. Birth History

a. Were there any problems during pregnancy? Y N

b. Were there any problems during delivery? Y N

14. Birth weight

a. How was the child fed? Breast fed (how many months?) Bottle fed

Which formula (s)?

15. Were there any problems tolerating formulas?

16. How old was your child when solid food was introduced?

FAMILY HISTORY

1. Do other people in the family have any of the following conditions? Food Allergies

Eczema Asthma Hay Fever Drug allergies

6. Are there any other medical problems in the family (please specify)?

Heart disease

Lung problems

Skin problems

Stomach problems

Other

ENVIRONMENTAL HISTORY

Residence: Years lived there?

Basement: Y N Obvious mold or mildew?

City Suburb Rural

SOCIAL HISTORY

1. Who all live at home?

2. During the day, the child is: At home In day care At school At relative's house

3. Since the diagnosis of food allergy, has the child show any increase in tears, sleeplessness, sadness, mood swings or worry? Y N