



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:

.....

.....

Q4

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

▪ asthma YES[] NO[]

▪ eczema YES[] NO[]

▪ hayfever YES[] NO[]

Q6a

Q6b

Q6c

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 []

Q7a

Q7b

Q7c

Q7d

Q7e

Q7f



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

Q7g

Q7h

Q7i

Q7j

Q7k

Q7l

Q7m

Q7n

Q7o

Q8a

Q8b

Q8c

Q9a

Q9b

Q9c

Q9d

Q9e

Q9f

Q9g

Q9h

Q9i

Q9j

Q9k

Q9l

Q9m

Q10

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

- egg YES [] NO []
- milk YES [] NO []
- other YES [] NO []

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 []

Q11

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

YES [] NO []

Q12

SECTION CONCERNING YOUR FIRST REACTION TO KIWI FRUIT

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

Age: Don't know []

Q13

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 []

Q14a

Q14b

Q14c

Q14d

Q14e

Q14f

Q14g

Q14h

Q14i

Q14j

Q14k

Q14l

Q14m

If other please specify.....

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

Immediately []

..... minutes

Q15



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

Q16

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

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

Q17a

Q17b

Q17c

Q17d

If NONE go to question 19

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

Immediately [] Time scale.....

Q18

19. Did you go to hospital?

YES [] NO []

If NO go to question 22

Q19

20. Where you admitted over night?

YES [] NO []

If NO go to question 21

Q20

21. If YES, were you admitted to

- Intensive care []
- Ordinary ward []

Q21a

Q21b

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

.....

Q22

SECTION CONCERNING YOUR LAST REACTION TO KIWI FRUIT

Q23

23. How recently did you **last** react to kiwi? ?

.....



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

- Q24a
- Q24b
- Q24c
- Q24d
- Q24e
- Q24f
- Q24g
- Q24h
- Q24i
- Q24j
- Q24k
- Q24l
- Q24m
- Q25
- Q26a
- Q26b
- Q26c
- Q26d
- Q27a
- Q27b
- Q27c
- Q27d



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

Immediately [] Time scale

Q28

29. Did you go to hospital?

YES [] NO []

If NO go to question 32

Q29

30. Where you admitted over night?

YES [] NO []

If NO go to question 31

Q30

31. If YES, were you admitted to

- Intensive care []
- Ordinary ward []

Q31a

Q31b

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

Q32

33. Where you admitted over night?

YES [] NO []

If NO go to question 34

Q33

34. If YES, were you admitted to

- Intensive care unit []
- Ordinary ward []

Q34a

Q34b

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 []

Q35a

Q35b

Q35c



- Less than one thin slice []
- one thin slice []
- Half a fruit []
- More than half a fruit []
- Don't know []

Q35d

Q35e

Q35f

Q35g

Q35h

36. Is the severity of your reactions changing as you get older?

- Getting more severe []
- Getting less severe []
- Staying the same []
- Don't know []

Q36a

Q36b

Q36c

Q36d

37. Does exercise effect the response

- Yes []
- No []
- Don't know []

Q37a

Q37b

Q37c

If NO go to question 39

38. If YES, how?

- More severe response []
- Less severe response []

Q38a

Q38b

39. Have you ever taken any medication for your kiwi allergy?

YES [] NO []

Q39

If NO, go to question 40

40. If YES, what medication?

- Antihistamine tablets or medicine []
- Inhaled adrenaline []
- Injected adrenaline []
- Inhaled steroids []

Q40a

Q40b

Q40c

Q40d



- Inhaled asthma relievers (blue inhaler) []
- Steroid tablets or medicine []

Q40e

Q40f

41. Do you carry (for your kiwi allergy)

- Inhaled adrenaline YES [] NO []
- Injectable adrenaline YES [] NO []

Q41a

Q41b

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 []

Q42

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.

Relationship	Allergy
.....
.....
.....
.....
.....
.....
.....

Q43a

Q43b

Q43c

Q43d

Q43e

Q43f

44. What sources of information have you found helpful concerning kiwi allergy?

	HELPFUL	UNHELPFUL	NOT USED
▪ GP	[]	[]	[]
▪ Allergy clinic	[]	[]	[]
▪ Anaphylaxis Campaign	[]	[]	[]
▪ British Allergy Foundation	[]	[]	[]
▪ Press/TV/magazines	[]	[]	[]
▪ Other (please state).....			

Q44a

Q44b

Q44c

Q44d

Q44e

Q44f



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





APPENDIX A
Study Number

