

Start



Welcome to this national survey, part of the #FOODSENSITIVE project, investigating the impact of Food Hypersensitivities on people's lives.

In the survey we will:

- ask about which food hypersensitivities people in your home have
- ask about the impact of those conditions on you, or your child's, quality of life
- ask you to make some "what would you do?" choices
- ask about you and your attitude to you, or your child's, food hypersensitivity and your attitude to risk

We'll explain more about the project and survey in a moment - but please create a code/password (minimum of 6 characters) for yourself here - this will allow you to rejoin the survey where you left off, if you do not complete it in one go.

If you are returning to the survey - enter the code/password you chose and you will be taken back to where you left the survey.

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prize



In the survey we will:

- ask about which food hypersensitivities people in your home have
- ask about the impact of those conditions on you, or your child's, quality of life
- ask you to make some "what would you do?" choices
- ask about you and your attitude to you, or your child's, food hypersensitivity and your attitude to risk

To thank you for your time and effort completing the survey at the end you will have a chance to enter into a prize draw to win high street shopping vouchers (see <https://www.highstreetvouchers.com>).

We will randomly select 4 participants to win a £50 voucher, and for every 25 people who complete the survey we will award a £10 voucher to someone.

So, if 1000 people complete the survey and leave their contact details we will give away 40 x £10 vouchers and 4 x £50 vouchers.

[Script]

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pisandinfo

In order to decide whether to participate in this study please read this [Participant Information Sheet](#) - and the statements below.

Then indicate whether or not you agree to take part in the study.

- I confirm that I have read the attached information sheet for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.
- I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself.
- I confirm that I am 18 years old or older.
- I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to your taking part in this research. You give
- I agree that any data collected may be published in anonymous form in academic books, reports or journals.
- I agree that the researchers may retain your contact details if you decide (optionally) to provide your email address in order to participate in later stages of the research project
- I agree to take part in this study.

[Script] [Script]

consent

Having read those statements please decide whether you wish to continue with the survey:

consent=1

☐

I confirm the statements above and **agree to take part in the survey.**

consent=2

☐

I do not agree with one or more of these statements and **do not wish to take part in the study.**

contact

If you have any questions about this form or the study please contact:
[Professor Dan Rigby](#) at the University of Manchester.

For more information about how we treat the information you provide please have a look at the University of Manchester's [Privacy Notice for Research](#).

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fascyou

Please tell us which of these conditions you have?

Do NOT answer about children in your household on this page - thanks
(We'll ask about children and other adults in your household on the next page).

(tick all that apply)

fascyou_1

Food Allergy

☐

fascyou_2

Coeliac Disease

☐

fascyou_3

Food Intolerance

☐

fascyou_4

None

☐

[Script] [Script]

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adultnumb

How many adults (aged 18+) do you live with who have a food hypersensitivity (food allergy, food intolerance, Coeliac disease)?

(enter **0** if you are the only adult in your home with a food hypersensitivity)

[Script]

kidnumb

How many children/young people (aged under 18) in your home have a food hypersensitivity (food allergy, food intolerance, Coeliac disease)?

(enter **0** if there are no children/young people in your home with a food hypersensitivity)

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fascadulthood

You have told us that you live with 1 ^[Script] adults with a food hypersensitivity.
For each of those people, please indicate which conditions they have.

| | Food Allergy | Coeliac Disease | Food Intolerance | Other |
|----------|---|---|---|---|
| Adult 1 | <div>fascadulthood_r1_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r1_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r1_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r1_c4</div> <div><input type="checkbox"/></div> |
| Adult 2 | <div>fascadulthood_r2_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r2_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r2_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r2_c4</div> <div><input type="checkbox"/></div> |
| Adult 3 | <div>fascadulthood_r3_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r3_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r3_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r3_c4</div> <div><input type="checkbox"/></div> |
| Adult 4 | <div>fascadulthood_r4_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r4_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r4_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r4_c4</div> <div><input type="checkbox"/></div> |
| Adult 5 | <div>fascadulthood_r5_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r5_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r5_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r5_c4</div> <div><input type="checkbox"/></div> |
| Adult 6 | <div>fascadulthood_r6_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r6_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r6_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r6_c4</div> <div><input type="checkbox"/></div> |
| Adult 7 | <div>fascadulthood_r7_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r7_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r7_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r7_c4</div> <div><input type="checkbox"/></div> |
| Adult 8 | <div>fascadulthood_r8_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r8_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r8_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r8_c4</div> <div><input type="checkbox"/></div> |
| Adult 9 | <div>fascadulthood_r9_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r9_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r9_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r9_c4</div> <div><input type="checkbox"/></div> |
| Adult 10 | <div>fascadulthood_r10_c1</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r10_c2</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r10_c3</div> <div><input type="checkbox"/></div> | <div>fascadulthood_r10_c4</div> <div><input type="checkbox"/></div> |

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kidage

You have told us that you live with under 18 years of age with a food hypersensitivity.

Please indicate their age and which condition(s) they have.

| | Age (years) |
|----------------|---|
| child/youth 1 | <input type="text"/> <input type="text"/> |
| child/youth 2 | <input type="text"/> <input type="text"/> |
| child/youth 3 | <input type="text"/> <input type="text"/> |
| child/youth 4 | <input type="text"/> <input type="text"/> |
| child/youth 5 | <input type="text"/> <input type="text"/> |
| child/youth 6 | <input type="text"/> <input type="text"/> |
| child/youth 7 | <input type="text"/> <input type="text"/> |
| child/youth 8 | <input type="text"/> <input type="text"/> |
| child/youth 9 | <input type="text"/> <input type="text"/> |
| child/youth 10 | <input type="text"/> <input type="text"/> |

fasckids

For each child or young adult (less than 18) you live with who has a food hypersensitivity , please indicate which conditions they have.

Use as many rows as you need (leave the rest blank).

| | Food Allergy | Coeliac Disease | Food Intolerance |
|---------------|--|--|--|
| child/youth 1 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 2 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 3 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 4 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 5 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 6 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 7 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 8 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| child/youth 9 | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |

child/youth 10

fasckids_r10_c1

fasckids_r10_c2

fasckids_r10_c3

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Next



adultcond

You have told us you have more than one condition - please select the one* which has the greatest impact on you.

| | Food Allergy | Coeliac Disease | Food Intolerance |
|------------|-----------------------|-----------------------|-----------------------|
| I have.... | adultcond_r1=1 | adultcond_r1=2 | adultcond_r1=3 |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* we ask this to ensure we show you appropriate questions later on (it would take you too long if we showed you questions for more than one food hypersensitivity).

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conditionsummary

Thank you for telling us about the people in your household who have a food hypersensitivity.

You have indicated that you:

- have a food hypersensitivity
- do NOT live with children with a food hypersensitivity
- do NOT live with adults with a food hypersensitivity

If any of this information is not correct - use the BACK button below to go back and change your responses - thanks.

[Script] [Script] [Script] [Script] [Script]

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pickonechild

You have told us you live with more than one child with a food hypersensitivity.

In some of the questions that follow we will ask you to answer questions about **"your child"**.

When we do that we would like you to think about just one of your children with a Food Hypersensitivity.

pickonechild2

Ideally that would be a child aged 4+ who has a Food Hypersensitivity.

- **If you have more than one child aged 4+ who has a Food Hypersensitivity:**

...then answer about the child who is worst affected by their Food Hypersensitivity.

If it's hard to say who is worst affected, choose the child aged 4+, who had their birthday most recently.

- **If all your child/children with a Food Hypersensitivity are aged 3 or less:**

...then answer about the child who is worst affected by their Food Hypersensitivity.

If it's hard to say who is worst affected, choose the oldest child.

pickonechild1

So, please decide now which of your children you will answer about when we ask about "your child".

childage

Please tell us the age of the child you will be answering about today in the questions when we ask about your "your child":

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childcond

Thank you.

And please tell us which food hypersensitivity this child aged [Script] has.

If they have more than one condition, please select the one* which has the greatest impact on them.

| | Food Allergy | Coeliac Disease | Food Intolerance |
|--------------------------------------|---|---|---|
| They are most affected by.... | <div>childcond_r1=1</div> <input type="radio"/> | <div>childcond_r1=2</div> <input type="radio"/> | <div>childcond_r1=3</div> <input type="radio"/> |

* we ask this to ensure we show you appropriate questions later on (it would take you too long if we showed you questions for more than one food hypersensitivity).

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kid1cond

Thank you.

You have told us your child has more than one food hypersensitivity.

Please select the one* which has the greatest impact on them.

| | Food Allergy | Coeliac Disease | Food Intolerance |
|--------------------------------------|--|--|--|
| They are most affected by.... | <div>kid1cond_r1=1</div> <input type="radio"/> | <div>kid1cond_r1=2</div> <input type="radio"/> | <div>kid1cond_r1=3</div> <input type="radio"/> |

* we ask this to ensure we show you appropriate questions later on (it would take you too long if we showed you questions for more than one food hypersensitivity).

Back

Next

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kidsummary

Thank you, we are just processing what you have told us to make sure we understand who has which food hypersensitivities in your household.

Please press NEXT

[Script]

[Script]

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kidssummary2

Thank you.

[Script]

[Script]

Based on what you have told us, when we ask about **"your child"** you will be answering about your child who is [Script] **years old.**

Their only, or most significant, food hypersensitivity is [Script]

If any of this information is not correct - use the BACK button below to go back and change your responses - thanks.

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STARTofWave1FHquestions

Thank you, we would like to know a little about your health and your food hypersensitivity.

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whendiag

Approximately how old were you when your [Script] was diagnosed or when you diagnosed it yourself?

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howdiagnosed

How did you find out about your [Script] ?
(Please select all that apply)

howdiagnosed_1

☐

A health care professional diagnosed it after asking questions about my symptoms and didn't do any tests

howdiagnosed_2

☐

I had a skin prick test

howdiagnosed_3

☐

I had a positive blood test showing antibodies were present for allergy

howdiagnosed_4

☐

I had a food challenge

howdiagnosed_5

☐

I had a blood test to show antibodies were positive for Coeliac Disease

howdiagnosed_6

☐

I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition

howdiagnosed_7

☐

I have been diagnosed by an alternative or complementary therapist

howdiagnosed_8

☐

I don't know or can't remember

howdiagnosed_9

☐

howdiagnosed_9_other

Other, please tell us:

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whodiagnosed

If your [Script] was diagnosed by a health care professional, please tell us what type (please select one only)

whodiagnosed=1

☐

G.P

whodiagnosed=2

☐

Nurse at your G.P. surgery

whodiagnosed=3

☐

Hospital doctor

whodiagnosed=4

☐

Nurse at the hospital

whodiagnosed=5

☐

Dietician

whodiagnosed=6

☐

Pharmacist

whodiagnosed=7

☐

Someone at the GP surgery but I am not sure who they were

whodiagnosed=8

☐

Someone at the hospital but I am not sure who they were

whodiagnosed=9

☐

whodiagnosed_9_other

Other, please say:

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adrenaline

Have you been prescribed an adrenaline auto-injector such as Epi-Pen, Emerade or JEXT?

adrenaline=1 Yes
☐

adrenaline=2 No
☐

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hospital

Have you ever been to hospital in an emergency because of your [Script] ?

hospital=1 Yes
☐

hospital=2 No
☐

hospital=3 Don't know
☐

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hosptimes

Approximately how many times have you ever been to hospital in an emergency because of your [Script] ?

hosptimes=1

☐

Once

hosptimes=2

☐

Twice

hosptimes=3

☐

Between 3 and 6 times

hosptimes=4

☐

Between 7 and 10 times

hosptimes=5

☐

More than 10 times

hosptimes=6

☐

Don't know

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EQintro0

Thank you

We would like to ask about your health today.

[Script]

EQintro1

People differ in how fit and healthy they are.

Some people suffer pain frequently or perhaps have difficulty walking, and they also might have difficulty working.

Ill health can include mental as well as physical difficulties.

EQintro2

We are going to show you a form that is used internationally to rate people's health on 5 aspects:

- Mobility
- Selfcare
- Performing usual activities
- Pain/Discomfort
- Anxiety/depression

- On the pages that follow, we'd like you to rate your health today using it

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mob

Please select the ONE option that best describes your health TODAY

Mobility

mob=1

☐

I have **no** problems walking about

mob=2

☐

I have **slight** problems in walking about

mob=3

☐

I have **moderate** problems in walking about

mob=4

☐

I have **severe** problems in walking about

mob=5

☐

I am **unable** to walk about

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selfc

Please select the ONE option that best describes your health TODAY

Self-Care

selfc=1

☐

I have **no** problems with washing or dressing myself

selfc=2

☐

I have **slight** problems with washing or dressing myself

selfc=3

☐

I have **moderate** problems with washing or dressing myself

selfc=4

☐

I have **severe** problems with washing or dressing myself

selfc=5

☐

I am **unable** to wash or dress myself

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usual

Please select the **ONE** option that best describes your health **TODAY**

Usual Activities (e.g. work, study, housework, family or leisure activities)

usual=1

☐

I have **no** problems doing my usual activities

usual=2

☐

I have **slight** problems doing my usual activities

usual=3

☐

I have **moderate** problems doing my usual activities

usual=4

☐

I have **severe** problems doing my usual activities

usual=5

☐

I am **unable** to do my usual activities

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pain

Please select the ONE option that best describes your health TODAY

Pain / Discomfort

pain=1

☐

I have **no** pain or discomfort

pain=2

☐

I have **slight** pain and discomfort

pain=3

☐

I have **moderate** pain and discomfort

pain=4

☐

I have **severe** pain or discomfort

pain=5

☐

I have **extreme** pain or discomfort

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anxious

Please select the **ONE** option that best describes your health TODAY

Anxiety / Depression

anxious=1

☐

I am **not** anxious or depressed

anxious=2

☐

I am **slightly** anxious or depressed

anxious=3

☐

I am **moderately** anxious or depressed

anxious=4

☐

I am **severely** anxious or depressed

anxious=5

☐

I am **extremely** anxious or depressed

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VASerror1

Note that the Visual Analogue Scale 'thermometer' question was programmed using Java and its appearance is not well represented in this PDF version of the survey - the project report includes screenshots of the VAS question.

healthscore

Your Health Today

Item 1

healthscore_r1_c1

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QoLifeIntro1

Now we would like to know how your reaction to food affects your quality of life.

The following questions ask you about this.

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We know that things like:

- the foods to which you react
- the nature of those reactions
- when and how you were diagnosed.

are very important, and will affect how you answer some of the questions that follow.

Because we are able to link your responses today with what you told us in the first #FOODSENSITIVE survey we do not need to ask you about those things again.

We didn't want you to think it was odd that we are not asking about such important things.

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Coeliac Disease Quality of Life Questionnaire

For Adults aged 18 + years

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CLQintro

Please think about your life over the past month (30 days), and look at the statements below.

Each statement has five possible responses.

For each statement, please select the option that best describes your feelings.

cq1to5

For each statement, please select the option that best describes your feelings.

| | Not at all | Slightly | Moderately | Quite a bit | A great deal |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| I feel limited by this disease | <input type="radio"/> cq1to5_r1=1 | <input type="radio"/> cq1to5_r1=2 | <input type="radio"/> cq1to5_r1=3 | <input type="radio"/> cq1to5_r1=4 | <input type="radio"/> cq1to5_r1=5 |
| I feel worried that I will suffer from this disease | <input type="radio"/> cq1to5_r2=1 | <input type="radio"/> cq1to5_r2=2 | <input type="radio"/> cq1to5_r2=3 | <input type="radio"/> cq1to5_r2=4 | <input type="radio"/> cq1to5_r2=5 |
| I feel concerned that this disease will cause other health problems | <input type="radio"/> cq1to5_r3=1 | <input type="radio"/> cq1to5_r3=2 | <input type="radio"/> cq1to5_r3=3 | <input type="radio"/> cq1to5_r3=4 | <input type="radio"/> cq1to5_r3=5 |
| I feel worried about my increased risk of cancer from this disease | <input type="radio"/> cq1to5_r4=1 | <input type="radio"/> cq1to5_r4=2 | <input type="radio"/> cq1to5_r4=3 | <input type="radio"/> cq1to5_r4=4 | <input type="radio"/> cq1to5_r4=5 |
| I feel socially stigmatized for having this disease | <input type="radio"/> cq1to5_r5=1 | <input type="radio"/> cq1to5_r5=2 | <input type="radio"/> cq1to5_r5=3 | <input type="radio"/> cq1to5_r5=4 | <input type="radio"/> cq1to5_r5=5 |

cq6to10

For each statement, please select the option that best describes your feelings.

| | Not at all | Slightly | Moderately | Quite a bit | A great deal |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| I feel like I'm limited in eating meals with co workers | <input type="radio"/> cq6to10_r1=1 | <input type="radio"/> cq6to10_r1=2 | <input type="radio"/> cq6to10_r1=3 | <input type="radio"/> cq6to10_r1=4 | <input type="radio"/> cq6to10_r1=5 |
| I feel like I am not able to have special foods like birthday cake and pizza | <input type="radio"/> cq6to10_r2=1 | <input type="radio"/> cq6to10_r2=2 | <input type="radio"/> cq6to10_r2=3 | <input type="radio"/> cq6to10_r2=4 | <input type="radio"/> cq6to10_r2=5 |
| I feel diet is not sufficient treatment for my disease | <input type="radio"/> cq6to10_r3=1 | <input type="radio"/> cq6to10_r3=2 | <input type="radio"/> cq6to10_r3=3 | <input type="radio"/> cq6to10_r3=4 | <input type="radio"/> cq6to10_r3=5 |
| I feel that there are not enough choices for treatment | <input type="radio"/> cq6to10_r4=1 | <input type="radio"/> cq6to10_r4=2 | <input type="radio"/> cq6to10_r4=3 | <input type="radio"/> cq6to10_r4=4 | <input type="radio"/> cq6to10_r4=5 |
| I feel depressed because of my disease | <input type="radio"/> cq6to10_r5=1 | <input type="radio"/> cq6to10_r5=2 | <input type="radio"/> cq6to10_r5=3 | <input type="radio"/> cq6to10_r5=4 | <input type="radio"/> cq6to10_r5=5 |

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CLQintro1

Please think about your life over the past month (30 days), and look at the statements below.

Each statement has five possible responses.

For each statement, please select the option that best describes your feelings.

cq11to15

For each statement, please select the option that best describes your feelings.

| | Not at all | Slightly | Moderately | Quite a bit | A great deal |
|--|--|--|--|--|--|
| I feel frightened by having this disease | cq11to15_r1=1 <input type="radio"/> | cq11to15_r1=2 <input type="radio"/> | cq11to15_r1=3 <input type="radio"/> | cq11to15_r1=4 <input type="radio"/> | cq11to15_r1=5 <input type="radio"/> |
| I feel like I don't know enough about the disease | cq11to15_r2=1 <input type="radio"/> | cq11to15_r2=2 <input type="radio"/> | cq11to15_r2=3 <input type="radio"/> | cq11to15_r2=4 <input type="radio"/> | cq11to15_r2=5 <input type="radio"/> |
| I feel overwhelmed about having this disease | cq11to15_r3=1 <input type="radio"/> | cq11to15_r3=2 <input type="radio"/> | cq11to15_r3=3 <input type="radio"/> | cq11to15_r3=4 <input type="radio"/> | cq11to15_r3=5 <input type="radio"/> |
| I have trouble socializing because of my disease | cq11to15_r4=1 <input type="radio"/> | cq11to15_r4=2 <input type="radio"/> | cq11to15_r4=3 <input type="radio"/> | cq11to15_r4=4 <input type="radio"/> | cq11to15_r4=5 <input type="radio"/> |
| I find it difficult to travel or take long trips because of my disease | cq11to15_r5=1 <input type="radio"/> | cq11to15_r5=2 <input type="radio"/> | cq11to15_r5=3 <input type="radio"/> | cq11to15_r5=4 <input type="radio"/> | cq11to15_r5=5 <input type="radio"/> |

cq16to20

For each statement, please select the option that best describes your feelings.

| | Not at all | Slightly | Moderately | Quite a bit | A great deal |
|--|--|--|--|--|--|
| I feel like I cannot live a normal life because of my disease | cq16to20_r1=1 <input type="radio"/> | cq16to20_r1=2 <input type="radio"/> | cq16to20_r1=3 <input type="radio"/> | cq16to20_r1=4 <input type="radio"/> | cq16to20_r1=5 <input type="radio"/> |
| I feel afraid to eat out because my food may be contaminated | cq16to20_r2=1 <input type="radio"/> | cq16to20_r2=2 <input type="radio"/> | cq16to20_r2=3 <input type="radio"/> | cq16to20_r2=4 <input type="radio"/> | cq16to20_r2=5 <input type="radio"/> |
| I feel worried about the increased risk of one of my family members having coeliac disease | cq16to20_r3=1 <input type="radio"/> | cq16to20_r3=2 <input type="radio"/> | cq16to20_r3=3 <input type="radio"/> | cq16to20_r3=4 <input type="radio"/> | cq16to20_r3=5 <input type="radio"/> |
| I feel like I think about food all the time | cq16to20_r4=1 <input type="radio"/> | cq16to20_r4=2 <input type="radio"/> | cq16to20_r4=3 <input type="radio"/> | cq16to20_r4=4 <input type="radio"/> | cq16to20_r4=5 <input type="radio"/> |
| I feel concerned that my long-term health will be affected | cq16to20_r5=1 <input type="radio"/> | cq16to20_r5=2 <input type="radio"/> | cq16to20_r5=3 <input type="radio"/> | cq16to20_r5=4 <input type="radio"/> | cq16to20_r5=5 <input type="radio"/> |

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Food Intolerance Quality of Life Questionnaire (FIQLQ-AF)

For Adults aged 18 + years

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FIQLQintro

The following are scenarios that adults have told us affect their quality of life because of their food intolerance. We are interested in all or any food intolerances.

Please indicate how much of an impact each scenario has on your quality of life by selecting one of the boxes numbered 0-6:

0 - not 1 - barely 2 - slightly 3 - moderately 4 - quite 5 - very 6 - extremely

fiq1to9

How troublesome do you find it, because of your food intolerance, that you...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| must always be alert as to what you are eating? | fiq1to9_r1=1 <input type="radio"/> | fiq1to9_r1=2 <input type="radio"/> | fiq1to9_r1=3 <input type="radio"/> | fiq1to9_r1=4 <input type="radio"/> | fiq1to9_r1=5 <input type="radio"/> | fiq1to9_r1=6 <input type="radio"/> | fiq1to9_r1=7 <input type="radio"/> |
| have less variety in the food that you can eat ? | fiq1to9_r2=1 <input type="radio"/> | fiq1to9_r2=2 <input type="radio"/> | fiq1to9_r2=3 <input type="radio"/> | fiq1to9_r2=4 <input type="radio"/> | fiq1to9_r2=5 <input type="radio"/> | fiq1to9_r2=6 <input type="radio"/> | fiq1to9_r2=7 <input type="radio"/> |
| have less variety in the products that you can buy? | fiq1to9_r3=1 <input type="radio"/> | fiq1to9_r3=2 <input type="radio"/> | fiq1to9_r3=3 <input type="radio"/> | fiq1to9_r3=4 <input type="radio"/> | fiq1to9_r3=5 <input type="radio"/> | fiq1to9_r3=6 <input type="radio"/> | fiq1to9_r3=7 <input type="radio"/> |
| must read labels? | fiq1to9_r4=1 <input type="radio"/> | fiq1to9_r4=2 <input type="radio"/> | fiq1to9_r4=3 <input type="radio"/> | fiq1to9_r4=4 <input type="radio"/> | fiq1to9_r4=5 <input type="radio"/> | fiq1to9_r4=6 <input type="radio"/> | fiq1to9_r4=7 <input type="radio"/> |
| have the feeling that you have less control of what you eat when eating out? | fiq1to9_r5=1 <input type="radio"/> | fiq1to9_r5=2 <input type="radio"/> | fiq1to9_r5=3 <input type="radio"/> | fiq1to9_r5=4 <input type="radio"/> | fiq1to9_r5=5 <input type="radio"/> | fiq1to9_r5=6 <input type="radio"/> | fiq1to9_r5=7 <input type="radio"/> |
| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
| are less able to spontaneously accept an invitation to stay for a meal? | fiq1to9_r6=1 <input type="radio"/> | fiq1to9_r6=2 <input type="radio"/> | fiq1to9_r6=3 <input type="radio"/> | fiq1to9_r6=4 <input type="radio"/> | fiq1to9_r6=5 <input type="radio"/> | fiq1to9_r6=6 <input type="radio"/> | fiq1to9_r6=7 <input type="radio"/> |
| less able to taste or try various foods when eating out? | fiq1to9_r7=1 <input type="radio"/> | fiq1to9_r7=2 <input type="radio"/> | fiq1to9_r7=3 <input type="radio"/> | fiq1to9_r7=4 <input type="radio"/> | fiq1to9_r7=5 <input type="radio"/> | fiq1to9_r7=6 <input type="radio"/> | fiq1to9_r7=7 <input type="radio"/> |
| must personally check whether you can eat something when eating out? | fiq1to9_r8=1 <input type="radio"/> | fiq1to9_r8=2 <input type="radio"/> | fiq1to9_r8=3 <input type="radio"/> | fiq1to9_r8=4 <input type="radio"/> | fiq1to9_r8=5 <input type="radio"/> | fiq1to9_r8=6 <input type="radio"/> | fiq1to9_r8=7 <input type="radio"/> |
| must be cautious about eating a product when you have doubts about it? | fiq1to9_r9=1 <input type="radio"/> | fiq1to9_r9=2 <input type="radio"/> | fiq1to9_r9=3 <input type="radio"/> | fiq1to9_r9=4 <input type="radio"/> | fiq1to9_r9=5 <input type="radio"/> | fiq1to9_r9=6 <input type="radio"/> | fiq1to9_r9=7 <input type="radio"/> |

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A horizontal progress bar is shown, consisting of a dark blue segment followed by a grey segment. The dark blue segment represents the current progress, which is approximately 10% of the total length.

fiq10to13

How troublesome do you find it, because of your food intolerance...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|---|---|---|---|---|---|---|---|
| that the ingredients of a product change? | fiq10to13_r1=1 <input type="radio"/> | fiq10to13_r1=2 <input type="radio"/> | fiq10to13_r1=3 <input type="radio"/> | fiq10to13_r1=4 <input type="radio"/> | fiq10to13_r1=5 <input type="radio"/> | fiq10to13_r1=6 <input type="radio"/> | fiq10to13_r1=7 <input type="radio"/> |
| that the quality and clarity of labeling is poor, in general? | fiq10to13_r2=1 <input type="radio"/> | fiq10to13_r2=2 <input type="radio"/> | fiq10to13_r2=3 <input type="radio"/> | fiq10to13_r2=4 <input type="radio"/> | fiq10to13_r2=5 <input type="radio"/> | fiq10to13_r2=6 <input type="radio"/> | fiq10to13_r2=7 <input type="radio"/> |
| that people underestimate the impact of food intolerance ? | fiq10to13_r3=1 <input type="radio"/> | fiq10to13_r3=2 <input type="radio"/> | fiq10to13_r3=3 <input type="radio"/> | fiq10to13_r3=4 <input type="radio"/> | fiq10to13_r3=5 <input type="radio"/> | fiq10to13_r3=6 <input type="radio"/> | fiq10to13_r3=7 <input type="radio"/> |
| that you must explain to those around you that you have a food intolerance? | fiq10to13_r4=1 <input type="radio"/> | fiq10to13_r4=2 <input type="radio"/> | fiq10to13_r4=3 <input type="radio"/> | fiq10to13_r4=4 <input type="radio"/> | fiq10to13_r4=5 <input type="radio"/> | fiq10to13_r4=6 <input type="radio"/> | fiq10to13_r4=7 <input type="radio"/> |

fiq14to16

How worried are you because of your food intolerance ...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|---|---|---|---|---|---|---|---|
| about the impact on your health? | fiq14to16_r1=1 <input type="radio"/> | fiq14to16_r1=2 <input type="radio"/> | fiq14to16_r1=3 <input type="radio"/> | fiq14to16_r1=4 <input type="radio"/> | fiq14to16_r1=5 <input type="radio"/> | fiq14to16_r1=6 <input type="radio"/> | fiq14to16_r1=7 <input type="radio"/> |
| that you will be embarrassed by the symptoms of a reaction in social situations ? | fiq14to16_r2=1 <input type="radio"/> | fiq14to16_r2=2 <input type="radio"/> | fiq14to16_r2=3 <input type="radio"/> | fiq14to16_r2=4 <input type="radio"/> | fiq14to16_r2=5 <input type="radio"/> | fiq14to16_r2=6 <input type="radio"/> | fiq14to16_r2=7 <input type="radio"/> |
| that you experience physical distress because of symptoms during a reaction ? | fiq14to16_r3=1 <input type="radio"/> | fiq14to16_r3=2 <input type="radio"/> | fiq14to16_r3=3 <input type="radio"/> | fiq14to16_r3=4 <input type="radio"/> | fiq14to16_r3=5 <input type="radio"/> | fiq14to16_r3=6 <input type="radio"/> | fiq14to16_r3=7 <input type="radio"/> |

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FIQLQintro1

Please indicate how much of an impact each scenario has on your quality of life by selecting one of the boxes numbered 0-6:

fiq17to19

How concerned are you because of your food intolerance of...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|---|---|---|---|---|---|---|---|
| having a reaction? | fiq17to19_r1=1 <input type="radio"/> | fiq17to19_r1=2 <input type="radio"/> | fiq17to19_r1=3 <input type="radio"/> | fiq17to19_r1=4 <input type="radio"/> | fiq17to19_r1=5 <input type="radio"/> | fiq17to19_r1=6 <input type="radio"/> | fiq17to19_r1=7 <input type="radio"/> |
| accidentally eating something to which you will react ? | fiq17to19_r2=1 <input type="radio"/> | fiq17to19_r2=2 <input type="radio"/> | fiq17to19_r2=3 <input type="radio"/> | fiq17to19_r2=4 <input type="radio"/> | fiq17to19_r2=5 <input type="radio"/> | fiq17to19_r2=6 <input type="radio"/> | fiq17to19_r2=7 <input type="radio"/> |
| having a reaction when eating out despite the fact that your dietary restrictions have been discussed beforehand? | fiq17to19_r3=1 <input type="radio"/> | fiq17to19_r3=2 <input type="radio"/> | fiq17to19_r3=3 <input type="radio"/> | fiq17to19_r3=4 <input type="radio"/> | fiq17to19_r3=5 <input type="radio"/> | fiq17to19_r3=6 <input type="radio"/> | fiq17to19_r3=7 <input type="radio"/> |

fiq20to22

Please answer the following questions:

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|--|---|---|---|---|---|---|---|
| To what degree do you feel you are being a nuisance when eating out because you have a food intolerance? | fiq20to22_r1=1 <input type="radio"/> | fiq20to22_r1=2 <input type="radio"/> | fiq20to22_r1=3 <input type="radio"/> | fiq20to22_r1=4 <input type="radio"/> | fiq20to22_r1=5 <input type="radio"/> | fiq20to22_r1=6 <input type="radio"/> | fiq20to22_r1=7 <input type="radio"/> |
| How discouraged do you feel during an intolerant reaction? | fiq20to22_r2=1 <input type="radio"/> | fiq20to22_r2=2 <input type="radio"/> | fiq20to22_r2=3 <input type="radio"/> | fiq20to22_r2=4 <input type="radio"/> | fiq20to22_r2=5 <input type="radio"/> | fiq20to22_r2=6 <input type="radio"/> | fiq20to22_r2=7 <input type="radio"/> |
| How concerned are you about eating something you have never eaten before? | fiq20to22_r3=1 <input type="radio"/> | fiq20to22_r3=2 <input type="radio"/> | fiq20to22_r3=3 <input type="radio"/> | fiq20to22_r3=4 <input type="radio"/> | fiq20to22_r3=5 <input type="radio"/> | fiq20to22_r3=6 <input type="radio"/> | fiq20to22_r3=7 <input type="radio"/> |

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Food Allergy Quality of Life Questionnaire for Adults

For Adults aged 18 + years

FAQLQintro

The following questions concern the influence your food allergy has on your quality of life.

Please answer each question by choosing one of the following answers:

0 - not 1 - barely 2 - slightly 3 - moderately 4 - quite 5 - very 6 - extremely

faq1to6

How troublesome do you find it, because of your food allergy, that you...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| must always be alert as to what you are eating? | faq1to6_r1=1 <input type="radio"/> | faq1to6_r1=2 <input type="radio"/> | faq1to6_r1=3 <input type="radio"/> | faq1to6_r1=4 <input type="radio"/> | faq1to6_r1=5 <input type="radio"/> | faq1to6_r1=6 <input type="radio"/> | faq1to6_r1=7 <input type="radio"/> |
| are able to eat fewer products? | faq1to6_r2=1 <input type="radio"/> | faq1to6_r2=2 <input type="radio"/> | faq1to6_r2=3 <input type="radio"/> | faq1to6_r2=4 <input type="radio"/> | faq1to6_r2=5 <input type="radio"/> | faq1to6_r2=6 <input type="radio"/> | faq1to6_r2=7 <input type="radio"/> |
| are limited as to the products you can buy? | faq1to6_r3=1 <input type="radio"/> | faq1to6_r3=2 <input type="radio"/> | faq1to6_r3=3 <input type="radio"/> | faq1to6_r3=4 <input type="radio"/> | faq1to6_r3=5 <input type="radio"/> | faq1to6_r3=6 <input type="radio"/> | faq1to6_r3=7 <input type="radio"/> |
| must read labels? | faq1to6_r4=1 <input type="radio"/> | faq1to6_r4=2 <input type="radio"/> | faq1to6_r4=3 <input type="radio"/> | faq1to6_r4=4 <input type="radio"/> | faq1to6_r4=5 <input type="radio"/> | faq1to6_r4=6 <input type="radio"/> | faq1to6_r4=7 <input type="radio"/> |
| have the feeling that you have less control of what you eat when eating out? | faq1to6_r5=1 <input type="radio"/> | faq1to6_r5=2 <input type="radio"/> | faq1to6_r5=3 <input type="radio"/> | faq1to6_r5=4 <input type="radio"/> | faq1to6_r5=5 <input type="radio"/> | faq1to6_r5=6 <input type="radio"/> | faq1to6_r5=7 <input type="radio"/> |
| must refuse many things during social activities? | faq1to6_r6=1 <input type="radio"/> | faq1to6_r6=2 <input type="radio"/> | faq1to6_r6=3 <input type="radio"/> | faq1to6_r6=4 <input type="radio"/> | faq1to6_r6=5 <input type="radio"/> | faq1to6_r6=6 <input type="radio"/> | faq1to6_r6=7 <input type="radio"/> |

faq7to12

How troublesome do you find it, because of your food allergy, that you...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extremely |
|--|--|--|--|--|--|--|--|
| sometimes frustrate people when they are making an effort to accommodate your food | faq7to12_r1=1 <input type="radio"/> | faq7to12_r1=2 <input type="radio"/> | faq7to12_r1=3 <input type="radio"/> | faq7to12_r1=4 <input type="radio"/> | faq7to12_r1=5 <input type="radio"/> | faq7to12_r1=6 <input type="radio"/> | faq7to12_r1=7 <input type="radio"/> |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| allergy? | | | | | | | |
| are less able to spontaneously accept an invitation to stay for a meal? | faq7to12_r2=1 <input type="radio"/> | faq7to12_r2=2 <input type="radio"/> | faq7to12_r2=3 <input type="radio"/> | faq7to12_r2=4 <input type="radio"/> | faq7to12_r2=5 <input type="radio"/> | faq7to12_r2=6 <input type="radio"/> | faq7to12_r2=7 <input type="radio"/> |
| are less able to taste or try various products when eating out? | faq7to12_r3=1 <input type="radio"/> | faq7to12_r3=2 <input type="radio"/> | faq7to12_r3=3 <input type="radio"/> | faq7to12_r3=4 <input type="radio"/> | faq7to12_r3=5 <input type="radio"/> | faq7to12_r3=6 <input type="radio"/> | faq7to12_r3=7 <input type="radio"/> |
| can eat out less? | faq7to12_r4=1 <input type="radio"/> | faq7to12_r4=2 <input type="radio"/> | faq7to12_r4=3 <input type="radio"/> | faq7to12_r4=4 <input type="radio"/> | faq7to12_r4=5 <input type="radio"/> | faq7to12_r4=6 <input type="radio"/> | faq7to12_r4=7 <input type="radio"/> |
| must personally check whether you can eat something when eating out? | faq7to12_r5=1 <input type="radio"/> | faq7to12_r5=2 <input type="radio"/> | faq7to12_r5=3 <input type="radio"/> | faq7to12_r5=4 <input type="radio"/> | faq7to12_r5=5 <input type="radio"/> | faq7to12_r5=6 <input type="radio"/> | faq7to12_r5=7 <input type="radio"/> |
| hesitate eating a product when you have doubts about it? | faq7to12_r6=1 <input type="radio"/> | faq7to12_r6=2 <input type="radio"/> | faq7to12_r6=3 <input type="radio"/> | faq7to12_r6=4 <input type="radio"/> | faq7to12_r6=5 <input type="radio"/> | faq7to12_r6=6 <input type="radio"/> | faq7to12_r6=7 <input type="radio"/> |

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faq13to17

How troublesome do you find it, because of your food allergy ...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|--|---|---|---|---|---|---|---|
| that the ingredients of a product change? | faq13to17_r1=1 <input type="radio"/> | faq13to17_r1=2 <input type="radio"/> | faq13to17_r1=3 <input type="radio"/> | faq13to17_r1=4 <input type="radio"/> | faq13to17_r1=5 <input type="radio"/> | faq13to17_r1=6 <input type="radio"/> | faq13to17_r1=7 <input type="radio"/> |
| that labels are incomplete? | faq13to17_r2=1 <input type="radio"/> | faq13to17_r2=2 <input type="radio"/> | faq13to17_r2=3 <input type="radio"/> | faq13to17_r2=4 <input type="radio"/> | faq13to17_r2=5 <input type="radio"/> | faq13to17_r2=6 <input type="radio"/> | faq13to17_r2=7 <input type="radio"/> |
| that the lettering on labels is too small? | faq13to17_r3=1 <input type="radio"/> | faq13to17_r3=2 <input type="radio"/> | faq13to17_r3=3 <input type="radio"/> | faq13to17_r3=4 <input type="radio"/> | faq13to17_r3=5 <input type="radio"/> | faq13to17_r3=6 <input type="radio"/> | faq13to17_r3=7 <input type="radio"/> |
| that the label states: "May contain (traces of) ..."? | faq13to17_r4=1 <input type="radio"/> | faq13to17_r4=2 <input type="radio"/> | faq13to17_r4=3 <input type="radio"/> | faq13to17_r4=4 <input type="radio"/> | faq13to17_r4=5 <input type="radio"/> | faq13to17_r4=6 <input type="radio"/> | faq13to17_r4=7 <input type="radio"/> |
| that ingredients are different in other countries (for example during vacation)? | faq13to17_r5=1 <input type="radio"/> | faq13to17_r5=2 <input type="radio"/> | faq13to17_r5=3 <input type="radio"/> | faq13to17_r5=4 <input type="radio"/> | faq13to17_r5=5 <input type="radio"/> | faq13to17_r5=6 <input type="radio"/> | faq13to17_r5=7 <input type="radio"/> |

faq18to21

How troublesome do you find it, because of your food allergy ...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|---|---|---|---|---|---|---|---|
| that people underestimate your problems caused by food allergy? | faq18to21_r1=1 <input type="radio"/> | faq18to21_r1=2 <input type="radio"/> | faq18to21_r1=3 <input type="radio"/> | faq18to21_r1=4 <input type="radio"/> | faq18to21_r1=5 <input type="radio"/> | faq18to21_r1=6 <input type="radio"/> | faq18to21_r1=7 <input type="radio"/> |
| that it is unclear to which foods you are allergic? | faq18to21_r2=1 <input type="radio"/> | faq18to21_r2=2 <input type="radio"/> | faq18to21_r2=3 <input type="radio"/> | faq18to21_r2=4 <input type="radio"/> | faq18to21_r2=5 <input type="radio"/> | faq18to21_r2=6 <input type="radio"/> | faq18to21_r2=7 <input type="radio"/> |
| that you must explain to those around you that you have a food allergy? | faq18to21_r3=1 <input type="radio"/> | faq18to21_r3=2 <input type="radio"/> | faq18to21_r3=3 <input type="radio"/> | faq18to21_r3=4 <input type="radio"/> | faq18to21_r3=5 <input type="radio"/> | faq18to21_r3=6 <input type="radio"/> | faq18to21_r3=7 <input type="radio"/> |
| for your host or hostess should you have an allergic reaction? | faq18to21_r4=1 <input type="radio"/> | faq18to21_r4=2 <input type="radio"/> | faq18to21_r4=3 <input type="radio"/> | faq18to21_r4=4 <input type="radio"/> | faq18to21_r4=5 <input type="radio"/> | faq18to21_r4=6 <input type="radio"/> | faq18to21_r4=7 <input type="radio"/> |

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faq22to23

How worried are you because of your food allergy ...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|---|---|---|---|---|---|---|---|
| about your health? | faq22to23_r1=1 <input type="radio"/> | faq22to23_r1=2 <input type="radio"/> | faq22to23_r1=3 <input type="radio"/> | faq22to23_r1=4 <input type="radio"/> | faq22to23_r1=5 <input type="radio"/> | faq22to23_r1=6 <input type="radio"/> | faq22to23_r1=7 <input type="radio"/> |
| that the allergic reactions to foods will become increasingly severe? | faq22to23_r2=1 <input type="radio"/> | faq22to23_r2=2 <input type="radio"/> | faq22to23_r2=3 <input type="radio"/> | faq22to23_r2=4 <input type="radio"/> | faq22to23_r2=5 <input type="radio"/> | faq22to23_r2=6 <input type="radio"/> | faq22to23_r2=7 <input type="radio"/> |

faq24to26

How frightened are you because of your food allergy ...

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|---|---|---|---|---|---|---|---|
| of an allergic reaction? | faq24to26_r1=1 <input type="radio"/> | faq24to26_r1=2 <input type="radio"/> | faq24to26_r1=3 <input type="radio"/> | faq24to26_r1=4 <input type="radio"/> | faq24to26_r1=5 <input type="radio"/> | faq24to26_r1=6 <input type="radio"/> | faq24to26_r1=7 <input type="radio"/> |
| of accidentally eating the wrong food? | faq24to26_r2=1 <input type="radio"/> | faq24to26_r2=2 <input type="radio"/> | faq24to26_r2=3 <input type="radio"/> | faq24to26_r2=4 <input type="radio"/> | faq24to26_r2=5 <input type="radio"/> | faq24to26_r2=6 <input type="radio"/> | faq24to26_r2=7 <input type="radio"/> |
| of an allergic reaction when eating out despite the fact that your dietary restrictions have been discussed beforehand? | faq24to26_r3=1 <input type="radio"/> | faq24to26_r3=2 <input type="radio"/> | faq24to26_r3=3 <input type="radio"/> | faq24to26_r3=4 <input type="radio"/> | faq24to26_r3=5 <input type="radio"/> | faq24to26_r3=6 <input type="radio"/> | faq24to26_r3=7 <input type="radio"/> |

faq27to29

Please answer the following questions:

| | 0 not | 1 barely | 2 slightly | 3 moderately | 4 quite | 5 very | 6 extreme |
|--|---|---|---|---|---|---|---|
| To what degree do you feel you are being a nuisance because you have a food allergy when eating out? | faq27to29_r1=1 <input type="radio"/> | faq27to29_r1=2 <input type="radio"/> | faq27to29_r1=3 <input type="radio"/> | faq27to29_r1=4 <input type="radio"/> | faq27to29_r1=5 <input type="radio"/> | faq27to29_r1=6 <input type="radio"/> | faq27to29_r1=7 <input type="radio"/> |
| How discouraged do you feel during an allergic reaction? | faq27to29_r2=1 <input type="radio"/> | faq27to29_r2=2 <input type="radio"/> | faq27to29_r2=3 <input type="radio"/> | faq27to29_r2=4 <input type="radio"/> | faq27to29_r2=5 <input type="radio"/> | faq27to29_r2=6 <input type="radio"/> | faq27to29_r2=7 <input type="radio"/> |
| How apprehensive are you about eating something you have never eaten before? | faq27to29_r3=1 <input type="radio"/> | faq27to29_r3=2 <input type="radio"/> | faq27to29_r3=3 <input type="radio"/> | faq27to29_r3=4 <input type="radio"/> | faq27to29_r3=5 <input type="radio"/> | faq27to29_r3=6 <input type="radio"/> | faq27to29_r3=7 <input type="radio"/> |

Back

Next

0%  100%

EQnohyper1

Thank you.

Earlier you scored how your health is today in terms of:

- Mobility
- Selfcare
- Performing usual activities
- Pain/Discomfort
- Anxiety/depression

Now we would like you to think about what your health would be today if you had no **Food Hypersensitivity** (no food allergies, food intolerances or Coeliac disease).

On the next page, using the same scale you used before, please score what you think your health would be if you had no Food Hypersensitivities.

Back

Next

0%  100%

ifyouhad1

If you had no food hypersensitivity...

mobno

Please select the **ONE** option that you think would best describe your health **TODAY** if you did not have a food hypersensitivity.

Mobility

mobno=1

☐

I have **no** problems walking about

mobno=2

☐

I have **slight** problems in walking about

mobno=3

☐

I have **moderate** problems in walking about

mobno=4

☐

I have **severe** problems in walking about

mobno=5

☐

I am **unable** to walk about

Back

Next

0%  100%

ifyouhad2

If you had no food hypersensitivity...

selfcno

Please select the **ONE** option that you think would best describe your health **TODAY** if you did not have a food hypersensitivity.

Self-Care

selfcno=1

☐

I have **no** problems with washing or dressing myself

selfcno=2

☐

I have **slight** problems with washing or dressing myself

selfcno=3

☐

I have **moderate** problems with washing or dressing myself

selfcno=4

☐

I have **severe** problems with washing or dressing myself

selfcno=5

☐

I am **unable** to wash or dress myself

Back

Next

0%  100%

ifyouhad3

If you had no food hypersensitivity...

usualno

Please select the **ONE** option that you think would best describe your health **TODAY** if you did not have a food hypersensitivity.

Usual Activities (e.g. work, study, housework, family or leisure activities)

usualno=1

☐

I have **no** problems doing my usual activities

usualno=2

☐

I have **slight** problems doing my usual activities

usualno=3

☐

I have **moderate** problems doing my usual activities

usualno=4

☐

I have **severe** problems doing my usual activities

usualno=5

☐

I am **unable** to do my usual activities

Back

Next

0%  100%

ifyouhad4

If you had no food hypersensitivity...

painno

Please select the **ONE** option that you think would best describe your health **TODAY** if you did not have a food hypersensitivity.

Pain / Discomfort

painno=1

☐

I have **no** pain or discomfort

painno=2

☐

I have **slight** pain and discomfort

painno=3

☐

I have **moderate** pain and discomfort

painno=4

☐

I have **severe** pain or discomfort

painno=5

☐

I have **extreme** pain or discomfort

Back

Next

0%  100%

ifyouhad5

If you had no food hypersensitivity...

anxiousno

Please select the **ONE** option that you think would best describe your health **TODAY** if you did not have a food hypersensitivity.

Anxiety / Depression

anxiousno=1

☐

I am **not** anxious or depressed

anxiousno=2

☐

I am **slightly** anxious or depressed

anxiousno=3

☐

I am **moderately** anxious or depressed

anxiousno=4

☐

I am **severely** anxious or depressed

anxiousno=5

☐

I am **extremely** anxious or depressed

Back

Next

0%  100%

VASerror2

Note that the Visual Analogue Scale 'thermometer' question was programmed using Java and its appearance is not well represented in this PDF version of the survey - the project report includes screenshots of the VAS question.

test

Below is the scale on which you scored your health today.

You scored your health today as [Script].

We'd like you to use it to show what you think that score would be today if you did not have any Food Hypersensitivity.

noFHhealthscore

| Your Health Today | |
|-------------------|---|
| Item 1 | <div><div>noFHhealthscore_r1_c1</div><input type="text"/></div> |

Back

Next

0% 100%

noFHintro1

Thank you.

You have told us about how your hypersensitivity to food(s) affects your quality of life.

Now we would like you to think some more about what life would be like without your hypersensitivity to food(s).

Back

Next

0%  100%

pillintro1

We would like you to imagine that there is a pill available which would remove all the effects of your Food Hypersensitivity.

You would take one pill and its effects would last for a certain length of time.

pillintro2

During this time, you would be able to eat the food(s) to which you are hypersensitive without having any reaction.

After a set length of time your food hypersensitivity would return.

Back

Next

0%  100%

pillsafe

The pill is safe.

It has been tested and has been found to have no side effects – taking it would be like taking a food supplement. It would be available in online and high street shops such as health food stores and pharmacies.

onepillonly

You can only take one pill in your lifetime.

Back

Next

0%  100%

pillintro3

So now we will ask you to consider some choices between:

A. continuing with your food hypersensitivity as it is now

B. taking the pill that removes all symptoms and limitations of your food hypersensitivity for the specified period of time, after which your condition returns as it is now.

Back

Next

0%  100%

DCEError

Note that the DCE choice sets were programmed using Java and their appearance is not well represented in this PDF version of the survey - the project report includes screenshots of the choice sets.

explainpill1

Here is a first choice.

- In Option A nothing changes with your food hypersensitivity
- In Option B the pill removes all symptoms and limitations of your food hypersensitivity **for 1 year**. Then they return, as they are now.

pilltraining_Random1

If these were your only options, which would you choose?

None

£0

pilltraining_Random1

Select

1 year

£0

pilltraining_Random1

Select

Back

Next

0%  100%

pillreminders

Thanks.

When making your choices please remember these things about the Pill:

- It would have to be taken **now** - not at some later date.
- You could only take the Pill **once in your lifetime**.
- It is **100% effective** against all aspects of food hypersensitivity.
- After the time period shown, your food hypersensitivity would **return exactly as it is now**.

Back

Next

0%  100%

explainpill2

Here is another choice:

Notice that the period of time that the pill removes your food hypersensitivity has changed - **it is now 5 years**

pilltraining_Random2

If these were your only options, which would you choose?

None

£0

pilltraining_Random2

Select

5 years

£0

pilltraining_Random2

Select

Back

Next

0%  100%

explainpill3

Here is another choice:

Notice that the period of time that the pill removes your food hypersensitivity has changed - **it is now 20 years**

pilltraining_Random3

If these were your only options, which would you choose?

None

£0

pilltraining_Random3

Select

20 years

£0

pilltraining_Random3

Select

Back

Next

0%  100%

thanksfree

Thank you for making those choices.

[Script]

Back

Next

0% 100%

freenochooseabs

We notice that you never selected an option involving the temporary removal of your food hypersensitivity.

It would be helpful to know why that was - so please select the option that best explains why you never chose the temporary removal of your food hypersensitivity.:

freenochooseabs=1

☐

My condition was not removed for long enough to make it worthwhile.

freenochooseabs=2

☐

It was not worth it as I would have to adjust to having my condition when it came back.

freenochooseabs=3

☐

freenochooseabs_3_other

Other (please add)

Back

Next

0%  100%

minremove:

You declined the option involving the removal of your condition for 20 years.

Please tell us the minimum number of years your condition would need to be removed for you to select that option:

minremove=1 25 years
☐

minremove=2 30 years
☐

minremove=3 35 years
☐

minremove=4 40 years
☐

minremove=5 45 years
☐

minremove=6 50 years
☐

minremove=7 ...permanent removal only
☐

minremove=8 ...would not want to remove my food hypersensitivity
☐

Back

Next

0%  100%

minthanks

Thank you.

Now, we'll ask you another question about the removal of your food hypersensitivity

[Script]

Back

Next

0%  100%

nowpaypill

Now we would like you to think about making choices where the pill is available to buy - from a high street shop or online.

You would have to pay for it.

pilltakeonce

Back

Next

0%  100%

pillchoices

So now the choices will be between:

- A. continuing with your food hypersensitivity as it is now.
- B. buying and taking the pill so that all symptoms and limitations of your food hypersensitivity are removed for the period shown.

Back

Next

0%  100%

DCEerror1

Note that the DCE choice sets were programmed using Java and their appearance is not well represented in this PDF version of the survey - the project report includes screenshots of the choice sets.

showex

Here is a first choice, where the pill would have to be bought..

The pill would remove your food hypersensitivity for **1 year**, and would **cost £1000**

pricetraining_Random1

If these were your only options, which would you choose?

| | |
|-------------------------------------|--|
| Years with no Food Hypersensitivity | None |
| Annual Cost | £0 |
| | <p>pricetraining_Random1</p> <p>Select</p> |

| |
|--|
| 1 year |
| £1,000 |
| <p>pricetraining_Random1</p> <p>Select</p> |

Back

Next

0%  100%

showex2

And here is another..

The pill would remove your food hypersensitivity for **5 years**, and would **cost £5,000**

pricetraining_Random2

If these were your only options, which would you choose?

**Years with no
Food
Hypersensitivity**

None

Annual Cost

£0

pricetraining_Random2

Select

5 years

£1,000

pricetraining_Random2

Select

Back

Next

0%  100%

cheapintro

Before we ask you to consider some more of these choices, we have some information we would like you to read.

cheapnopill1

Our experience from previous surveys is that people often respond differently in a survey than how they would in real life.

It is particularly common that people say they would pay a price for something that they would not really be prepared, or able, to pay if faced with that option to buy with their own money.

cheapnopill2

This is often because people have not fully considered how big an impact the extra cost would have on their / their family budget.

So please consider the costs we show you seriously, and ask yourself whether (and if so, how) you could afford to pay the amounts shown.

Back

Next

0%  100%

explainpill5

Now we will ask you to make the rest of your choices.

The options will always be:

- A. continuing with your food hypersensitivity as it is now;
- B. paying for the pill to remove all the symptoms and limitations of your food hypersensitivity for a specified period.

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Next

0%  100%

DCEError2

Note that the DCE choice sets were programmed using Java and their appearance is not well represented in this PDF version of the survey - the project report includes screenshots of the choice sets.

pill_Random1

If these were your only options, which would you choose?

Choice 1 of 9

| | |
|--------------|--------------|
| None | 1 year |
| £0 | £500 |
| pill_Random1 | pill_Random1 |
| Select | Select |

Back

Next

0%  100%

pill_Random2

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random2

Select

1 year

£1,500

pill_Random2

Select

Back

Next

0%  100%

pill_Random3

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random3

Select

5 years

£500

pill_Random3

Select

Back

Next

0%  100%

pill_Random4

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random4

Select

5 years

£1,000

pill_Random4

Select

Back

Next

0%  100%

pill_Random5

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random5

Select

10 years

£250

pill_Random5

Select

Back

Next

0%  100%

pill_Random6

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random6

Select

10 years

£5,000

pill_Random6

Select

Back

Next

0%  100%

pill_Random7

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random7

Select

15 years

£500

pill_Random7

Select

Back

Next

0%  100%

pill_Random8

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random8

Select

15 years

£1,000

pill_Random8

Select

Back

Next

0%  100%

pill_Random9

If these were your only options, which would you choose?

Choice 1 of 9

None

£0

pill_Random9

Select

20 years

£1,500

pill_Random9

Select

Back

Next

0%  100%

thanksnopillDCE

Thank you for completing those choices.

We'd like to know how you found them....

[Script]

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Next

0%  100%

diffcompill

How easy or hard was it to understand the choice questions involving your food hypersensitivity and money?

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------------|---|---|---|---|---|
| To understand the choices was.... | diffcompill_r1=1 <input type="radio"/> | diffcompill_r1=2 <input type="radio"/> | diffcompill_r1=3 <input type="radio"/> | diffcompill_r1=4 <input type="radio"/> | diffcompill_r1=5 <input type="radio"/> |

diffmakepill

How easy or hard was it to decide which option to choose in the questions involving your food hypersensitivity and money?

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------|--|--|--|--|--|
| To make the choices was.... | diffmakepill_r1=1 <input type="radio"/> | diffmakepill_r1=2 <input type="radio"/> | diffmakepill_r1=3 <input type="radio"/> | diffmakepill_r1=4 <input type="radio"/> | diffmakepill_r1=5 <input type="radio"/> |

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Next

0%  100%

nopaypill

We noticed that you never selected an option that involved paying for the pill to avoid the symptoms and limitations of your food hypersensitivity.

It would be helpful to know why that was - so please select the option that best explains why you never chose to pay:

nopaypill=1

☐

The cost of the pill was too high compared to the benefit I would get from it.

nopaypill=2

☐

I did not trust that the pill was safe.

nopaypill=3

☐

I did not trust that the pill would work.

nopaypill=4

☐

I could not afford to pay what was asked.

nopaypill=5

☐

My condition was not removed for long enough to make it worth paying the prices offered.

nopaypill=6

☐

I should not have to pay because the government should provide health care.

nopaypill=7

☐

nopaypill_7_other

Other (please add)

Back

Next

0%  100%

allpaypill

We notice that you always selected the option that involved paying to avoid the symptoms and limitations of your food hypersensitivity.

It would be helpful to know why that was - so please select the option that best explains why that was the case:

allpaypill=1

☐

I did not think the payment was realistic, so I ignored the prices.

allpaypill=2

☐

The cost was small compared to the benefit I would get.

allpaypill=3

☐

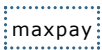
allpaypill_3_other

Other (please add)

Back

Next

0%  100%



Thank you.

In the previous questions we showed you choices with one option involving a cost to remove all the symptoms and limitations of your food hypersensitivity.

Now we would like you to think about what is the most you would pay to remove your food hypersensitivity for a period of time.

Please tell us what is the most you would pay to remove your food hypersensitivity for .

This is an amount (in £) to be paid NOW to remove all the symptoms and limitations of your food hypersensitivity for that whole period.

If you would NOT pay anything for this change then please enter a value of zero (0).

Back

Next

0%  100%

maxpayminremove

Thank you.

Now we would like you to think about what is the most you would pay to remove your food hypersensitivity for that period of time.

Please tell us what is the most you would pay to remove your food hypersensitivity for [Script] years.

This is an amount (in £) to be paid NOW to remove all the symptoms and limitations of your food hypersensitivity for that whole period.>

If you would NOT pay anything for this change then please enter a value of zero (0).

Back

Next

0%  100%

permpayintro

In the previous questions we showed you choices in which all the symptoms and limitations of your food hypersensitivity were removed for a limited period, then they returned.

Now we would like you to think about the scenario in which your food hypersensitivity could be **permanently** removed.

maxpayperm

We would like you to think about what's the most you would be willing and able to pay to remove your food hypersensitivity permanently.

Please tell us what is the most you would be willing and able to pay to achieve this.

This is an amount (in £) to be paid NOW to remove all the symptoms and limitations of your food hypersensitivity FOREVER.

If you would NOT pay anything for this change then please enter a value of zero (0).

Back

Next

0%  100%

jump to correct BWS

Thanks, now we are going to ask you to make some different type of choices.

Back

Next



allergbwsintro1

Earlier you indicated the impact of Food Allergy in terms of the trouble, concern and worry it caused you regarding different aspects of your life (shopping, eating out, socialising etc).

allergbwsintro2

We want to understand which of those have the greatest impact on your quality of life.

To understand this, on the pages that follow we are going to show you subsets of those different ways in which your Food Allergy affects your life.

Back

Next

0%  100%

allergexamplebws

For example here is a set of those impacts:

the trouble from always being alert as to what you are eating

the trouble from being able to eat fewer products

the trouble from being limited as to the products you can buy

the trouble from having to read labels

the trouble from the feeling that you have less control of what you eat when eating out

Back

Next

0%  100%

allexample1_1

When we show you these sets, we would like you to select the aspect of your food allergy which has the greatest impact on your Quality of Life.

| Greatest Impact | |
|--|--|
| <div>allexample1_1_b=15</div> <div><input type="radio"/></div> | the trouble from lettering on labels being too small |
| <div>allexample1_1_b=6</div> <div><input type="radio"/></div> | the trouble from having to refuse many things during social activities |
| <div>allexample1_1_b=24</div> <div><input type="radio"/></div> | the fear of an allergic reaction |
| <div>allexample1_1_b=3</div> <div><input type="radio"/></div> | the trouble from being limited as to the products you can buy |
| <div>allexample1_1_b=19</div> <div><input type="radio"/></div> | the trouble from it being unclear to which foods you are allergic |

Select the aspect which has the greatest impact on your Quality of Life

Back

Next

0% 100%

allexample2_1

...and the aspect of your food allergy which has the least impact on your Quality of Life.

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allexample2_1_b=15</div> <div><input type="radio"/></div> | <div>allexample2_1_w=15</div> <div><input type="radio"/></div> | the trouble from lettering on labels being too small |
| <div>allexample2_1_b=6</div> <div><input type="radio"/></div> | <div>allexample2_1_w=6</div> <div><input type="radio"/></div> | the trouble from having to refuse many things during social activities |
| <div>allexample2_1_b=24</div> <div><input type="radio"/></div> | <div>allexample2_1_w=24</div> <div><input type="radio"/></div> | the fear of an allergic reaction |
| <div>allexample2_1_b=3</div> <div><input type="radio"/></div> | <div>allexample2_1_w=3</div> <div><input type="radio"/></div> | the trouble from being limited as to the products you can buy |
| <div>allexample2_1_b=19</div> <div><input type="radio"/></div> | <div>allexample2_1_w=19</div> <div><input type="radio"/></div> | the trouble from it being unclear to which foods you are allergic |

Select the aspect which has the least impact on your Quality of Life

Back

Next

0% 100%

allergbwsgo

We will now ask you to make these selections of which aspects of your food allergy have the Greatest and Least impact on your Quality of Life.

Back

Next

0%  100%

allergset_1

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(1 of 10)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allergset_1_b=1</div> <div><input type="radio"/></div> | <div>allergset_1_w=1</div> <div><input type="radio"/></div> | the trouble from always being alert as to what you are eating |
| <div>allergset_1_b=10</div> <div><input type="radio"/></div> | <div>allergset_1_w=10</div> <div><input type="radio"/></div> | the trouble from eating out less |
| <div>allergset_1_b=4</div> <div><input type="radio"/></div> | <div>allergset_1_w=4</div> <div><input type="radio"/></div> | the trouble from having to read labels |
| <div>allergset_1_b=25</div> <div><input type="radio"/></div> | <div>allergset_1_w=25</div> <div><input type="radio"/></div> | the fear of accidentally eating the wrong food |

Back

Next

0% 100%

allergset_2

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(2 of 10)

| Greatest Impact | Least Impact | |
|--|--|---|
| <div>allergset_2_b=28</div> <div><input type="radio"/></div> | <div>allergset_2_w=28</div> <div><input type="radio"/></div> | The discouragement you feel during an allergic reaction |
| <div>allergset_2_b=13</div> <div><input type="radio"/></div> | <div>allergset_2_w=13</div> <div><input type="radio"/></div> | the trouble from product ingredients changing |
| <div>allergset_2_b=26</div> <div><input type="radio"/></div> | <div>allergset_2_w=26</div> <div><input type="radio"/></div> | the fear of an allergic reaction when eating out despite your dietary restrictions have been discussed |
| <div>allergset_2_b=14</div> <div><input type="radio"/></div> | <div>allergset_2_w=14</div> <div><input type="radio"/></div> | the trouble from labels being incomplete |

Back

Next

0% 100%

allergset_3

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(3 of 10)

| Greatest Impact | Least Impact | |
|--|--|---|
| <div>allergset_3_b=6</div> <div><input type="radio"/></div> | <div>allergset_3_w=6</div> <div><input type="radio"/></div> | the trouble from having to refuse many things during social activities |
| <div>allergset_3_b=19</div> <div><input type="radio"/></div> | <div>allergset_3_w=19</div> <div><input type="radio"/></div> | the trouble from it being unclear to which foods you are allergic |
| <div>allergset_3_b=16</div> <div><input type="radio"/></div> | <div>allergset_3_w=16</div> <div><input type="radio"/></div> | the trouble from labels stating: "May contain (traces of)...." |
| <div>allergset_3_b=2</div> <div><input type="radio"/></div> | <div>allergset_3_w=2</div> <div><input type="radio"/></div> | the trouble from being able to eat fewer products |

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0% 100%

allergset_4

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(4 of 10)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allergset_4_b=18</div> <div><input type="radio"/></div> | <div>allergset_4_w=18</div> <div><input type="radio"/></div> | the trouble from people underestimating the problems caused by your food allergy |
| <div>allergset_4_b=9</div> <div><input type="radio"/></div> | <div>allergset_4_w=9</div> <div><input type="radio"/></div> | the trouble from being less able to taste or try various products when eating out |
| <div>allergset_4_b=21</div> <div><input type="radio"/></div> | <div>allergset_4_w=21</div> <div><input type="radio"/></div> | the trouble for your hosts should you have an allergic reaction |
| <div>allergset_4_b=22</div> <div><input type="radio"/></div> | <div>allergset_4_w=22</div> <div><input type="radio"/></div> | the worry about your health |

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allergset_5

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(5 of 10)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allergset_5_b=7</div> <div><input type="radio"/></div> | <div>allergset_5_w=7</div> <div><input type="radio"/></div> | the trouble from sometimes frustrating people when they are making an effort to accommodate your food allergy |
| <div>allergset_5_b=15</div> <div><input type="radio"/></div> | <div>allergset_5_w=15</div> <div><input type="radio"/></div> | the trouble from lettering on labels being too small |
| <div>allergset_5_b=23</div> <div><input type="radio"/></div> | <div>allergset_5_w=23</div> <div><input type="radio"/></div> | the worry that the allergic reactions to foods will become increasingly severe |
| <div>allergset_5_b=17</div> <div><input type="radio"/></div> | <div>allergset_5_w=17</div> <div><input type="radio"/></div> | the trouble from ingredients being different in other countries (for example during vacation) |

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allergset_6

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(6 of 10)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allergset_6_b=24</div> <div><input type="radio"/></div> | <div>allergset_6_w=24</div> <div><input type="radio"/></div> | the fear of an allergic reaction |
| <div>allergset_6_b=29</div> <div><input type="radio"/></div> | <div>allergset_6_w=29</div> <div><input type="radio"/></div> | The apprehension you feel about eating something you have never eaten before |
| <div>allergset_6_b=11</div> <div><input type="radio"/></div> | <div>allergset_6_w=11</div> <div><input type="radio"/></div> | the trouble from having to personally check whether you can eat something when eating out |
| <div>allergset_6_b=8</div> <div><input type="radio"/></div> | <div>allergset_6_w=8</div> <div><input type="radio"/></div> | the trouble from being less able to spontaneously accept an invitation to stay for a meal |

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0% 100%

allergset_7

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(7 of 10)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>allergset_7_b=20</div> <div></div> | <div>allergset_7_w=20</div> <div></div> | the trouble from having to explain to those around you that you have a food allergy |
| <div>allergset_7_b=3</div> <div></div> | <div>allergset_7_w=3</div> <div></div> | the trouble from being limited as to the products you can buy |
| <div>allergset_7_b=27</div> <div></div> | <div>allergset_7_w=27</div> <div></div> | The feeling of being a nuisance when eating out because you have a food allergy |
| <div>allergset_7_b=5</div> <div></div> | <div>allergset_7_w=5</div> <div></div> | the trouble from the feeling that you have less control of what you eat when eating out |

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allergset_8

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(8 of 10)

| Greatest Impact | Least Impact | |
|--|--|---|
| <div>allergset_8_b=25</div> <div><input type="radio"/></div> | <div>allergset_8_w=25</div> <div><input type="radio"/></div> | the fear of accidentally eating the wrong food |
| <div>allergset_8_b=14</div> <div><input type="radio"/></div> | <div>allergset_8_w=14</div> <div><input type="radio"/></div> | the trouble from labels being incomplete |
| <div>allergset_8_b=6</div> <div><input type="radio"/></div> | <div>allergset_8_w=6</div> <div><input type="radio"/></div> | the trouble from having to refuse many things during social activities |
| <div>allergset_8_b=12</div> <div><input type="radio"/></div> | <div>allergset_8_w=12</div> <div><input type="radio"/></div> | the trouble from having to hesitate eating a product when you have doubts about it |

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allergset_9

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(9 of 10)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>allergset_9_b=9</div> <div><input type="radio"/></div> | <div>allergset_9_w=9</div> <div><input type="radio"/></div> | the trouble from being less able to taste or try various products when eating out |
| <div>allergset_9_b=23</div> <div><input type="radio"/></div> | <div>allergset_9_w=23</div> <div><input type="radio"/></div> | the worry that the allergic reactions to foods will become increasingly severe |
| <div>allergset_9_b=1</div> <div><input type="radio"/></div> | <div>allergset_9_w=1</div> <div><input type="radio"/></div> | the trouble from always being alert as to what you are eating |
| <div>allergset_9_b=28</div> <div><input type="radio"/></div> | <div>allergset_9_w=28</div> <div><input type="radio"/></div> | The discouragement you feel during an allergic reaction |

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allergset_10

Please consider these possible impacts of your food allergy on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(10 of 10)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>allergset_10_b=13</div> <div><input type="radio"/></div> | <div>allergset_10_w=13</div> <div><input type="radio"/></div> | the trouble from product ingredients changing |
| <div>allergset_10_b=11</div> <div><input type="radio"/></div> | <div>allergset_10_w=11</div> <div><input type="radio"/></div> | the trouble from having to personally check whether you can eat something when eating out |
| <div>allergset_10_b=7</div> <div><input type="radio"/></div> | <div>allergset_10_w=7</div> <div><input type="radio"/></div> | the trouble from sometimes frustrating people when they are making an effort to accommodate your food allergy |
| <div>allergset_10_b=18</div> <div><input type="radio"/></div> | <div>allergset_10_w=18</div> <div><input type="radio"/></div> | the trouble from people underestimating the problems caused by your food allergy |

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thanksbws1

Thank you for completing those choices.

We'd like to know how you found them....

diffcompallbws

How hard was it to understand the sets of impacts of your food allergy on your Quality of Life?

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------------|--|--|--|--|--|
| To understand the choices was.... | <div>diffcompallbws_r1=1</div> <input type="radio"/> | <div>diffcompallbws_r1=2</div> <input type="radio"/> | <div>diffcompallbws_r1=3</div> <input type="radio"/> | <div>diffcompallbws_r1=4</div> <input type="radio"/> | <div>diffcompallbws_r1=5</div> <input type="radio"/> |

diffmakeallbws

How hard was it to choose the impacts which had the Greatest and Least impact on your Quality of Life.

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------|--|--|--|--|--|
| To make the choices was.... | <div>diffmakeallbws_r1=1</div> <input type="radio"/> | <div>diffmakeallbws_r1=2</div> <input type="radio"/> | <div>diffmakeallbws_r1=3</div> <input type="radio"/> | <div>diffmakeallbws_r1=4</div> <input type="radio"/> | <div>diffmakeallbws_r1=5</div> <input type="radio"/> |

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COELIACBWS

Thanks, now we are going to ask you to make some different type of choices.

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0%  100%

coelbwsintro1

Earlier you indicated the impact of Coeliac Disease in terms of the trouble, concern and worry it caused you regarding different aspects of your life (shopping, eating out, socialising etc).

coelbwsintro2

We want to understand which of those have the greatest impact on your quality of life.

To understand this, on the pages that follow we are going to show you subsets of those different ways in which Coeliac Disease affects your life.

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coexamplebws

For example here is a set of those impacts:

| |
|---|
| the concern that this disease will cause other health problems |
| feeling socially stigmatized for having this disease |
| feeling depressed because of my disease |
| the difficulty of traveling or taking long trips because of my disease |
| feeling afraid to eat out because my food may be contaminated |

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colexampset1_1

When we show you these sets, we would like you to select the aspect of Coeliac Disease which has the greatest impact on your Quality of Life.

| Greatest Impact | |
|---|---|
| <div>colexampset1_1_b=3</div> <div><input type="radio"/></div> | the concern that this disease will cause other health problems |
| <div>colexampset1_1_b=5</div> <div><input type="radio"/></div> | feeling socially stigmatized for having this disease |
| <div>colexampset1_1_b=9</div> <div><input type="radio"/></div> | feeling depressed because of my disease |
| <div>colexampset1_1_b=14</div> <div><input type="radio"/></div> | the difficulty of traveling or taking long trips because of my disease |
| <div>colexampset1_1_b=16</div> <div><input type="radio"/></div> | feeling afraid to eat out because my food may be contaminated |

Select the aspect which has the **greatest impact** on your **Quality of Life**

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0% 100%

colexampset2_1

...and the aspect of Coeliac Disease which has the least impact on your Quality of Life.

| Greatest Impact | Least Impact | |
|---|---|---|
| <div>colexampset2_1_b=3</div> <div><input type="radio"/></div> | <div>colexampset2_1_w=3</div> <div><input type="radio"/></div> | the concern that this disease will cause other health problems |
| <div>colexampset2_1_b=5</div> <div><input type="radio"/></div> | <div>colexampset2_1_w=5</div> <div><input type="radio"/></div> | feeling socially stigmatized for having this disease |
| <div>colexampset2_1_b=9</div> <div><input type="radio"/></div> | <div>colexampset2_1_w=9</div> <div><input type="radio"/></div> | feeling depressed because of my disease |
| <div>colexampset2_1_b=14</div> <div><input type="radio"/></div> | <div>colexampset2_1_w=14</div> <div><input type="radio"/></div> | the difficulty of traveling or taking long trips because of my disease |
| <div>colexampset2_1_b=16</div> <div><input type="radio"/></div> | <div>colexampset2_1_w=16</div> <div><input type="radio"/></div> | feeling afraid to eat out because my food may be contaminated |

Select the aspect which has the **least impact** on your **Quality of Life**

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0% 100%

coelbwsgo

We will now ask you to make these selections of which aspects of Coeliac Disease have the Greatest and Least impact on your Quality of Life.

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0%  100%

coeliacset_1

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(1 of 8)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>coeliacset_1_b=17</div> <div><input type="radio"/></div> | <div>coeliacset_1_w=17</div> <div><input type="radio"/></div> | the worry about the increased risk of one of my family members having coeliac disease |
| <div>coeliacset_1_b=18</div> <div><input type="radio"/></div> | <div>coeliacset_1_w=18</div> <div><input type="radio"/></div> | feeling I think about food all the time |
| <div>coeliacset_1_b=16</div> <div><input type="radio"/></div> | <div>coeliacset_1_w=16</div> <div><input type="radio"/></div> | feeling afraid to eat out because my food may be contaminated |
| <div>coeliacset_1_b=11</div> <div><input type="radio"/></div> | <div>coeliacset_1_w=11</div> <div><input type="radio"/></div> | feeling I don't know enough about the disease |

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coeliacset_2

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(2 of 8)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>coeliacset_2_b=7</div> <div></div> | <div>coeliacset_2_w=7</div> <div></div> | feeling unable to have special foods like birthday cake and pizza |
| <div>coeliacset_2_b=8</div> <div></div> | <div>coeliacset_2_w=8</div> <div></div> | feeling there are not enough choices for treatment |
| <div>coeliacset_2_b=1</div> <div></div> | <div>coeliacset_2_w=1</div> <div></div> | feeling limited by this disease |
| <div>coeliacset_2_b=15</div> <div></div> | <div>coeliacset_2_w=15</div> <div></div> | feeling I cannot live a normal life because of my disease |

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coeliacset_3

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(3 of 8)

| Greatest Impact | Least Impact | |
|---|---|---|
| <div>coeliacset_3_b=10</div> <div><input type="radio"/></div> | <div>coeliacset_3_w=10</div> <div><input type="radio"/></div> | feeling frightened by having this disease |
| <div>coeliacset_3_b=9</div> <div><input type="radio"/></div> | <div>coeliacset_3_w=9</div> <div><input type="radio"/></div> | feeling depressed because of my disease |
| <div>coeliacset_3_b=12</div> <div><input type="radio"/></div> | <div>coeliacset_3_w=12</div> <div><input type="radio"/></div> | feeling overwhelmed about having this disease |
| <div>coeliacset_3_b=14</div> <div><input type="radio"/></div> | <div>coeliacset_3_w=14</div> <div><input type="radio"/></div> | the difficulty of traveling or taking long trips because of my disease |

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0% 100%

coeliacset_4

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(4 of 8)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>coeliacset_4_b=5</div> <div><input type="radio"/></div> | <div>coeliacset_4_w=5</div> <div><input type="radio"/></div> | feeling socially stigmatized for having this disease |
| <div>coeliacset_4_b=13</div> <div><input type="radio"/></div> | <div>coeliacset_4_w=13</div> <div><input type="radio"/></div> | the trouble I have socializing because of my disease |
| <div>coeliacset_4_b=4</div> <div><input type="radio"/></div> | <div>coeliacset_4_w=4</div> <div><input type="radio"/></div> | the worry about an increased risk of cancer from this disease |
| <div>coeliacset_4_b=2</div> <div><input type="radio"/></div> | <div>coeliacset_4_w=2</div> <div><input type="radio"/></div> | the worry that I will suffer from this disease |

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0% 100%

coeliacset_5

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(5 of 8)

| Greatest Impact | Least Impact | |
|---|---|---|
| <div>coeliacset_5_b=18</div> <div><input type="radio"/></div> | <div>coeliacset_5_w=18</div> <div><input type="radio"/></div> | feeling I think about food all the time |
| <div>coeliacset_5_b=6</div> <div><input type="radio"/></div> | <div>coeliacset_5_w=6</div> <div><input type="radio"/></div> | feeling limited in eating meals with co workers |
| <div>coeliacset_5_b=19</div> <div><input type="radio"/></div> | <div>coeliacset_5_w=19</div> <div><input type="radio"/></div> | the concern that my long-term health will be affected |
| <div>coeliacset_5_b=3</div> <div><input type="radio"/></div> | <div>coeliacset_5_w=3</div> <div><input type="radio"/></div> | the concern that this disease will cause other health problems |

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0% 100%

coeliacset_6

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(6 of 8)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>coeliacset_6_b=9</div> <div><input type="radio"/></div> | <div>coeliacset_6_w=9</div> <div><input type="radio"/></div> | feeling depressed because of my disease |
| <div>coeliacset_6_b=11</div> <div><input type="radio"/></div> | <div>coeliacset_6_w=11</div> <div><input type="radio"/></div> | feeling I don't know enough about the disease |
| <div>coeliacset_6_b=2</div> <div><input type="radio"/></div> | <div>coeliacset_6_w=2</div> <div><input type="radio"/></div> | the worry that I will suffer from this disease |
| <div>coeliacset_6_b=7</div> <div><input type="radio"/></div> | <div>coeliacset_6_w=7</div> <div><input type="radio"/></div> | feeling unable to have special foods like birthday cake and pizza |

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0% 100%

coeliacset_7

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(7 of 8)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>coeliacset_7_b=8</div> <div><input type="radio"/></div> | <div>coeliacset_7_w=8</div> <div><input type="radio"/></div> | feeling there are not enough choices for treatment |
| <div>coeliacset_7_b=10</div> <div><input type="radio"/></div> | <div>coeliacset_7_w=10</div> <div><input type="radio"/></div> | feeling frightened by having this disease |
| <div>coeliacset_7_b=17</div> <div><input type="radio"/></div> | <div>coeliacset_7_w=17</div> <div><input type="radio"/></div> | the worry about the increased risk of one of my family members having coeliac disease |
| <div>coeliacset_7_b=5</div> <div><input type="radio"/></div> | <div>coeliacset_7_w=5</div> <div><input type="radio"/></div> | feeling socially stigmatized for having this disease |

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0% 100%

coeliacset_8

Please consider these possible impacts of Coeliac Disease on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(8 of 8)

| Greatest Impact | Least Impact | |
|---|---|---|
| <div>coeliacset_8_b=19</div> <div><input type="radio"/></div> | <div>coeliacset_8_w=19</div> <div><input type="radio"/></div> | the concern that my long-term health will be affected |
| <div>coeliacset_8_b=16</div> <div><input type="radio"/></div> | <div>coeliacset_8_w=16</div> <div><input type="radio"/></div> | feeling afraid to eat out because my food may be contaminated |
| <div>coeliacset_8_b=14</div> <div><input type="radio"/></div> | <div>coeliacset_8_w=14</div> <div><input type="radio"/></div> | the difficulty of traveling or taking long trips because of my disease |
| <div>coeliacset_8_b=1</div> <div><input type="radio"/></div> | <div>coeliacset_8_w=1</div> <div><input type="radio"/></div> | feeling limited by this disease |

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0% 100%

thanksbwscel

Thank you for completing those choices.

We'd like to know how you found them....

diffcompcoelbws

How hard was it to understand the sets of impacts of Coeliac Disease on your Quality of Life?

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------------|---|---|---|---|---|
| To understand the choices was.... | <div>diffcompcoelbws_r1=1</div> <input type="radio"/> | <div>diffcompcoelbws_r1=2</div> <input type="radio"/> | <div>diffcompcoelbws_r1=3</div> <input type="radio"/> | <div>diffcompcoelbws_r1=4</div> <input type="radio"/> | <div>diffcompcoelbws_r1=5</div> <input type="radio"/> |

diffmakecoelbws

How hard was it to choose the impacts which had the Greatest and Least impact on your Quality of Life.

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------|---|---|---|---|---|
| To make the choices was.... | <div>diffmakecoelbws_r1=1</div> <input type="radio"/> | <div>diffmakecoelbws_r1=2</div> <input type="radio"/> | <div>diffmakecoelbws_r1=3</div> <input type="radio"/> | <div>diffmakecoelbws_r1=4</div> <input type="radio"/> | <div>diffmakecoelbws_r1=5</div> <input type="radio"/> |

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0% 100%

FIQLQBWS

Thanks, now we are going to ask you to make some different type of choices.

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0%  100%

A horizontal progress bar is shown, starting at 0% and ending at 100%. The bar is divided into two segments: a dark blue segment on the left and a light gray segment on the right. The dark blue segment represents the current progress, which is approximately 75% of the total bar length.

intolbwsintro1

Earlier you indicated the impact of Food Intolerance in terms of the trouble, concern and worry it caused you regarding different aspects of your life (shopping, eating out, socialising etc).

intolbwsintro2

We want to understand which of those have the greatest impact on your quality of life.

To understand this, on the pages that follow we are going to show you subsets of those different ways in which your food intolerance affects your Quality of Life.

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0%  100%

intolexamplebws

For example here is a set of those impacts:

| |
|--|
| the trouble from having less variety in the food that you can eat |
| the trouble from having to read labels |
| the worry about the impact on your health |
| the concern that you will accidentally eat something to which you will react |
| the feeling of being a nuisance when eating out because you have a food intolerance |

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intolexampset1_1

When we show you these sets, we would like you to select the aspect of your Food Intolerance which has the greatest impact on your Quality of Life.

| Greatest Impact | |
|---|--|
| <div>intolexampset1_1_b=2</div> <div><input type="radio"/></div> | the trouble from having less variety in the food that you can eat |
| <div>intolexampset1_1_b=4</div> <div><input type="radio"/></div> | the trouble from having to read labels |
| <div>intolexampset1_1_b=14</div> <div><input type="radio"/></div> | the worry about the impact on your health |
| <div>intolexampset1_1_b=18</div> <div><input type="radio"/></div> | the concern that you will accidentally eat something to which you will react |
| <div>intolexampset1_1_b=20</div> <div><input type="radio"/></div> | the feeling of being a nuisance when eating out because you have a food intolerance |

Select the aspect which has the **greatest impact** on your **Quality of Life**

Back

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0% 100%

intolexampset2_1

...and the aspect of your Food Intolerance which has the least impact on your Quality of Life.

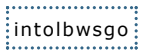
| Greatest Impact | Least Impact | |
|---|---|--|
| <div>intolexampset2_1_b=2</div> <div><input type="radio"/></div> | <div>intolexampset2_1_w=2</div> <div><input type="radio"/></div> | the trouble from having less variety in the food that you can eat |
| <div>intolexampset2_1_b=4</div> <div><input type="radio"/></div> | <div>intolexampset2_1_w=4</div> <div><input type="radio"/></div> | the trouble from having to read labels |
| <div>intolexampset2_1_b=14</div> <div><input type="radio"/></div> | <div>intolexampset2_1_w=14</div> <div><input type="radio"/></div> | the worry about the impact on your health |
| <div>intolexampset2_1_b=18</div> <div><input type="radio"/></div> | <div>intolexampset2_1_w=18</div> <div><input type="radio"/></div> | the concern that you will accidentally eat something to which you will react |
| <div>intolexampset2_1_b=20</div> <div><input type="radio"/></div> | <div>intolexampset2_1_w=20</div> <div><input type="radio"/></div> | the feeling of being a nuisance when eating out because you have a food intolerance |

Select the aspect which has the **least impact** on your **Quality of Life**

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We will now ask you to make these selections of which aspects of your Food Intolerance have the Greatest and Least impact on your Quality of Life.

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fiqlqset_1

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(1 of 7)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>fiqlqset_1_b=16</div> <div><input type="radio"/></div> | <div>fiqlqset_1_w=16</div> <div><input type="radio"/></div> | the feeling of being a nuisance when eating out because you have a food intolerance |
| <div>fiqlqset_1_b=9</div> <div><input type="radio"/></div> | <div>fiqlqset_1_w=9</div> <div><input type="radio"/></div> | the trouble from having to be cautious about eating a product when you have doubts about it |
| <div>fiqlqset_1_b=6</div> <div><input type="radio"/></div> | <div>fiqlqset_1_w=6</div> <div><input type="radio"/></div> | the trouble from being less able to spontaneously accept an invitation to stay for a meal |
| <div>fiqlqset_1_b=1</div> <div><input type="radio"/></div> | <div>fiqlqset_1_w=1</div> <div><input type="radio"/></div> | the trouble from having to always be alert as to what you are eating |

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Next

0% 100%

fiqlqset_2

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(2 of 7)

| Greatest Impact | Least Impact | |
|--|--|--|
| <div>fiqlqset_2_b=11</div> <div></div> | <div>fiqlqset_2_w=11</div> <div></div> | the trouble from the quality and clarity of labeling is poor, in general |
| <div>fiqlqset_2_b=18</div> <div></div> | <div>fiqlqset_2_w=18</div> <div></div> | the concern you feel about eating something you have never eaten before |
| <div>fiqlqset_2_b=5</div> <div></div> | <div>fiqlqset_2_w=5</div> <div></div> | the trouble from feeling that you have less control of what you eat when eating out |
| <div>fiqlqset_2_b=15</div> <div></div> | <div>fiqlqset_2_w=15</div> <div></div> | the worry that you experience physical distress because of symptoms during a reaction |

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0% 100%

fiqlqset_3

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(3 of 7)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>fiqlqset_3_b=4</div> <div><input type="radio"/></div> | <div>fiqlqset_3_w=4</div> <div><input type="radio"/></div> | the trouble from having to read labels |
| <div>fiqlqset_3_b=8</div> <div><input type="radio"/></div> | <div>fiqlqset_3_w=8</div> <div><input type="radio"/></div> | the trouble from having to personally check whether you can eat something when eating out |
| <div>fiqlqset_3_b=12</div> <div><input type="radio"/></div> | <div>fiqlqset_3_w=12</div> <div><input type="radio"/></div> | the trouble from people underestimating the impact of food intolerance |
| <div>fiqlqset_3_b=3</div> <div><input type="radio"/></div> | <div>fiqlqset_3_w=3</div> <div><input type="radio"/></div> | the trouble from having less variety in the products that you can buy |

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fiqlqset_4

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(4 of 7)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>fiqlqset_4_b=7</div> <div><input type="radio"/></div> | <div>fiqlqset_4_w=7</div> <div><input type="radio"/></div> | the trouble from being less able to taste or try various foods when eating out |
| <div>fiqlqset_4_b=14</div> <div><input type="radio"/></div> | <div>fiqlqset_4_w=14</div> <div><input type="radio"/></div> | the worry that you will be embarrassed by the symptoms of a reaction in social situations |
| <div>fiqlqset_4_b=13</div> <div><input type="radio"/></div> | <div>fiqlqset_4_w=13</div> <div><input type="radio"/></div> | the worry about the impact on your health |
| <div>fiqlqset_4_b=2</div> <div><input type="radio"/></div> | <div>fiqlqset_4_w=2</div> <div><input type="radio"/></div> | the trouble from having less variety in the food that you can eat |

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fiqlqset_5

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(5 of 7)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>fiqlqset_5_b=10</div> <div><input type="radio"/></div> | <div>fiqlqset_5_w=10</div> <div><input type="radio"/></div> | the trouble from the ingredients of a product changing |
| <div>fiqlqset_5_b=15</div> <div><input type="radio"/></div> | <div>fiqlqset_5_w=15</div> <div><input type="radio"/></div> | the worry that you experience physical distress because of symptoms during a reaction |
| <div>fiqlqset_5_b=9</div> <div><input type="radio"/></div> | <div>fiqlqset_5_w=9</div> <div><input type="radio"/></div> | the trouble from having to be cautious about eating a product when you have doubts about it |
| <div>fiqlqset_5_b=17</div> <div><input type="radio"/></div> | <div>fiqlqset_5_w=17</div> <div><input type="radio"/></div> | the discouragement you feel during an intolerant reaction |

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Next

0% 100%

fiqlqset_6

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(6 of 7)

| Greatest Impact | Least Impact | |
|---|---|---|
| <div>fiqlqset_6_b=1</div> <div><input type="radio"/></div> | <div>fiqlqset_6_w=1</div> <div><input type="radio"/></div> | the trouble from having to always be alert as to what you are eating |
| <div>fiqlqset_6_b=11</div> <div><input type="radio"/></div> | <div>fiqlqset_6_w=11</div> <div><input type="radio"/></div> | the trouble from the quality and clarity of labeling is poor, in general |
| <div>fiqlqset_6_b=4</div> <div><input type="radio"/></div> | <div>fiqlqset_6_w=4</div> <div><input type="radio"/></div> | the trouble from having to read labels |
| <div>fiqlqset_6_b=7</div> <div><input type="radio"/></div> | <div>fiqlqset_6_w=7</div> <div><input type="radio"/></div> | the trouble from being less able to taste or try various foods when eating out |

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fiqlqset_7

Please consider these possible impacts of your food intolerance on your quality of life.

Considering only these impacts, please indicate which has the Greatest Impact and the Least Impact on your quality of life?

(7 of 7)

| Greatest Impact | Least Impact | |
|---|---|--|
| <div>fiqlqset_7_b=5</div> <div><input type="radio"/></div> | <div>fiqlqset_7_w=5</div> <div><input type="radio"/></div> | the trouble from feeling that you have less control of what you eat when eating out |
| <div>fiqlqset_7_b=6</div> <div><input type="radio"/></div> | <div>fiqlqset_7_w=6</div> <div><input type="radio"/></div> | the trouble from being less able to spontaneously accept an invitation to stay for a meal |
| <div>fiqlqset_7_b=8</div> <div><input type="radio"/></div> | <div>fiqlqset_7_w=8</div> <div><input type="radio"/></div> | the trouble from having to personally check whether you can eat something when eating out |
| <div>fiqlqset_7_b=10</div> <div><input type="radio"/></div> | <div>fiqlqset_7_w=10</div> <div><input type="radio"/></div> | the trouble from the ingredients of a product changing |

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thanksbwsintol

Thank you for completing those choices.

We'd like to know how you found them....

diffcompintolbws

How hard was it to understand the sets of impacts of your food intolerance on your Quality of Life?

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------------|--|--|--|--|--|
| To understand the choices was.... | <div>diffcompintolbws_r1=1</div> <input type="radio"/> | <div>diffcompintolbws_r1=2</div> <input type="radio"/> | <div>diffcompintolbws_r1=3</div> <input type="radio"/> | <div>diffcompintolbws_r1=4</div> <input type="radio"/> | <div>diffcompintolbws_r1=5</div> <input type="radio"/> |

diffmakeintolbws

How hard was it to choose the impacts which had the Greatest and Least impact on your Quality of Life.

| | Very difficult | Difficult | No opinion | Easy | Very easy |
|-----------------------------|--|--|--|--|--|
| To make the choices was.... | <div>diffmakeintolbws_r1=1</div> <input type="radio"/> | <div>diffmakeintolbws_r1=2</div> <input type="radio"/> | <div>diffmakeintolbws_r1=3</div> <input type="radio"/> | <div>diffmakeintolbws_r1=4</div> <input type="radio"/> | <div>diffmakeintolbws_r1=5</div> <input type="radio"/> |

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SomeQsAboutYou

We would like to ask a few questions about you.

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age

Please tell us your age

sex

As what sex were you registered when born?

sex=1

Male

☐

sex=2

Female

☐

gender

Is that the gender you identify yourself as now?

gender=1

Yes

☐

gender=2

gender_2_other

☐

No, I identify as...

ethnicity

Which of the following best describes your ethnic group or background? (select one only)

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0%  100%

education

Please tell us your highest level of education (select one only):

education=1

☐

School level qualifications (such as GCSE, O levels)

education=2

☐

College level qualifications (such as A levels, BTEC)

education=3

☐

University undergraduate level qualifications (such as a BSc or BA)

education=4

☐

University postgraduate level qualifications (such as a MSc or MA)

education=5

☐

University postdoctoral level qualifications (such as PhD or MD)

education=6

☐

No qualifications

education=7

☐

education_7_other

Other, please say:

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recruitment

Please tell us how you were invited to this survey (select all that apply)

- ☐ recruitment_1 I was sent an email by a patient organisation (e.g. Allergy UK or Anaphylaxis Campaign, Coeliac UK, Natasha Allergy Research Foundation)
- ☐ recruitment_2 I saw an advert on social media (e.g. Twitter, Facebook)
- ☐ recruitment_3 I saw it on a patient organisation website (e.g. Allergy UK or Anaphylaxis Campaign, Coeliac UK, Natasha Allergy Research Foundation)
- ☐ recruitment_4 I was sent an email by a patient organisation (e.g. Allergy UK or Anaphylaxis Campaign, Coeliac UK, Natasha Allergy Research Foundation)
- ☐ recruitment_5 I was sent an invite by a Market Research company (Qualtrics, Pureprofile etc)
- ☐ recruitment_6 I was told about it by someone
- ☐ recruitment_7 Received an email from Prof Dan Rigby, Manchester University
- ☐ recruitment_8 recruitment_8_other
- Other, please state:

support

Are you a member of a support group or patient organisation because of your bad or unpleasant reaction to food? (please select all that apply)

- ☐ support_1 Allergy UK
- ☐ support_2 Anaphylaxis Campaign
- ☐ support_3 Coeliac UK
- ☐ support_4 Natasha Allergy Research Foundation
- ☐ support_5 I am not a member of a support group or patient organisation
- ☐ support_6 support_6_other
- Other please tell us:

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class

It would help us to know about the Chief Income Earner in your household

This is the person with the largest income. If this person

- is retired with an occupational pension then answer about their most recent occupation.
- not in a paid job but has been out of work for less than 6 months, then answer about their most recent job.

The Chief Income Earner is (or was)

Semi or unskilled manual work

class=1

☐

- (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)

Skilled manual worker

class=2

☐

- (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc.)

Supervisory or clerical/ junior managerial/ professional/ administrative

class=3

☐

- (e.g. Office worker, Student Doctor, Foreman with 25+ employees, salesperson, etc)

Intermediate managerial/ professional/ administrative

class=4

☐

- (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director small organisation, middle manager in large organisation, principal officer in civil service/local government)

Higher managerial/ professional/ administrative

class=5

☐

- (e.g. Established doctor, Solicitor, Board Director in a large organisation (200+ employees, top level civil servant/public service employee))

Student

class=6

☐

Casual worker – not in permanent employment

class=7

☐

Homemaker

class=8

☐

Retired and living on state pension

class=9

☐

Unemployed or not working due to long-term sickness

class=10

☐

Full-time carer of other household member

class=11

☐

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postcode

Please tell us the first part of your postcode

By this we mean just the first 2, 3 or 4 characters, eg M6, E10, SK12:

This information will not be used to identify you in any way but will help us understand how answers are connected to different areas of the UK.

income

Please tell us your Household income group

This is the amount you earn before tax, and includes the people you live with (partner, family) – but do not include people you house/flat share with.

- | | | | |
|---|---|--|---|
| <input type="radio"/> income=1 Below £6,500 | <input type="radio"/> income=5 £25,000- £34,999 | <input type="radio"/> income=9 £75,000- £99,999 | <input type="radio"/> income=13 more than £200,000 |
| <input type="radio"/> income=2 £6,500- £11,499 | <input type="radio"/> income=6 £35,000- £44,999 | <input type="radio"/> income=10 £100,000- £124,999 | <input type="radio"/> income=14 I do not want to respond to this Question |
| <input type="radio"/> income=3 £11,500- £17,499 | <input type="radio"/> income=7 £45,000- £54,999 | <input type="radio"/> income=11 £125,000- £149,999 | |
| <input type="radio"/> income=4 £17,500- £24,999 | <input type="radio"/> income=8 £55,000- £74,999 | <input type="radio"/> income=12 £150,000- £199,999 | |

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AttMedintro

Thank you.

Now we would like you to respond to some questions about your views or perception of your [Script] food hypersensitivity.

These questions are used in studies around the world to understand people's views or perceptions of their illnesses and conditions.

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AttMedintro2

For the following questions, please select the option (0 - 10) that best corresponds to your views:

p1effects

How much does your condition affect your life?

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| no effect at all | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| p1effects_r1=1 | p1effects_r1=2 | p1effects_r1=3 | p1effects_r1=4 | p1effects_r1=5 | p1effects_r1=6 | p1effects_r1=7 | p1effects_r1=8 | p1effects_r1=9 | p1effects_r1=10 | p1effects_r1=11 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p2dur

How long do you think your condition will continue?

| | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a very short time | | | | | | | | | | | forever |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| p2dur_r1=1 | p2dur_r1=2 | p2dur_r1=3 | p2dur_r1=4 | p2dur_r1=5 | p2dur_r1=6 | p2dur_r1=7 | p2dur_r1=8 | p2dur_r1=9 | p2dur_r1=10 | p2dur_r1=11 | p2dur_r1=12 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p3control

How much control do you feel you have over your condition?

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| absolutely no control | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| p3control_r1=1 | p3control_r1=2 | p3control_r1=3 | p3control_r1=4 | p3control_r1=5 | p3control_r1=6 | p3control_r1=7 | p3control_r1=8 | p3control_r1=9 | p3control_r1=10 | p3control_r1=11 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p4treat

How much do you think treatment can help your condition?

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| not at all | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| p4treat_r1=1 | p4treat_r1=2 | p4treat_r1=3 | p4treat_r1=4 | p4treat_r1=5 | p4treat_r1=6 | p4treat_r1=7 | p4treat_r1=8 | p4treat_r1=9 | p4treat_r1=10 | p4treat_r1=11 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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0% 100%

p5symps:

How much do you experience symptoms from your condition?

no symptoms at
all
0

1

2

3

4

5

6

7

8

9

many sev
symptom
10

p5symps_r1=1

p5symps_r1=2

p5symps_r1=3

p5symps_r1=4

p5symps_r1=5

p5symps_r1=6

p5symps_r1=7

p5symps_r1=8

p5symps_r1=9

p5symps_r1=10

p5symps_r1=11

p6concern:

How concerned are you about your condition?

not at all
concerned
0

1

2

3

4

5

6

7

8

9

p6concern_r1=1

p6concern_r1=2

p6concern_r1=3

p6concern_r1=4

p6concern_r1=5

p6concern_r1=6

p6concern_r1=7

p6concern_r1=8

p6concern_r1=9

p6concern_r1=10

p7understand:

How well do you feel you understand your condition?

don't understand at all

0

1

2

3

4

5

6

7

p7understand_r1=1

p7understand_r1=2

p7understand_r1=3

p7understand_r1=4

p7understand_r1=5

p7understand_r1=6

p7understand_r1=7

p7understand_r1=8

p7understand_r1=9

p7understand_r1=10

p8emotion:

How much does your condition affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)

not at all affected
emotionally
0

1

2

3

4

5

6

7

8

9

p8emotion_r1=1

p8emotion_r1=2

p8emotion_r1=3

p8emotion_r1=4

p8emotion_r1=5

p8emotion_r1=6

p8emotion_r1=7

p8emotion_r1=8

p8emotion_r1=9

p8emotion_r1=10

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p1effectsk

How much does your child's condition affect their life?

| | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| no effect at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0 | | | | | | | | |
| p1effectsk_r1=1 | p1effectsk_r1=2 | p1effectsk_r1=3 | p1effectsk_r1=4 | p1effectsk_r1=5 | p1effectsk_r1=6 | p1effectsk_r1=7 | p1effectsk_r1=8 | p1effectsk_r1=9 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p2durk

How long do you think your child's condition will continue?

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a very short time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | forever |
| 0 | | | | | | | | | | 10 |
| p2durk_r1=1 | p2durk_r1=2 | p2durk_r1=3 | p2durk_r1=4 | p2durk_r1=5 | p2durk_r1=6 | p2durk_r1=7 | p2durk_r1=8 | p2durk_r1=9 | p2durk_r1=10 | p2durk_r1=11 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p3controlk

How much control do you feel you have over your child's condition?

| | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| absolutely no control | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0 | | | | | | | | |
| p3controlk_r1=1 | p3controlk_r1=2 | p3controlk_r1=3 | p3controlk_r1=4 | p3controlk_r1=5 | p3controlk_r1=6 | p3controlk_r1=7 | p3controlk_r1=8 | p3controlk_r1=9 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

p4treatk

How much do you think treatment can help your child's condition?

| | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| not at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | | | | | | | | | |
| p4treatk_r1=1 | p4treatk_r1=2 | p4treatk_r1=3 | p4treatk_r1=4 | p4treatk_r1=5 | p4treatk_r1=6 | p4treatk_r1=7 | p4treatk_r1=8 | p4treatk_r1=9 | p4treatk_r1=10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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p5sympsk

How much does your child experience symptoms from their condition?

no symptoms at
all
0

1

2

3

4

5

6

7

8

9

mar
sy

p5sympsk_r1=1

p5sympsk_r1=2

p5sympsk_r1=3

p5sympsk_r1=4

p5sympsk_r1=5

p5sympsk_r1=6

p5sympsk_r1=7

p5sympsk_r1=8

p5sympsk_r1=9

p5sympsk_r1=10

p5sympsk_r1=11

p6concernk

How concerned are you about your child's condition?

not at all concerned
0

1

2

3

4

5

6

7

8

9

p6concernk_r1=1

p6concernk_r1=2

p6concernk_r1=3

p6concernk_r1=4

p6concernk_r1=5

p6concernk_r1=6

p6concernk_r1=7

p6concernk_r1=8

p6concernk_r1=9

p6concernk_r1=10

p6concernk_r1=11

p7understandk

How well do you feel you understand your child's condition?

don't understand at all
0

1

2

3

4

5

6

7

p7understandk_r1=1

p7understandk_r1=2

p7understandk_r1=3

p7understandk_r1=4

p7understandk_r1=5

p7understandk_r1=6

p7understandk_r1=7

p7understandk_r1=8

p7understandk_r1=9

p7understandk_r1=10

p7understandk_r1=11

p8emotionk

How much does your child's condition affect them emotionally? (e.g. does it make them angry, scared, upset or depressed?)

not at all affected
emotionally
0

1

2

3

4

5

6

7

8

9

p8emotionk_r1=1

p8emotionk_r1=2

p8emotionk_r1=3

p8emotionk_r1=4

p8emotionk_r1=5

p8emotionk_r1=6

p8emotionk_r1=7

p8emotionk_r1=8

p8emotionk_r1=9

p8emotionk_r1=10

p8emotionk_r1=11

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riskintro

Finally, we would like to ask you about something different - about your attitude to taking risks.

These questions are used in studies around the world to understand people's views of taking risks.

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risk1

We'd like to know how you see yourself:

Are you generally a person who is fully prepared to take risks or do you try to avoid taking risk?

Please choose an option where 0 means "risk averse" and 10 means "fully prepared to take risks".

| risk averse | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| risk1_r1=1 | risk1_r1=2 | risk1_r1=3 | risk1_r1=4 | risk1_r1=5 | risk1_r1=6 | risk1_r1=7 | risk1_r1=8 | risk1_r1=9 | risk1_r1=10 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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risk2

People can behave differently in different situations.

How would you rate your willingness to take risks in the following areas?

| | risk averse | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | |
|-------------------------------|-------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|------------|-----------------------|-------------|-----------------------|
| while driving... | risk2_r1=1 | <input type="radio"/> | risk2_r1=2 | <input type="radio"/> | risk2_r1=3 | <input type="radio"/> | risk2_r1=4 | <input type="radio"/> | risk2_r1=5 | <input type="radio"/> | risk2_r1=6 | <input type="radio"/> | risk2_r1=7 | <input type="radio"/> | risk2_r1=8 | <input type="radio"/> | risk2_r1=9 | <input type="radio"/> | risk2_r1=10 | <input type="radio"/> |
| in financial matters... | risk2_r2=1 | <input type="radio"/> | risk2_r2=2 | <input type="radio"/> | risk2_r2=3 | <input type="radio"/> | risk2_r2=4 | <input type="radio"/> | risk2_r2=5 | <input type="radio"/> | risk2_r2=6 | <input type="radio"/> | risk2_r2=7 | <input type="radio"/> | risk2_r2=8 | <input type="radio"/> | risk2_r2=9 | <input type="radio"/> | risk2_r2=10 | <input type="radio"/> |
| during leisure and sports... | risk2_r3=1 | <input type="radio"/> | risk2_r3=2 | <input type="radio"/> | risk2_r3=3 | <input type="radio"/> | risk2_r3=4 | <input type="radio"/> | risk2_r3=5 | <input type="radio"/> | risk2_r3=6 | <input type="radio"/> | risk2_r3=7 | <input type="radio"/> | risk2_r3=8 | <input type="radio"/> | risk2_r3=9 | <input type="radio"/> | risk2_r3=10 | <input type="radio"/> |
| | | | | | | | | | | | | | | | | | | | | |
| | risk averse | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | |
| in your occupation... | risk2_r4=1 | <input type="radio"/> | risk2_r4=2 | <input type="radio"/> | risk2_r4=3 | <input type="radio"/> | risk2_r4=4 | <input type="radio"/> | risk2_r4=5 | <input type="radio"/> | risk2_r4=6 | <input type="radio"/> | risk2_r4=7 | <input type="radio"/> | risk2_r4=8 | <input type="radio"/> | risk2_r4=9 | <input type="radio"/> | risk2_r4=10 | <input type="radio"/> |
| with your health... | risk2_r5=1 | <input type="radio"/> | risk2_r5=2 | <input type="radio"/> | risk2_r5=3 | <input type="radio"/> | risk2_r5=4 | <input type="radio"/> | risk2_r5=5 | <input type="radio"/> | risk2_r5=6 | <input type="radio"/> | risk2_r5=7 | <input type="radio"/> | risk2_r5=8 | <input type="radio"/> | risk2_r5=9 | <input type="radio"/> | risk2_r5=10 | <input type="radio"/> |
| your faith in other people... | risk2_r6=1 | <input type="radio"/> | risk2_r6=2 | <input type="radio"/> | risk2_r6=3 | <input type="radio"/> | risk2_r6=4 | <input type="radio"/> | risk2_r6=5 | <input type="radio"/> | risk2_r6=6 | <input type="radio"/> | risk2_r6=7 | <input type="radio"/> | risk2_r6=8 | <input type="radio"/> | risk2_r6=9 | <input type="radio"/> | risk2_r6=10 | <input type="radio"/> |

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add

Thank you so much for your time and effort - we really appreciate it.

Those are all the questions we have - is there anything else you would like to say about the questions that we have asked you and the choices we have asked you to make?

Please click **NEXT** to submit your survey responses.

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Next

0% 100%

byebye

Thank you

Please click **NEXT** to submit your survey responses.

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bye

Note:

When respondents take the survey in regular mode this page will not be displayed. Respondents will be redirected to the link below:

<https://www.food.gov.uk/about-us/consumer-research-on-living-with-a-food-hypersensitivity>

0%  100%