

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.

Next

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]

Back

Next

0%  100%

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](#).

Back

Next

0%  100%

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]

Back

Next

0%  100%

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)

Back

Next

0%  100%

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>

Back

Next

0% 100%

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="text"/>	<input type="text"/>
child/youth 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
child/youth 9	<input type="text"/>	<input type="text"/>	<input type="text"/>

child/youth 10

fasckids_r10_c1

fasckids_r10_c2

fasckids_r10_c3

Back

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).

Back

Next

0%  100%

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]

Back

Next

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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":

Back

Next

0%  100%

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).

Back

Next

0% 100%

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

0%  100%

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]

Back

Next

0%  100%

kidsummary2

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.

Back

Next

0%  100%

STARTofWave1FHquestions

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

Back

Next

0%  100%

whendiagk

Approximately how old was your [Script] year old child when their [Script] was diagnosed or when you diagnosed it yourself?

howdiagnosedk

How did you find out about their [Script] ?

(Please select all that apply)

howdiagnosedk_1

☐

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

howdiagnosedk_2

☐

They had a skin prick test

howdiagnosedk_3

☐

They had a positive blood test (showing antibodies were present for allergy)

howdiagnosedk_4

☐

They had a food challenge

howdiagnosedk_5

☐

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

howdiagnosedk_6

☐

They or I noticed that this food causes them problems, but they have not been formally diagnosed with a specific condition

howdiagnosedk_7

☐

They have been diagnosed by an alternative or complementary therapist

howdiagnosedk_8

☐

I don't know or can't remember

howdiagnosedk_9

☐

Other, please tell us

Back

Next

0%  100%

whodiagnosedk

If their ^[Script] was diagnosed by a health care professional, please tell us what type

(please select one only)

whodiagnosedk=1

☐

G.P

whodiagnosedk=2

☐

Nurse at your G.P. surgery

whodiagnosedk=3

☐

Hospital doctor

whodiagnosedk=4

☐

Nurse at the hospital

whodiagnosedk=5

☐

Dietician

whodiagnosedk=6

☐

Pharmacist

whodiagnosedk=7

☐

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

whodiagnosedk=8

☐

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

whodiagnosedk=9

☐

whodiagnosedk_9_other

Other (please say):

Back

Next

0%  100%

adrenaline_k

Has your child been prescribed an adrenaline auto-injector such as Epi-Pen, Emerade or JEXT?

adrenaline_k=1 Yes
☐

adrenaline_k=2 No
☐

adrenaline_k=3 Don't know
☐

Back

Next

0%  100%

hospitalk

Has your [Script] year old ever been to hospital in an emergency because of their [Script] ?

hospitalk=1

☐

Yes

hospitalk=2

☐

No

hospitalk=3

☐

Don't know

Back

Next

0%  100%

hosptimesk

Approximately how many times has your child had to go to hospital in an emergency because of their [Script] ?

hosptimesk=1

☐

Once

hosptimesk=2

☐

Twice

hosptimesk=3

☐

Between 3 and 6 times

hosptimesk=4

☐

Between 7 and 10 times

hosptimesk=5

☐

More than 10 times

hosptimesk=6

☐

Don't know

Back

Next

0%  100%

EQintrok1

Thank you

We would like to ask about your [Script] year old's health today..

EQintrok2

Children differ in how fit and healthy they are.

EQintrok3

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

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

- we'd like you to rate your child's health today using it

Back

Next

0%  100%

mob3proxy

Please select the ONE option that best describes your [Script] year old's health TODAY

Mobility (*walking about*)

mob3proxy=1

☐

No problems walking about

mob3proxy=2

☐

Some problems walking about

mob3proxy=3

☐

A lot of problems walking about

Back

Next

0%  100%

selfc3proxy

Please select the ONE option that best describes your [Script] year old's health TODAY

Looking after Themselves

selfc3proxy=1 ☐ No problems washing or dressing him/herself

selfc3proxy=2 ☐ Some problems washing or dressing him/herself

selfc3proxy=3 ☐ A lot of problems washing or dressing him/herself

Back

Next

0%  100%

usual3proxy

Please select the ONE option that best describes your [Script] year old's health TODAY

Doing Usual Activities (for example: going to school, hobbies, sports, playing, doing things with family or friends)

usual3proxy=1

☐

No problems doing his/her usual activities

usual3proxy=2

☐

Some problems doing his/her usual activities

usual3proxy=3

☐

A lot of problems doing his/her usual activities

Back

Next

0%  100%

pain3proxy

Please select the ONE option that best describes your [Script] year old's health TODAY

Having pain or discomfort

pain3proxy=1

☐

No pain or discomfort

pain3proxy=2

☐

Some pain or discomfort

pain3proxy=3

☐

A lot of pain or discomfort

Back

Next

0%  100%

anxious3proxy

Please select the ONE option that best describes your [Script] year old's health TODAY

Feeling worried, sad or unhappy

anxious3proxy=1

☐

Not worried, sad or unhappy

anxious3proxy=2

☐

A bit worried, sad or unhappy

anxious3proxy=3

☐

Very worried, sad or unhappy

Back

Next

0%  100%

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.

healthscorekid

Your Health Today	
Item 1	<div>healthscorekid_r1_c1</div> <input type="text"/>

Back

Next

0% 100%

qolintrokid

Thank you.

We would like you now to complete some questions about the impact your child's [Script] has on them and their life.

Back

Next

0%  100%

FAQLQint0to12a

Food Allergy Quality of Life Questionnaire-Parent Form (FAQoL-PF)

Children aged 0-12 years

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

FAQLQint0to12b

Please answer each question by marking the appropriate box:

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

childfaq1to5

Because of their food allergy, my child feels.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Anxious about food	childfaq1to5_r1=1 <input type="radio"/>	childfaq1to5_r1=2 <input type="radio"/>	childfaq1to5_r1=3 <input type="radio"/>	childfaq1to5_r1=4 <input type="radio"/>	childfaq1to5_r1=5 <input type="radio"/>	childfaq1to5_r1=6 <input type="radio"/>	childfaq1to5_r1=7 <input type="radio"/>
Different from other children	childfaq1to5_r2=1 <input type="radio"/>	childfaq1to5_r2=2 <input type="radio"/>	childfaq1to5_r2=3 <input type="radio"/>	childfaq1to5_r2=4 <input type="radio"/>	childfaq1to5_r2=5 <input type="radio"/>	childfaq1to5_r2=6 <input type="radio"/>	childfaq1to5_r2=7 <input type="radio"/>
Frustrated by dietary restrictions	childfaq1to5_r3=1 <input type="radio"/>	childfaq1to5_r3=2 <input type="radio"/>	childfaq1to5_r3=3 <input type="radio"/>	childfaq1to5_r3=4 <input type="radio"/>	childfaq1to5_r3=5 <input type="radio"/>	childfaq1to5_r3=6 <input type="radio"/>	childfaq1to5_r3=7 <input type="radio"/>
Afraid to try unfamiliar foods	childfaq1to5_r4=1 <input type="radio"/>	childfaq1to5_r4=2 <input type="radio"/>	childfaq1to5_r4=3 <input type="radio"/>	childfaq1to5_r4=4 <input type="radio"/>	childfaq1to5_r4=5 <input type="radio"/>	childfaq1to5_r4=6 <input type="radio"/>	childfaq1to5_r4=7 <input type="radio"/>
Concerned that I am worried that he/she will have a reaction to food	childfaq1to5_r5=1 <input type="radio"/>	childfaq1to5_r5=2 <input type="radio"/>	childfaq1to5_r5=3 <input type="radio"/>	childfaq1to5_r5=4 <input type="radio"/>	childfaq1to5_r5=5 <input type="radio"/>	childfaq1to5_r5=6 <input type="radio"/>	childfaq1to5_r5=7 <input type="radio"/>

childfaq6to8

Because of their food allergy, my child

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Experiences physical distress	childfaq6to8_r1=1 <input type="radio"/>	childfaq6to8_r1=2 <input type="radio"/>	childfaq6to8_r1=3 <input type="radio"/>	childfaq6to8_r1=4 <input type="radio"/>	childfaq6to8_r1=5 <input type="radio"/>	childfaq6to8_r1=6 <input type="radio"/>	childfaq6to8_r1=7 <input type="radio"/>
Experiences emotional distress	childfaq6to8_r2=1 <input type="radio"/>	childfaq6to8_r2=2 <input type="radio"/>	childfaq6to8_r2=3 <input type="radio"/>	childfaq6to8_r2=4 <input type="radio"/>	childfaq6to8_r2=5 <input type="radio"/>	childfaq6to8_r2=6 <input type="radio"/>	childfaq6to8_r2=7 <input type="radio"/>
Has a lack of variety in his/her diet	childfaq6to8_r3=1 <input type="radio"/>	childfaq6to8_r3=2 <input type="radio"/>	childfaq6to8_r3=3 <input type="radio"/>	childfaq6to8_r3=4 <input type="radio"/>	childfaq6to8_r3=5 <input type="radio"/>	childfaq6to8_r3=6 <input type="radio"/>	childfaq6to8_r3=7 <input type="radio"/>

Back

Next

0%  100%

FAQLQint0to12b1

Please answer each question by marking the appropriate box:

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

childfaq9to11

Because of their food allergy, my child has been negatively affected by.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Receiving more attention than other children of his/her age	<input type="radio"/> childfaq9to11_r1=1	<input type="radio"/> childfaq9to11_r1=2	<input type="radio"/> childfaq9to11_r1=3	<input type="radio"/> childfaq9to11_r1=4	<input type="radio"/> childfaq9to11_r1=5	<input type="radio"/> childfaq9to11_r1=6	<input type="radio"/> childfaq9to11_r1=7
Having to grow up more quickly than other children of his/her age	<input type="radio"/> childfaq9to11_r2=1	<input type="radio"/> childfaq9to11_r2=2	<input type="radio"/> childfaq9to11_r2=3	<input type="radio"/> childfaq9to11_r2=4	<input type="radio"/> childfaq9to11_r2=5	<input type="radio"/> childfaq9to11_r2=6	<input type="radio"/> childfaq9to11_r2=7
His/her environment being more restricted than other children of his/her age	<input type="radio"/> childfaq9to11_r3=1	<input type="radio"/> childfaq9to11_r3=2	<input type="radio"/> childfaq9to11_r3=3	<input type="radio"/> childfaq9to11_r3=4	<input type="radio"/> childfaq9to11_r3=5	<input type="radio"/> childfaq9to11_r3=6	<input type="radio"/> childfaq9to11_r3=7

childfaq12to13

Because of food allergy, my child's social environment is restricted because of limitations on.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Restaurants we can safely go to as a family	<input type="radio"/> childfaq12to13_r1=1	<input type="radio"/> childfaq12to13_r1=2	<input type="radio"/> childfaq12to13_r1=3	<input type="radio"/> childfaq12to13_r1=4	<input type="radio"/> childfaq12to13_r1=5	<input type="radio"/> childfaq12to13_r1=6	<input type="radio"/> childfaq12to13_r1=7
Holiday destinations we can safely go to as a family	<input type="radio"/> childfaq12to13_r2=1	<input type="radio"/> childfaq12to13_r2=2	<input type="radio"/> childfaq12to13_r2=3	<input type="radio"/> childfaq12to13_r2=4	<input type="radio"/> childfaq12to13_r2=5	<input type="radio"/> childfaq12to13_r2=6	<input type="radio"/> childfaq12to13_r2=7

childfaq14

Because of food allergy, my child's ability to take part has been limited.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
In social activities in other people's houses (sleepovers, parties, playtime)	<input type="radio"/> childfaq14_r1=1	<input type="radio"/> childfaq14_r1=2	<input type="radio"/> childfaq14_r1=3	<input type="radio"/> childfaq14_r1=4	<input type="radio"/> childfaq14_r1=5	<input type="radio"/> childfaq14_r1=6	<input type="radio"/> childfaq14_r1=7

Back

Next

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FAQLQint4to12

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

Please answer each question by marking the appropriate box:

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

childfaq15

Because of food allergy, my child's ability to take part has been limited.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
In preschool/school events involving food (class parties/treats/lunchtime)	childfaq15_r1=1 <input type="radio"/>	childfaq15_r1=2 <input type="radio"/>	childfaq15_r1=3 <input type="radio"/>	childfaq15_r1=4 <input type="radio"/>	childfaq15_r1=5 <input type="radio"/>	childfaq15_r1=6 <input type="radio"/>	childfaq15_r1=7 <input type="radio"/>

childfaq16to22

Because of food allergy, my child feels.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
Anxious when going to new places	childfaq16to22_r1=1 <input type="radio"/>	childfaq16to22_r1=2 <input type="radio"/>	childfaq16to22_r1=3 <input type="radio"/>	childfaq16to22_r1=4 <input type="radio"/>	childfaq16to22_r1=5 <input type="radio"/>	childfaq16to22_r1=6 <input type="radio"/>
Concerned that he/she must always be cautious about food	childfaq16to22_r2=1 <input type="radio"/>	childfaq16to22_r2=2 <input type="radio"/>	childfaq16to22_r2=3 <input type="radio"/>	childfaq16to22_r2=4 <input type="radio"/>	childfaq16to22_r2=5 <input type="radio"/>	childfaq16to22_r2=6 <input type="radio"/>
'Left out' in activities involving food	childfaq16to22_r3=1 <input type="radio"/>	childfaq16to22_r3=2 <input type="radio"/>	childfaq16to22_r3=3 <input type="radio"/>	childfaq16to22_r3=4 <input type="radio"/>	childfaq16to22_r3=5 <input type="radio"/>	childfaq16to22_r3=6 <input type="radio"/>
Upset that family social outings (eating out, celebrations, days out) have been limited by food allergy	childfaq16to22_r4=1 <input type="radio"/>	childfaq16to22_r4=2 <input type="radio"/>	childfaq16to22_r4=3 <input type="radio"/>	childfaq16to22_r4=4 <input type="radio"/>	childfaq16to22_r4=5 <input type="radio"/>	childfaq16to22_r4=6 <input type="radio"/>
Anxious about accidentally eating an ingredient to which he/she is allergic	childfaq16to22_r5=1 <input type="radio"/>	childfaq16to22_r5=2 <input type="radio"/>	childfaq16to22_r5=3 <input type="radio"/>	childfaq16to22_r5=4 <input type="radio"/>	childfaq16to22_r5=5 <input type="radio"/>	childfaq16to22_r5=6 <input type="radio"/>
Anxious when eating with unfamiliar adults/children	childfaq16to22_r6=1 <input type="radio"/>	childfaq16to22_r6=2 <input type="radio"/>	childfaq16to22_r6=3 <input type="radio"/>	childfaq16to22_r6=4 <input type="radio"/>	childfaq16to22_r6=5 <input type="radio"/>	childfaq16to22_r6=6 <input type="radio"/>
Frustrated by social restrictions	childfaq16to22_r7=1 <input type="radio"/>	childfaq16to22_r7=2 <input type="radio"/>	childfaq16to22_r7=3 <input type="radio"/>	childfaq16to22_r7=4 <input type="radio"/>	childfaq16to22_r7=5 <input type="radio"/>	childfaq16to22_r7=6 <input type="radio"/>

childfaq23to26

Because of food allergy, my child

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
Is more anxious in general than other children of his/her age	childfaq23to26_r1=1 <input type="radio"/>	childfaq23to26_r1=2 <input type="radio"/>	childfaq23to26_r1=3 <input type="radio"/>	childfaq23to26_r1=4 <input type="radio"/>	childfaq23to26_r1=5 <input type="radio"/>	childfaq23to26_r1=6 <input type="radio"/>
Is more cautious in general than other children of his/her age	childfaq23to26_r2=1 <input type="radio"/>	childfaq23to26_r2=2 <input type="radio"/>	childfaq23to26_r2=3 <input type="radio"/>	childfaq23to26_r2=4 <input type="radio"/>	childfaq23to26_r2=5 <input type="radio"/>	childfaq23to26_r2=6 <input type="radio"/>
Is not as confident as other children of his/her age in social situations	childfaq23to26_r3=1 <input type="radio"/>	childfaq23to26_r3=2 <input type="radio"/>	childfaq23to26_r3=3 <input type="radio"/>	childfaq23to26_r3=4 <input type="radio"/>	childfaq23to26_r3=5 <input type="radio"/>	childfaq23to26_r3=6 <input type="radio"/>

Wishes
his/her
food
allergy
would go
away

childfaq23to26_r4=1



childfaq23to26_r4=2



childfaq23to26_r4=3



childfaq23to26_r4=4



childfaq23to26_r4=5



childfaq23to26_r4=6



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Back

Next

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FAQLQint7to12

Please answer each question by marking the appropriate box:

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

childfaq27to30

Because of food allergy, my child feels.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
Worried about his/her future (opportunities, relationships)	<div>childfaq27to30_r1=1</div> <div></div>	<div>childfaq27to30_r1=2</div> <div></div>	<div>childfaq27to30_r1=3</div> <div></div>	<div>childfaq27to30_r1=4</div> <div></div>	<div>childfaq27to30_r1=5</div> <div></div>	<div>childfaq27to30_r1=6</div> <div></div>
That many people do not understand the serious nature of food allergy	<div>childfaq27to30_r2=1</div> <div></div>	<div>childfaq27to30_r2=2</div> <div></div>	<div>childfaq27to30_r2=3</div> <div></div>	<div>childfaq27to30_r2=4</div> <div></div>	<div>childfaq27to30_r2=5</div> <div></div>	<div>childfaq27to30_r2=6</div> <div></div>
Concerned by poor labelling on food products	<div>childfaq27to30_r3=1</div> <div></div>	<div>childfaq27to30_r3=2</div> <div></div>	<div>childfaq27to30_r3=3</div> <div></div>	<div>childfaq27to30_r3=4</div> <div></div>	<div>childfaq27to30_r3=5</div> <div></div>	<div>childfaq27to30_r3=6</div> <div></div>
That food allergy limits his/her life in general	<div>childfaq27to30_r4=1</div> <div></div>	<div>childfaq27to30_r4=2</div> <div></div>	<div>childfaq27to30_r4=3</div> <div></div>	<div>childfaq27to30_r4=4</div> <div></div>	<div>childfaq27to30_r4=5</div> <div></div>	<div>childfaq27to30_r4=6</div> <div></div>

Back

Next

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Food Allergy Quality of Life Questionnaire – Parent Form - Adolescents Aged 13-17

The following are all scenarios that parents have told us affect their adolescent's quality of life because of food allergy.

Please indicate how much of an impact each scenario has on your teenager's quality of life by selecting one of the boxes number 0-6.

If you believe the scenario has no impact please choose 0 (not at all).

It is important that you answer all the questions to help us understand the impact of food allergy on the quality of life of teenagers.

You may choose from one of the following answers:

0 - not

1 - barely

2 - slightly

3 - moderately

4 - quite

5 - very

6 - extremely

Dietary Frustrations

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
My teenager misses out because of food allergy	teenfaq1to9_r1=1 <input type="radio"/>	teenfaq1to9_r1=2 <input type="radio"/>	teenfaq1to9_r1=3 <input type="radio"/>	teenfaq1to9_r1=4 <input type="radio"/>	teenfaq1to9_r1=5 <input type="radio"/>	teenfaq1to9_r1=6 <input type="radio"/>	teenfaq1to9_r1=7 <input type="radio"/>
My teenager gets frustrated because of food allergy	teenfaq1to9_r2=1 <input type="radio"/>	teenfaq1to9_r2=2 <input type="radio"/>	teenfaq1to9_r2=3 <input type="radio"/>	teenfaq1to9_r2=4 <input type="radio"/>	teenfaq1to9_r2=5 <input type="radio"/>	teenfaq1to9_r2=6 <input type="radio"/>	teenfaq1to9_r2=7 <input type="radio"/>
My teenager has a restricted diet because of food allergy	teenfaq1to9_r3=1 <input type="radio"/>	teenfaq1to9_r3=2 <input type="radio"/>	teenfaq1to9_r3=3 <input type="radio"/>	teenfaq1to9_r3=4 <input type="radio"/>	teenfaq1to9_r3=5 <input type="radio"/>	teenfaq1to9_r3=6 <input type="radio"/>	teenfaq1to9_r3=7 <input type="radio"/>
My teenager gets irritated by his/her food allergy	teenfaq1to9_r4=1 <input type="radio"/>	teenfaq1to9_r4=2 <input type="radio"/>	teenfaq1to9_r4=3 <input type="radio"/>	teenfaq1to9_r4=4 <input type="radio"/>	teenfaq1to9_r4=5 <input type="radio"/>	teenfaq1to9_r4=6 <input type="radio"/>	teenfaq1to9_r4=7 <input type="radio"/>
My teenager has to be more responsible than other teenagers	teenfaq1to9_r5=1 <input type="radio"/>	teenfaq1to9_r5=2 <input type="radio"/>	teenfaq1to9_r5=3 <input type="radio"/>	teenfaq1to9_r5=4 <input type="radio"/>	teenfaq1to9_r5=5 <input type="radio"/>	teenfaq1to9_r5=6 <input type="radio"/>	teenfaq1to9_r5=7 <input type="radio"/>
My teenager always eats the same foods because of food allergy	teenfaq1to9_r6=1 <input type="radio"/>	teenfaq1to9_r6=2 <input type="radio"/>	teenfaq1to9_r6=3 <input type="radio"/>	teenfaq1to9_r6=4 <input type="radio"/>	teenfaq1to9_r6=5 <input type="radio"/>	teenfaq1to9_r6=6 <input type="radio"/>	teenfaq1to9_r6=7 <input type="radio"/>
My teenager cannot experiment with different foods on holiday because of food allergy	teenfaq1to9_r7=1 <input type="radio"/>	teenfaq1to9_r7=2 <input type="radio"/>	teenfaq1to9_r7=3 <input type="radio"/>	teenfaq1to9_r7=4 <input type="radio"/>	teenfaq1to9_r7=5 <input type="radio"/>	teenfaq1to9_r7=6 <input type="radio"/>	teenfaq1to9_r7=7 <input type="radio"/>
My teenager feels different to other teenagers because of food allergy	teenfaq1to9_r8=1 <input type="radio"/>	teenfaq1to9_r8=2 <input type="radio"/>	teenfaq1to9_r8=3 <input type="radio"/>	teenfaq1to9_r8=4 <input type="radio"/>	teenfaq1to9_r8=5 <input type="radio"/>	teenfaq1to9_r8=6 <input type="radio"/>	teenfaq1to9_r8=7 <input type="radio"/>
My teenager feels anxious in	teenfaq1to9_r9=1 <input type="radio"/>	teenfaq1to9_r9=2 <input type="radio"/>	teenfaq1to9_r9=3 <input type="radio"/>	teenfaq1to9_r9=4 <input type="radio"/>	teenfaq1to9_r9=5 <input type="radio"/>	teenfaq1to9_r9=6 <input type="radio"/>	teenfaq1to9_r9=7 <input type="radio"/>

restaurants

teenfaq10to16

Social Restrictions

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
My teenager finds it difficult to ask about food ingredients in restaurants	<div>teenfaq10to16_r1=1</div> <div></div>	<div>teenfaq10to16_r1=2</div> <div></div>	<div>teenfaq10to16_r1=3</div> <div></div>	<div>teenfaq10to16_r1=4</div> <div></div>	<div>teenfaq10to16_r1=5</div> <div></div>	<div>teenfaq10to16_r1=6</div> <div></div>
My teenager avoids telling people about his/her food allergy until he/she knows them well	<div>teenfaq10to16_r2=1</div> <div></div>	<div>teenfaq10to16_r2=2</div> <div></div>	<div>teenfaq10to16_r2=3</div> <div></div>	<div>teenfaq10to16_r2=4</div> <div></div>	<div>teenfaq10to16_r2=5</div> <div></div>	<div>teenfaq10to16_r2=6</div> <div></div>
My teenager worries as he/she always has to carry a bag because of his/her medication	<div>teenfaq10to16_r3=1</div> <div></div>	<div>teenfaq10to16_r3=2</div> <div></div>	<div>teenfaq10to16_r3=3</div> <div></div>	<div>teenfaq10to16_r3=4</div> <div></div>	<div>teenfaq10to16_r3=5</div> <div></div>	<div>teenfaq10to16_r3=6</div> <div></div>
My teenager worries that he/she can only eat in a limited range of restaurants	<div>teenfaq10to16_r4=1</div> <div></div>	<div>teenfaq10to16_r4=2</div> <div></div>	<div>teenfaq10to16_r4=3</div> <div></div>	<div>teenfaq10to16_r4=4</div> <div></div>	<div>teenfaq10to16_r4=5</div> <div></div>	<div>teenfaq10to16_r4=6</div> <div></div>
My teenager feels different because he/she cannot eat what his/her friends can eat	<div>teenfaq10to16_r5=1</div> <div></div>	<div>teenfaq10to16_r5=2</div> <div></div>	<div>teenfaq10to16_r5=3</div> <div></div>	<div>teenfaq10to16_r5=4</div> <div></div>	<div>teenfaq10to16_r5=5</div> <div></div>	<div>teenfaq10to16_r5=6</div> <div></div>
School trips away are not easy for my teenager	<div>teenfaq10to16_r6=1</div> <div></div>	<div>teenfaq10to16_r6=2</div> <div></div>	<div>teenfaq10to16_r6=3</div> <div></div>	<div>teenfaq10to16_r6=4</div> <div></div>	<div>teenfaq10to16_r6=5</div> <div></div>	<div>teenfaq10to16_r6=6</div> <div></div>
My teenager sticks to foods he/she knows	<div>teenfaq10to16_r7=1</div> <div></div>	<div>teenfaq10to16_r7=2</div> <div></div>	<div>teenfaq10to16_r7=3</div> <div></div>	<div>teenfaq10to16_r7=4</div> <div></div>	<div>teenfaq10to16_r7=5</div> <div></div>	<div>teenfaq10to16_r7=6</div> <div></div>

Back

Next

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FAQLQint13to17b1

Please indicate how much of an impact each scenario has on your teenager's quality of life by selecting one of the boxes number 0-6.

If you believe the scenario has no impact please choose 0 (not at all).

It is important that you answer all the questions to help us understand the impact of food allergy on the quality of life of teenagers.

You may choose from one of the following answers:

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

teenfaq17to22

Psychological Impact

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
My teenager has been really scared by having a reaction	teenfaq17to22_r1=1 <input type="radio"/>	teenfaq17to22_r1=2 <input type="radio"/>	teenfaq17to22_r1=3 <input type="radio"/>	teenfaq17to22_r1=4 <input type="radio"/>	teenfaq17to22_r1=5 <input type="radio"/>	teenfaq17to22_r1=6 <input type="radio"/>
My teenager gets frightened about food allergy	teenfaq17to22_r2=1 <input type="radio"/>	teenfaq17to22_r2=2 <input type="radio"/>	teenfaq17to22_r2=3 <input type="radio"/>	teenfaq17to22_r2=4 <input type="radio"/>	teenfaq17to22_r2=5 <input type="radio"/>	teenfaq17to22_r2=6 <input type="radio"/>
My teenager feels nervous around the food they are allergic to because of food allergy	teenfaq17to22_r3=1 <input type="radio"/>	teenfaq17to22_r3=2 <input type="radio"/>	teenfaq17to22_r3=3 <input type="radio"/>	teenfaq17to22_r3=4 <input type="radio"/>	teenfaq17to22_r3=5 <input type="radio"/>	teenfaq17to22_r3=6 <input type="radio"/>
I feel my teenager has had to grow up more quickly because of food allergy	teenfaq17to22_r4=1 <input type="radio"/>	teenfaq17to22_r4=2 <input type="radio"/>	teenfaq17to22_r4=3 <input type="radio"/>	teenfaq17to22_r4=4 <input type="radio"/>	teenfaq17to22_r4=5 <input type="radio"/>	teenfaq17to22_r4=6 <input type="radio"/>
My teenager has been teased because of food allergy	teenfaq17to22_r5=1 <input type="radio"/>	teenfaq17to22_r5=2 <input type="radio"/>	teenfaq17to22_r5=3 <input type="radio"/>	teenfaq17to22_r5=4 <input type="radio"/>	teenfaq17to22_r5=5 <input type="radio"/>	teenfaq17to22_r5=6 <input type="radio"/>
My teenager is more cautious generally because of food allergy	teenfaq17to22_r6=1 <input type="radio"/>	teenfaq17to22_r6=2 <input type="radio"/>	teenfaq17to22_r6=3 <input type="radio"/>	teenfaq17to22_r6=4 <input type="radio"/>	teenfaq17to22_r6=5 <input type="radio"/>	teenfaq17to22_r6=6 <input type="radio"/>

teenfaq23to26

Food Allergy Awareness

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
My teenager takes more of an interest in food because of food allergy	teenfaq23to26_r1=1 <input type="radio"/>	teenfaq23to26_r1=2 <input type="radio"/>	teenfaq23to26_r1=3 <input type="radio"/>	teenfaq23to26_r1=4 <input type="radio"/>	teenfaq23to26_r1=5 <input type="radio"/>	teenfaq23to26_r1=6 <input type="radio"/>
My teenager						

reads the
label on
everything
he/she
eats

teenfaq23to26_r2=1

teenfaq23to26_r2=2

teenfaq23to26_r2=3

teenfaq23to26_r2=4

teenfaq23to26_r2=5

teenfaq23to26_r2=6

My
teenager
is
frustrated
about
food
labelling

teenfaq23to26_r3=1

teenfaq23to26_r3=2

teenfaq23to26_r3=3

teenfaq23to26_r3=4

teenfaq23to26_r3=5

teenfaq23to26_r3=6

My
teenager
is more
way of
situations
because
of food
allergy

teenfaq23to26_r4=1

teenfaq23to26_r4=2

teenfaq23to26_r4=3

teenfaq23to26_r4=4

teenfaq23to26_r4=5

teenfaq23to26_r4=6

Back

Next



IntoleranceLQkid

Food Intolerance Quality of Life Questionnaire- Parent Form (FIQLQ-PF)

Children aged 0-17 years

FIQLQintroAlla

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

We are interested in All or Any food intolerances.

FIQLQintroAllb

Please indicate how much of an impact each scenario has on your child's 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

childfiq1to5

Because of food intolerance, my child feels.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Upset about being intolerant to food	childfiq1to5_r1=1 <input type="radio"/>	childfiq1to5_r1=2 <input type="radio"/>	childfiq1to5_r1=3 <input type="radio"/>	childfiq1to5_r1=4 <input type="radio"/>	childfiq1to5_r1=5 <input type="radio"/>	childfiq1to5_r1=6 <input type="radio"/>	childfiq1to5_r1=7 <input type="radio"/>
Different from other children in food related situations	childfiq1to5_r2=1 <input type="radio"/>	childfiq1to5_r2=2 <input type="radio"/>	childfiq1to5_r2=3 <input type="radio"/>	childfiq1to5_r2=4 <input type="radio"/>	childfiq1to5_r2=5 <input type="radio"/>	childfiq1to5_r2=6 <input type="radio"/>	childfiq1to5_r2=7 <input type="radio"/>
Frustrated by having to avoid many foods	childfiq1to5_r3=1 <input type="radio"/>	childfiq1to5_r3=2 <input type="radio"/>	childfiq1to5_r3=3 <input type="radio"/>	childfiq1to5_r3=4 <input type="radio"/>	childfiq1to5_r3=5 <input type="radio"/>	childfiq1to5_r3=6 <input type="radio"/>	childfiq1to5_r3=7 <input type="radio"/>
Reluctant to try foods he/she has not eaten before	childfiq1to5_r4=1 <input type="radio"/>	childfiq1to5_r4=2 <input type="radio"/>	childfiq1to5_r4=3 <input type="radio"/>	childfiq1to5_r4=4 <input type="radio"/>	childfiq1to5_r4=5 <input type="radio"/>	childfiq1to5_r4=6 <input type="radio"/>	childfiq1to5_r4=7 <input type="radio"/>
Concerned that I worry about his/her food intolerance	childfiq1to5_r5=1 <input type="radio"/>	childfiq1to5_r5=2 <input type="radio"/>	childfiq1to5_r5=3 <input type="radio"/>	childfiq1to5_r5=4 <input type="radio"/>	childfiq1to5_r5=5 <input type="radio"/>	childfiq1to5_r5=6 <input type="radio"/>	childfiq1to5_r5=7 <input type="radio"/>

childfiq6to8

Because of food intolerance, my child.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
Experiences physical distress from symptoms if he/she has a reaction to food	childfiq6to8_r1=1 <input type="radio"/>	childfiq6to8_r1=2 <input type="radio"/>	childfiq6to8_r1=3 <input type="radio"/>	childfiq6to8_r1=4 <input type="radio"/>	childfiq6to8_r1=5 <input type="radio"/>	childfiq6to8_r1=6 <input type="radio"/>	childfiq6to8_r1=7 <input type="radio"/>
Experiences emotional distress from symptoms if he/she has a reaction to food	childfiq6to8_r2=1 <input type="radio"/>	childfiq6to8_r2=2 <input type="radio"/>	childfiq6to8_r2=3 <input type="radio"/>	childfiq6to8_r2=4 <input type="radio"/>	childfiq6to8_r2=5 <input type="radio"/>	childfiq6to8_r2=6 <input type="radio"/>	childfiq6to8_r2=7 <input type="radio"/>
Has limitations							

on the
variety of
foods that
he/she can
try or taste

childfiq6to8_r3=1



childfiq6to8_r3=2



childfiq6to8_r3=3



childfiq6to8_r3=4



childfiq6to8_r3=5



childfiq6to8_r3=6



childfi

Back

Next

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FIQLQint4plus1

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

childfiq9to10

Because of food intolerance, my child must be.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very	6 extremely
More responsible, than other children of his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More restricted in his/her everyday environment (e.g. having to follow more 'rules', or having to avoid certain foods or places), than other children of his/her age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

childfiq11to14

Because of food intolerance, my child experiences limitations on

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
The variety of restaurants he/she can safely go to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holidays/Travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities in other people's houses that may involve food (e.g. sleepovers, parties, playtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/school events involving food (e.g. class parties/treats/lunchtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Back

Next

0%  100%

FIQLQint4plus2

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

childfiq15to19

Because of food intolerance, my child feels.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
Frustrated that he/she must be cautious around food	childfiq15to19_r1=1 <input type="radio"/>	childfiq15to19_r1=2 <input type="radio"/>	childfiq15to19_r1=3 <input type="radio"/>	childfiq15to19_r1=4 <input type="radio"/>	childfiq15to19_r1=5 <input type="radio"/>	childfiq15to19_r1=6 <input type="radio"/>
'Left out' in activities involving food (e.g. unless own food is brought to event)	childfiq15to19_r2=1 <input type="radio"/>	childfiq15to19_r2=2 <input type="radio"/>	childfiq15to19_r2=3 <input type="radio"/>	childfiq15to19_r2=4 <input type="radio"/>	childfiq15to19_r2=5 <input type="radio"/>	childfiq15to19_r2=6 <input type="radio"/>
Upset that social outings (e.g. going to restaurants or birthday parties) must be planned ahead.	childfiq15to19_r3=1 <input type="radio"/>	childfiq15to19_r3=2 <input type="radio"/>	childfiq15to19_r3=3 <input type="radio"/>	childfiq15to19_r3=4 <input type="radio"/>	childfiq15to19_r3=5 <input type="radio"/>	childfiq15to19_r3=6 <input type="radio"/>
Concerned about accidentally eating a 'hidden' ingredient	childfiq15to19_r4=1 <input type="radio"/>	childfiq15to19_r4=2 <input type="radio"/>	childfiq15to19_r4=3 <input type="radio"/>	childfiq15to19_r4=4 <input type="radio"/>	childfiq15to19_r4=5 <input type="radio"/>	childfiq15to19_r4=6 <input type="radio"/>
Frustrated by the need to explain to others	childfiq15to19_r5=1 <input type="radio"/>	childfiq15to19_r5=2 <input type="radio"/>	childfiq15to19_r5=3 <input type="radio"/>	childfiq15to19_r5=4 <input type="radio"/>	childfiq15to19_r5=5 <input type="radio"/>	childfiq15to19_r5=6 <input type="radio"/>

childfiq20to22

Because of food intolerance, my child, in general.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
Must be more aware of risk than other children of his/her age	childfiq20to22_r1=1 <input type="radio"/>	childfiq20to22_r1=2 <input type="radio"/>	childfiq20to22_r1=3 <input type="radio"/>	childfiq20to22_r1=4 <input type="radio"/>	childfiq20to22_r1=5 <input type="radio"/>	childfiq20to22_r1=6 <input type="radio"/>
Must be more cautious than other children of his/her age	childfiq20to22_r2=1 <input type="radio"/>	childfiq20to22_r2=2 <input type="radio"/>	childfiq20to22_r2=3 <input type="radio"/>	childfiq20to22_r2=4 <input type="radio"/>	childfiq20to22_r2=5 <input type="radio"/>	childfiq20to22_r2=6 <input type="radio"/>
Wishes his/her food intolerance would go away	childfiq20to22_r3=1 <input type="radio"/>	childfiq20to22_r3=2 <input type="radio"/>	childfiq20to22_r3=3 <input type="radio"/>	childfiq20to22_r3=4 <input type="radio"/>	childfiq20to22_r3=5 <input type="radio"/>	childfiq20to22_r3=6 <input type="radio"/>

Back

Next

0%  100%

FIQLQint7plus

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

childfiq23to25

Because of food intolerance, my child is concerned.....

	0 not	1 barely	2 slightly	3 moderately	4 quite	5 very
That he/she will be embarrassed by the symptoms of intolerance in social situations	<input type="radio"/> childfiq23to25_r1=1	<input type="radio"/> childfiq23to25_r1=2	<input type="radio"/> childfiq23to25_r1=3	<input type="radio"/> childfiq23to25_r1=4	<input type="radio"/> childfiq23to25_r1=5	<input type="radio"/> childfiq23to25_r1=6
That many people do not understand the needs of people with food intolerance	<input type="radio"/> childfiq23to25_r2=1	<input type="radio"/> childfiq23to25_r2=2	<input type="radio"/> childfiq23to25_r2=3	<input type="radio"/> childfiq23to25_r2=4	<input type="radio"/> childfiq23to25_r2=5	<input type="radio"/> childfiq23to25_r2=6
By the quality and clarity of 'labelling' in general (e.g. in restaurant menus; on food products)	<input type="radio"/> childfiq23to25_r3=1	<input type="radio"/> childfiq23to25_r3=2	<input type="radio"/> childfiq23to25_r3=3	<input type="radio"/> childfiq23to25_r3=4	<input type="radio"/> childfiq23to25_r3=5	<input type="radio"/> childfiq23to25_r3=6

Back

Next

0%  100%

coeliacLQkid1

Coeliac Disease - Parent Form

coeliacLQkid2






We would like to know how your [Script] year old have been feeling lately.

In your opinion, mark how they have been feeling recently, in the following situations.






Click the face that best represents how they feel.

There are no wrong answers. It is your view that is important.

ccdux1to6

					
When you son/daughter thinks of food containing gluten, he/she feels...	ccdux1to6_r1=1 <input type="radio"/>	ccdux1to6_r1=2 <input type="radio"/>	ccdux1to6_r1=3 <input type="radio"/>	ccdux1to6_r1=4 <input type="radio"/>	ccdux1to6_r1=5 <input type="radio"/>
When at school they offer him/her food containing gluten, he/she feels ...	ccdux1to6_r2=1 <input type="radio"/>	ccdux1to6_r2=2 <input type="radio"/>	ccdux1to6_r2=3 <input type="radio"/>	ccdux1to6_r2=4 <input type="radio"/>	ccdux1to6_r2=5 <input type="radio"/>
Talking with others about his/her coeliac disease, he/she feels...	ccdux1to6_r3=1 <input type="radio"/>	ccdux1to6_r3=2 <input type="radio"/>	ccdux1to6_r3=3 <input type="radio"/>	ccdux1to6_r3=4 <input type="radio"/>	ccdux1to6_r3=5 <input type="radio"/>
Not being able to eat anything, he/she feels...	ccdux1to6_r4=1 <input type="radio"/>	ccdux1to6_r4=2 <input type="radio"/>	ccdux1to6_r4=3 <input type="radio"/>	ccdux1to6_r4=4 <input type="radio"/>	ccdux1to6_r4=5 <input type="radio"/>
When someone offers him/her food containing gluten, he/she feels...	ccdux1to6_r5=1 <input type="radio"/>	ccdux1to6_r5=2 <input type="radio"/>	ccdux1to6_r5=3 <input type="radio"/>	ccdux1to6_r5=4 <input type="radio"/>	ccdux1to6_r5=5 <input type="radio"/>
When your son/daughter has to explain what is coeliac disease, he/she feels...	ccdux1to6_r6=1 <input type="radio"/>	ccdux1to6_r6=2 <input type="radio"/>	ccdux1to6_r6=3 <input type="radio"/>	ccdux1to6_r6=4 <input type="radio"/>	ccdux1to6_r6=5 <input type="radio"/>

ccdux7to12

					
When he/she talks about coeliac disease with others of his/her age, he/she feels...	ccdux7to12_r1=1 <input type="radio"/>	ccdux7to12_r1=2 <input type="radio"/>	ccdux7to12_r1=3 <input type="radio"/>	ccdux7to12_r1=4 <input type="radio"/>	ccdux7to12_r1=5 <input type="radio"/>
Following a lifelong diet, he/she finds it...	ccdux7to12_r2=1 <input type="radio"/>	ccdux7to12_r2=2 <input type="radio"/>	ccdux7to12_r2=3 <input type="radio"/>	ccdux7to12_r2=4 <input type="radio"/>	ccdux7to12_r2=5 <input type="radio"/>
Having to pay attention to what he/she eats, he/she feels...	ccdux7to12_r3=1 <input type="radio"/>	ccdux7to12_r3=2 <input type="radio"/>	ccdux7to12_r3=3 <input type="radio"/>	ccdux7to12_r3=4 <input type="radio"/>	ccdux7to12_r3=5 <input type="radio"/>
Having coeliac disease is...	ccdux7to12_r4=1 <input type="radio"/>	ccdux7to12_r4=2 <input type="radio"/>	ccdux7to12_r4=3 <input type="radio"/>	ccdux7to12_r4=4 <input type="radio"/>	ccdux7to12_r4=5 <input type="radio"/>
Not being able to eat all the things other people eat,	ccdux7to12_r5=1 <input type="radio"/>	ccdux7to12_r5=2 <input type="radio"/>	ccdux7to12_r5=3 <input type="radio"/>	ccdux7to12_r5=4 <input type="radio"/>	ccdux7to12_r5=5 <input type="radio"/>

your son/daughter finds it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following a diet for his/her coeliac disease, your son/daughter finds it...	<div>ccdunix7to12_r6=1</div> <input type="radio"/>	<div>ccdunix7to12_r6=2</div> <input type="radio"/>	<div>ccdunix7to12_r6=3</div> <input type="radio"/>	<div>ccdunix7to12_r6=4</div> <input type="radio"/>	<div>ccdunix7to12_r6=5</div> <input type="radio"/>



CHILDqolEND

Thank you.

ChildEQ5DnoFHstart

EQnohyper4

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

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

EQnohyper2

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

Back

Next

0%  100%

EQnohyper3

On the pages that follow, please score what you think your child's health would be today if they had no Food Hypersensitivities (No Food Allergy, Food Intolerance or Coeliac disease)

Back

Next

0%  100%

iftheyhad1

If your [Script] year old had no food hypersensitivity...

mob3proxyno

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

Mobility (*walking about*)

mob3proxyno=1

☐

No problems walking about

mob3proxyno=2

☐

Some problems walking about

mob3proxyno=3

☐

A lot of problems walking about

Back

Next

0%  100%

iftheyhad2

If your [Script] year old had no food hypersensitivity...

selfc3proxyno

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

Looking after Themselves

selfc3proxyno=1

☐

No problems washing or dressing him/herself

selfc3proxyno=2

☐

Some problems washing or dressing him/herself

selfc3proxyno=3

☐

A lot of problems washing or dressing him/herself

Back

Next

0%  100%

iftheyhad3

If your [Script] year old had no food hypersensitivity...

usual3proxyno

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

Doing Usual Activities (for example: going to school, hobbies, sports, playing, doing things with family or friends)

usual3proxyno=1

☐

No problems doing his/her usual activities

usual3proxyno=2

☐

Some problems doing his/her usual activities

usual3proxyno=3

☐

A lot of problems doing his/her usual activities

Back

Next

0%  100%

iftheyhad4

If your [Script] year old had no food hypersensitivity...

pain3proxyno

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

Having pain or discomfort

pain3proxyno=1

☐

No pain or discomfort

pain3proxyno=2

☐

Some pain or discomfort

pain3proxyno=3

☐

A lot of pain or discomfort

Back

Next

0%  100%

iftheyhad5

If your [Script] year old had no food hypersensitivity...

anxious3proxyno

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

Feeling worried, sad or unhappy

anxious3proxyno=1

☐

Not worried, sad or unhappy

anxious3proxyno=2

☐

A bit worried, sad or unhappy

anxious3proxyno=3

☐

Very worried, sad or unhappy

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.

kidnoFHscore

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

You scored your year old's health today as .

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

noFHhealthscorekid

Your Health Today	
Item 1	<div><div>noFHhealthscorekid_r1_c1</div><input type="text"/></div>

Back

Next

0% 100%

noFHintro2

Thank you.

You have told us about how your child's hypersensitivity to food affects their health and quality of life, and what their health would be like without their food hypersensitivity.

Now we would like you to think some more about your child not having a food hypersensitivity.

Back

Next

0%  100%

pillintrok1

We would like you to imagine that there is a pill available which would remove all the effects of your child's food hypersensitivity (food allergy, food intolerance or Coeliac Disease).

Your child would take a single pill and its effects would last for a certain length of time.

pillintrok2

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

After a set length of time their food hypersensitivities would return.

Back

Next

0%  100%

pillsafe1

The pill would be safe.

It would have been tested and 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.

onepillonly1

Your child would be able to take only one pill in their lifetime.

Back

Next

0%  100%

pillintrok3

So, we are going to ask you to consider some choices.

These choices will be between 2 options:

- In Option A nothing changes with your child's food hypersensitivities.
- In Option B the pill they take removes all symptoms and limitations of their food hypersensitivities for the specified period of time.

pilltakenow

If you choose Option B (take the Pill) your child would have to take it now - so think about it like that, rather than as an option that could be taken at same later date.

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.

Back

Next

0%  100%

explainpillk1

In this example the pill removes your child's food hypersensitivities for 1 year:

- In Option A nothing changes with your child's food hypersensitivities.
- In Option B the pill they take removes all symptoms and limitations of their food hypersensitivities **for 1 year**. Then those food hypersensitivities return as they are now.

kidtrain_Random1

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

Years with no Food Hypersensitivity	None
Annual Cost	£0
	<p>kidtrain_Random1</p> <p>Select</p>

1 year
£0
<p>kidtrain_Random1</p> <p>Select</p>

Back

Next

0% 100%

pillreminders1

Thanks.

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

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

Back

Next

0%  100%

explainpillk2

Here is another choice.

Notice that the period of time that the pill removes your child's food hypersensitivities has changed - it is now 5 years

kidtrain_Random2

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

Years with no Food Hypersensitivity	None
Annual Cost	£0
	<p>kidtrain_Random2</p> <p>Select</p>

5 years
£0
<p>kidtrain_Random2</p> <p>Select</p>

Back

Next

0%  100%

explainpillk3

Here is another choice.

Notice that the period of time that the pill removes your child's food hypersensitivities has changed - it is now 20 years

kidtrain_Random3

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

Years with no Food Hypersensitivity	None
Annual Cost	£0
	kidtrain_Random3
	Select

20 years
£0
kidtrain_Random3
Select

Back

Next

0%  100%

thanksfreekid

Thank you for making those choices.

[Script]

Back

Next



freenochooseabskid

We notice that you never selected an option involving your child taking the pill to temporarily remove their 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.:

freenochooseabskid=1

☐

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

freenochooseabskid=2

☐

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

freenochooseabskid=3

☐

freenochooseabskid_3_other

Other (please add)

Back

Next

0%  100%

minremovekid

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

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

minremovekid=1

☐

25 years

minremovekid=2

☐

30 years

minremovekid=3

☐

35 years

minremovekid=4

☐

40 years

minremovekid=5

☐

45 years

minremovekid=6

☐

50 years

minremovekid=7

☐

...permanent removal only

minremovekid=8

☐

...would not want to remove their food hypersensitivity

Back

Next

0%  100%

minthanskid

Thank you.

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

[Script]

Back

Next

0%  100%

nowpaypillkid

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.

Back

Next

0%  100%

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 40% of the total length.

pillchoiceskid

So now the choices will be between:

- nothing changing with your child's food hypersensitivities.
- you buying the pill your child take to remove all symptoms and limitations of their food hypersensitivities for the specified period of time.

showexkid

We will show you an example...

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.

Back

Next

0%  100%

explainpillpayk1

Here the choice is between:

- nothing changing with your child's food hypersensitivities.
- you pay for the pill at a **cost of £1,000** to remove all the symptoms and limitations of your child's food hypersensitivity for **1 year**.

kidpaytrain_Random1

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

None

£0

kidpaytrain_Random1

Select

1 year

£1,000

kidpaytrain_Random1

Select

Back

Next

0%  100%

socdesire

Thanks.

We'd like to say something about the choices we are asking you to make:

We all love our children.
We always want them to be well and happy.

It may seem uncomfortable making a choice where you do not pay for the pill and your child's food hypersensitivity continues unchanged – but we all have a fixed budget and have many demands on that budget.

So please do not see those choices as asking if you're a good and caring parent – that's not what we are asking – we want you to consider these choices carefully including whether you really could, now, pay the price shown.

Back

Next

0%  100%

explainpillpayk2

Here is another example of the choices we will ask you to make.

Notice that 2 things have changed in Option B:

- The period of time that the Pill removes your child's food hypersensitivities – it is now **5 years**.
- The amount you would have to pay for the Pill – **the cost is now £5,000 paid at the start of those 5 years**.

kidpaytrain_Random2

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

None

£0

kidpaytrain_Random2

Select

5 years

£1,000

kidpaytrain_Random2

Select

Back

Next

0%  100%

explainpillpayk3

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

Back

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.

Back

Next

0%  100%

kidpill_Random1

If these were your only options, which would you choose for your [Script] year old?

None

£0

kidpill_Random1

Select

1 year

£500

kidpill_Random1

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random2

If these were your only options, which would you choose for your Script year old?

None

£0

kidpill_Random2

Select

1 year

£1,500

kidpill_Random2

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random3

If these were your only options, which would you choose for your [Script] year old?

None

£0

kidpill_Random3

Select

5 years

£500

kidpill_Random3

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random4

If these were your only options, which would you choose for your [Script] year old?

None

£0

kidpill_Random4

Select

5 years

£1,000

kidpill_Random4

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random5

If these were your only options, which would you choose for your Script year old?

None

£0

kidpill_Random5

Select

10 years

£250

kidpill_Random5

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random6

If these were your only options, which would you choose for your Script year old?

None

£0

kidpill_Random6

Select

10 years

£5,000

kidpill_Random6

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random7

If these were your only options, which would you choose for your Script year old?

None

£0

kidpill_Random7

Select

15 years

£500

kidpill_Random7

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random8

If these were your only options, which would you choose for your [Script] year old?

None

£0

kidpill_Random8

Select

15 years

£1,000

kidpill_Random8

Select

Choice 1 of 9

Back

Next

0%  100%

kidpill_Random9

If these were your only options, which would you choose for your Script year old?

None

£0

kidpill_Random9

Select

20 years

£1,500

kidpill_Random9

Select

Choice 1 of 9

Back

Next

0%  100%

thankspilIDCE

Thank you for completing those choices.

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

[Script]

Back

Next

0%  100%

diffpillcompkid

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

	Very difficult	Difficult	No opinion	Easy	Very easy
To understand the choices was....	<div>diffpillcompkid_r1=1</div> <input type="radio"/>	<div>diffpillcompkid_r1=2</div> <input type="radio"/>	<div>diffpillcompkid_r1=3</div> <input type="radio"/>	<div>diffpillcompkid_r1=4</div> <input type="radio"/>	<div>diffpillcompkid_r1=5</div> <input type="radio"/>

diffpillmakekid

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

	Very difficult	Difficult	No opinion	Easy	Very easy
To make the choices was....	<div>diffpillmakekid_r1=1</div> <input type="radio"/>	<div>diffpillmakekid_r1=2</div> <input type="radio"/>	<div>diffpillmakekid_r1=3</div> <input type="radio"/>	<div>diffpillmakekid_r1=4</div> <input type="radio"/>	<div>diffpillmakekid_r1=5</div> <input type="radio"/>

Back

Next

0% 100%

kidnopaypill

We notice that you never selected an option that involved paying to remove the symptoms and limitations of your child's 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:

kidnopaypill=1

☐

The cost was too high compared to the benefit my child would get.

kidnopaypill=2

☐

I could not afford to pay what was asked.

kidnopaypill=3

☐

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

kidnopaypill=4

☐

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

kidnopaypill=5

☐

I did not trust that the pill was safe.

kidnopaypill=6

☐

I did not trust that the pill would work.

kidnopaypill=7

☐

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

kidnopaypill=8

☐

kidnopaypill_8_other

Other (please tell us...)

Back

Next

0%  100%

kidallpaypill

We notice that you always selected the option that involved paying to remove the symptoms and limitations of your child's food hypersensitivity.

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

kidallpaypill=1

☐

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

kidallpaypill=2

☐

The cost was small compared to the benefit my child would get.

kidallpaypill=3

☐

kidallpaypill_3_other:

Other (please tell us...)

Back

Next

0%  100%

maxpaykid

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 child's food hypersensitivity.

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

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

This is an amount (in £) to be paid NOW to remove all the symptoms and limitations of their 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%

maxpayminremovekid:

Thank you.

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

Please tell us what is the most you would pay to remove your child's 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%

permpayintrokid

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

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

maxpaypermkid

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

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

Back

Next

0%  100%

SomeQsAboutYou

We would like to ask a few questions about you.

Back

Next

0%  100%

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)

Back

Next

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:

Back

Next

0%  100%

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:

Back

Next

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)

- ☐ class=1 Semi or unskilled manual work
- (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)
- ☐ class=2 Skilled manual worker
- (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc.)
- ☐ class=3 Supervisory or clerical/ junior managerial/ professional/ administrative
- (e.g. Office worker, Student Doctor, Foreman with 25+ employees, salesperson, etc)
- ☐ class=4 Intermediate managerial/ professional/ administrative
- (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)
- ☐ class=5 Higher managerial/ professional/ administrative
- (e.g. Established doctor, Solicitor, Board Director in a large organisation (200+ employees, top level civil servant/public service employee))
- ☐ class=6 Student
- ☐ class=7 Casual worker – not in permanent employment
- ☐ class=8 Homemaker
- ☐ class=9 Retired and living on state pension
- ☐ class=10 Unemployed or not working due to long-term sickness
- ☐ class=11 Full-time carer of other household member

Back

Next

0%  100%

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.

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

Back

Next

0% 100%

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.

Back

Next

0%  100%

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											
0	1	2	3	4	5	6	7	8	9	forever	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"/>

Back

Next

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

Back

Next

0% 100%

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"/>

Back

Next

0% 100%

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

Back

Next

0%

100%

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.

Back

Next

0%  100%

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"/>

Back

Next

0% 100%

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...	<input type="radio"/> 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
in financial matters...	<input type="radio"/> 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
during leisure and sports...	<input type="radio"/> 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

	risk averse 0	1	2	3	4	5	6	7	8	9
in your occupation...	<input type="radio"/> 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
with your health...	<input type="radio"/> 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
your faith in other people...	<input type="radio"/> 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

Back

Next

0% 100%

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.

Back

Next

0% 100%

byebye

Thank you

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

Back

Next

0%  100%

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%