CHARACTERISATION OF KIWI ALLERGY STUDY

Questionnaire for person with suspected or proven kiwi allergy

THIS QUESTIONNAIRE IS DESIGNED FOR BOTH ADULTS AND CHILDREN WITH KIWI ALLERGY. CHILDREN WILL NEED HELP TO COMPLETE IT. PLEASE COMPLETE ALL SECTIONS OF THE QUESTIONNAIRE AS FULLY AS YOU CAN. WHERE THERE IS MORE THAN ONE CHOICE PLEASE TICK ALL THE BOXES WHICH APPLY.

1. Name: ..................................................

2. Date of birth:..........................

3. Age: ..........................

4 Gender:  Male [ ]  Female [ ]

5. GP’s name:  ..................................................

GP’s address: ..................................................

..................................................

..................................................

6. Have you ever required treatment for any of the following:

- asthma  YES[ ]  NO[ ]
- eczema  YES[ ]  NO[ ]
- hayfever  YES[ ]  NO[ ]

7. What do you think or know you are allergic to?

- kiwi fruit  [ ]
- peanut  [ ]
- other nuts  [ ] type of nuts......................
- milk  [ ]
- egg  [ ]
- soya  [ ]
- fish  [ ]
- avocado  [ ]
- banana  [ ]

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8. As a child did you have any allergies to foods which you now tolerate:

- latex [ ]
- apple [ ]
- tree pollen [ ]
- grass pollen [ ]
- carrot [ ]
- other [ ]
- If other please specify: ...........................................

9. For your other allergies please indicate whether the allergy started before or after your first reaction to kiwi.

- peanut Before kiwi [ ] After [ ]
- other nuts Before kiwi [ ] After [ ]
- milk Before kiwi [ ] After [ ]
- egg Before kiwi [ ] After [ ]
- soy Before kiwi [ ] After [ ]
- fish Before kiwi [ ] After [ ]
- avocado Before kiwi [ ] After [ ]
- banana Before kiwi [ ] After [ ]
- latex Before kiwi [ ] After [ ]
- apple Before kiwi [ ] After [ ]
- tree pollen Before kiwi [ ] After [ ]
- grass pollen Before kiwi [ ] After [ ]
- carrot Before kiwi [ ] After [ ]

10. Have you ever attended an allergy clinic?

   YES [ ] NO [ ]
11. If **YES** were you referred there because of your kiwi allergy, either solely or along with other allergies?

   YES [ ]  NO [ ]

12. Had you knowingly eaten kiwi fruit before the time you first reacted?

   YES [ ]  NO [ ]

**SECTION CONCERNING YOUR FIRST REACTION TO KIWI FRUIT**

13. What age were you when you **first** reacted to kiwi?

   Age: ..............  Don’t know [ ]

14. How did you react during the first reaction? (*Tick as many boxes as are appropriate)*

   - Vomiting [ ]
   - Abdominal pain [ ]
   - Irritability [ ]
   - Rash [ ]
   - Face swelling [ ]
   - Tingling/sore mouth [ ]
   - Swelling of lips or tongue [ ]
   - Throat tightening/difficulty swallowing [ ]
   - Breathing difficulties [ ]
   - Wheeze [ ]
   - Blue around the lips [ ]
   - Collapse/faint [ ]
   - Other [ ]

   If other please specify........................................................................................

15. How long after you were in contact with the kiwi did the **first ever** reaction start?

   Immediately [ ]

   ........ minutes
16. How long after the reaction started did you start to feel better? 

............. minutes

17. What treatment did you take? (*Tick as many boxes as are appropriate*)

- Antihistamines [ ]
- Adrenaline inhaler [ ]
- Adrenaline injection [ ]
- None [ ]

*If NONE go to question 19*

18. How long after contact with kiwi did you take the medication?

Immediately [ ] Time scale...........................

19. Did you go to hospital?

YES [ ] NO [ ]

*If NO go to question 22*

20. Where were you admitted over night?

YES [ ] NO [ ]

*If NO go to question 21*

21. If YES, were you admitted to

- Intensive care [ ]
- Ordinary ward [ ]

22. How many times have you reacted to kiwi fruit?

.....................

SECTION CONCERNING YOUR LAST REACTION TO KIWI FRUIT

23. How recently did you last react to kiwi?

.........................

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24. How did you react to the **most recent** exposure? (*Tick as many boxes as are appropriate*)

- Vomiting                  [   ]
- Abdominal pain              [   ]
- Irritability                [   ]
- Rash                      [   ]
- Face swelling              [   ]
- Tingling /sore mouth        [   ]
- Swelling of lips or tongue  [   ]
- Throat tightening/difficulty swallowing [   ]
- Breathing difficulties      [   ]
- Wheeze                    [   ]
- Blue around the lips        [   ]
- Collapse/faint             [   ]
- Other                     [   ]

If other please specify…………………………………………………

25. How long after you were in contact with the kiwi did the **last** reaction start?

Immediately [         ] Time scale .................................

26. How long after the **last reaction** started did you start to feel better? (*Tick ONE box only*)

- Less than 1 hour          [   ]
- 1-3 hours                 [   ]
- 3-6 hours                 [   ]
- more than 6 hours         [   ]

27. What treatment did you take? (*Tick as many boxes as are appropriate*)

- Antihistamines            [   ]
- Adrenaline inhaler        [   ]
- Adrenaline injection      [   ]
- None                      [   ]

*If NONE go to question 29*
28. How long after contact with kiwi did you take the medication?
   Immediately [ ]    Time scale                      

29. Did you go to hospital?
   YES [ ]    NO [ ]
   If NO go to question 32

30. Where you admitted over night?
   YES [ ]    NO [ ]
   If NO go to question 31

31. If YES, were you admitted to
   - Intensive care [ ]
   - Ordinary ward [ ]

SECTION CONCERNING OTHER REACTIONS TO KIWI FRUIT

32. Have you EVER been to hospital because of a reaction to kiwi?
   YES [ ]    NO [ ]
   If NO go to question 35

33. Where you admitted over night?
   YES [ ]    NO [ ]
   If NO go to question 34

34. If YES, were you admitted to
   - Intensive care unit [ ]
   - Ordinary ward [ ]

GENERAL QUESTIONS ABOUT YOUR ALLERGY

35. What is the smallest amount of kiwi that causes a definite reaction? (Tick ONE box only)
   - Smell [ ]
   - Touch [ ]
   - Taste [ ]
36. Is the severity of your reactions changing as you get older?
   • Getting more severe [  ]
   • Getting less severe [  ]
   • Staying the same [  ]
   • Don’t know [  ]

37. Does exercise effect the response
   • Yes [  ]
   • No [  ]
   • Don’t know [  ]

   *If NO go to question 39*

38. If YES, how?
   • More severe response [  ]
   • Less severe response [  ]

39. Have you ever taken any medication for your kiwi allergy?
   • YES [  ]
   • NO [  ]

   *If NO, go to question 40*

40. If YES, what medication?
   • Antihistamine tablets or medicine [  ]
   • Inhaled adrenaline [  ]
   • Injected adrenaline [  ]
   • Inhaled steroids [  ]
41. Do you carry (for your kiwi allergy)
   - Inhaled adrenaline [YES] [NO]
   - Injectable adrenaline [YES] [NO]

42. Do you have immediate relatives (i.e. mother, father, brother, sister or child) with asthma, excema, hayfever, food allergy or other allergies?
   YES [ ] NO [ ]

   *If NO please read the section at the end of the questionnaire.*

43. If YES, please state what relationship the person has to you and what their allergy or illness is.

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<thead>
<tr>
<th>Relationship</th>
<th>Allergy</th>
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44. What sources of information have you found helpful concerning kiwi allergy?

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<thead>
<tr>
<th>HELPFUL</th>
<th>UNHELPFUL</th>
<th>NOT USED</th>
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<tbody>
<tr>
<td>GP</td>
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<tr>
<td>Allergy clinic</td>
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<td>Anaphylaxis Campaign</td>
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<td>British Allergy Foundation</td>
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<td>Press/TV/magazines</td>
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<td>Other (please state)</td>
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If you have any further comments please add them below, or on a separate piece of paper.

- Are you willing to have a blood sample taken?
  YES [ ]  NO [ ]

- If yes, will you arrange for this at your GP surgery, or would you like to come to Southampton?
  GP surgery [ ]  Southampton [ ]

- Are you willing to travel to Southampton for skin tests?
  YES [ ]  NO [ ]

- Are you willing to travel to Southampton for a food challenge?
  YES [ ]  NO [ ]

- If you would like to travel to Southampton for skin tests or blood tests, please give your daytime telephone number ☏  ………………………………………..

PLEASE RETURN THE COMPLETED QUESTIONNAIRE, WITH YOUR BLOOD SAMPLE IF YOU HAVE HAD IT TAKEN, IN THE ENCLOSED FREEPOST PACKAGING.

Thank you for completing this questionnaire ☺