

The preferences of those with food allergies and/or intolerances  
when eating out  
(FS305013)

Annex to Final Report

## Table of Contents

Annex 1: Pre legislation protocol for recruitment for qualitative fieldwork.....	3
Annex 2: Pre legislation Outline Topic Guide for In-Depth Interviews .....	23
Annex 3: Post legislation Outline Topic Guide for In-Depth Interviews.....	35
Annex 4: Pre legislation participant characteristics in the interviews and diaries.....	43
Annex 5: Post legislation participant characteristics in the interviews and/or diaries .....	45
Annex 6: Pre legislation Survey Consent Form .....	47
Annex 7: Post legislation Survey Consent Forms.....	52
Annex 8: Pre legislation Adults Questionnaire .....	60
Annex 9: Pre legislation Parents Questionnaire .....	95
Annex 10: Post legislation Adults questionnaire .....	137
Annex 11: Post legislation Parents questionnaire .....	182
Annex 12: Overview of Pre legislation responses to preference, practices and quality of life measures ....	235
Annex 13: Overview of Post legislation responses to preference, practices and quality of life measures...	237
Annex 14: Overview of Pre legislation measures used for allergen comparisons .....	239
Annex 15: Overview of Post legislation measures used for allergen comparisons.....	242
Annex 16: Results tables from Pre and Post legislation survey.....	245
Table 1: Factor analysis of Pre legislation eating out behaviours, and preferences for allergen information provision .....	245
Table 2: Demographic details of Pre and Post legislation populations .....	248
Table 3: UK region of residence of Pre and Post legislation populations.....	249
Table 4: Length of UK residency of Pre and Post legislation populations .....	249
Table 5: Age of child in Pre and Post legislation ‘Parent’ populations .....	249
Table 6: Ethnicity of Pre and Post legislation populations .....	250
Table 7: Pre and Post legislation populations’ susceptibility to food allergens .....	251
Table 8: Pre and Post legislation populations’ food allergy and/or intolerance symptoms .....	252
Table 9: Pre and Post legislation populations’ diagnosis and treatment of food allergy / intolerance ....	253
Table 10: Pre and Post legislation populations’ speed and frequency of reactions to allergen(s) .....	254
Table 11: Pre and Post legislation populations’ frequency of food consumption from venues / food providers.....	254
Table 12: Pre and Post legislation populations’ perceptions of information provision for those avoiding Gluten, Nuts, & Milk .....	255

# Annex 1: Pre legislation protocol for recruitment for qualitative fieldwork

## Recruitment Screener

This project is being carried out on behalf of the Food Standards Agency by a team of researchers led by Professor Julie Barnett in the Department of Psychology at the University of Bath. It is looking at the experiences of people with food allergies and intolerances when eating out, both before and after the new regulations are brought in to change the way information is provided about allergens in food.

We are looking for people to take part in this study who have adverse reactions to foods (or who are parents of children who get these reactions) and as a result, they choose to avoid eating them. We are looking both for people with a food allergy and people with a food intolerance (including coeliac disease). This is often not an easy distinction to make and sometimes people can use the words 'allergy' and 'intolerance' interchangeably which makes it EVEN MORE complicated.

The approach we are taking to recruiting the people we want is a mix of the sort of symptoms they have and how they have been diagnosed.

We wish to include three types of people:

Group 1	People who experience particular symptoms in reaction to eating certain foods. Typically (but not always), these start immediately after eating them or within an hour. These symptoms range from mild to severe but are distinctive and potentially life threatening. Those with the severest symptoms will have been diagnosed by a medical practitioner (GP, dietician, allergy specialist); those with moderate or milder symptoms may have been medically diagnosed but they may also have been diagnosed by an alternative practitioner or have diagnosed themselves. E.g. peanut allergy
Group 2	People who experience symptoms <b>which are not immediately life threatening</b> in reaction to eating certain foods. Typically (but not always), these start at least an hour after eating those foods and often, the delay can be up to 24 hours. This group have all been diagnosed by a medical practitioner. E.g. lactose intolerance, coeliac disease
Group 3	This group is the same as Group 2 except they should not have consulted a GP or other medical practitioner and all will have been <b>diagnosed by</b> an alternative practitioner or will have diagnosed themselves.

Across the sample, it is important that we have a good mix of social class, gender, ethnicity and ages. The interviews are being conducted in England, Scotland, Wales and Northern Ireland.

RESPONDENT FIRST NAME	
RESPONDENT SURNAME	
RESPONDENT DOB	
ADDRESS 1	
ADDRESS 2	
ADDRESS 3	
TOWN/CITY	
REGION	
POST CODE	
HOME PHONE	
MOBILE PHONE	
EMAIL	
RESPONDENT JOB TITLE	
RESPONDENT INDUSTRY	
RESPONDENT POSITION	

A. How long have you been a resident of the UK?

☐ 0 - 3 years

☐ 3 - 5 years

☐ 5 - 10 years

☐ British National

"ALL MUST HAVE BEEN A RESIDENT FOR A MINIMUM OF 3 YEARS"

B. Please check the respondent has a good command of the English language.

☐ Yes

☐ No

"ALL MUST HAVE GOOD COMMAND OF THE ENGLISH LANGUAGE"

C. How would you describe your ethnicity?

☐ African

☐ American/Canadian

☐ Asian - Bangladeshi

☐ Asian - Indian

☐ Asian - Pakistani

☐ Asian - Sri Lankan

☐ British Asian

☐ Caribbean

☐ Chinese

☐ Mixed White & Asian

☐ Mixed White & Black African

☐ Mixed White & Black Caribbean

☐ Other Asian Background

☐ Other Black Background

☐ Other Ethnic Background

☐ Other Ethnic Group

☐ Other Mixed background

☐ Other White background

☐ White British

☐ White Irish

"RECORD"

D. What is your current Marital Status?

☐ Cohabiting

☐ Divorced

☐ Married

☐ Separated

☐ Single

☐ Widowed

"NO QUOTA"

E. Which of the following best describes your current life stage?

☐ Empty Nester - children left home

☐ No Dependents - never had children

☐ Older Family - children aged 11-18

☐ Pre-Family - No children yet

☐ Young Family - children aged 0-11

"RECORD"

F. Please assign a social grade based on the Chief Income Earner occupation.

☐ A

☐ B

☐ C1

☐ C2

☐ D

☐ E

☐ X - Internal Use Only

"AIM FOR AT LEAST EIGHT FROM EACH OF B-E"

G. What is your gender?

☐ Female

☐ Male

"AIM FOR A 50:50 SPLIT" (EXCEPT AMONG PARENTS/CHILDREN )

H. What is your current working status?

☐ Full Time

☐ Non-Working

☐ Part Time

☐ Retired

☐ Student

"RECORD"

1. Which of the following age brackets do you fall into?

☐ 18-30

☐ 30-45

☐ 45-60

☐ 60+

"AIM FOR AT LEAST 15 IN EACH AGE BRACKET"

2. Do you ever suffer from problems after eating certain foods?

☐ Yes

☐ No

"RECORD"

3. Do you have a child who suffers problems after eating certain foods?

☐ Yes GO TO Q4

☐ No - THANK AND CLOSE IF ANSWER NO AT Q2 AND 3; OTHERWISE GO TO Q5

4. FOR PARENTS WITH CHILDREN ONLY - How old is your child who suffers problems after eating certain foods?

☐ <8 years

☐ 8-12 years

☐ 13-17 years

☐ >17 years - THANK AND CLOSE OR TRY TO RECRUIT, IF ELIGIBLE, TO MAIN SAMPLE

"5 x AGED <8; IDEALLY, 2 FROM GROUP 1, 2 FROM GROUP 2 and 1 FROM GROUP 3

5 x AGED 8-12yrs; IDEALLY, 3 FROM GROUP 1, 1 FROM GROUP 2 and 1 FROM GROUP 3

5 x AGED 13-17; IDEALLY, 2 FROM GROUP 1, 1 FROM GROUP 2 AND 2 FROM GROUP 3

5. Thinking about the foods you/your child have a reaction to, how often do you/they have this reaction?

<input type="checkbox"/> Always <input type="checkbox"/> Most times	CONTINUE
<input type="checkbox"/> Occasionally <input type="checkbox"/> Never	CLOSE

"ALL MUST EXPERIENCE A REACTION "MOST TIMES" OR "ALWAYS""

IF BOTH PARENT AND CHILD ARE ELIGIBLE, SELECT WHICHEVER YOU REQUIRE TO MEET YOUR QUOTA. YOU SHOULD NOT RECRUIT BOTH.

6. How quickly do your/your child's reactions usually start after eating the food?

<input type="checkbox"/> Immediately <input type="checkbox"/> Within 1 hour	APPLIES TO GROUP 1
<input type="checkbox"/> 1-24 hours	APPLIES TO GROUPS 2 AND 3
<input type="checkbox"/> Other	THANK AND CLOSE

7. What are the worst reaction(s) that you/your child have/has experienced when you eat this food?

REACTIONS ASSOCIATED WITH GROUP 1 (they <i>may</i> also have symptoms associated with Group 2/3, but to be classed as Group 1, they must have at least one of the Group 1 symptoms) ( <i>as well as meeting the Group 1 criteria from other questions</i> )	
<input type="checkbox"/> 'Stinging nettle' rash, urticaria, hives <input type="checkbox"/> Itching or swelling of the lips, tongue or mouth	POTENTIAL RECRUIT FOR G1 MILD
<input type="checkbox"/> Asthma, wheezing <input type="checkbox"/> Facial swelling	POTENTIAL RECRUIT FOR G1 MODERATE (may also have mild symptoms)
<input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Anaphylactic shock, collapse	POTENTIAL RECRUIT FOR G1 SEVERE (may also have mild or moderate symptoms)
REACTIONS ASSOCIATED WITH GROUP 2 AND 3 (if also have symptoms associated with Group 1, they should not be recruited as G2 or G3)	
<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Sneezing <input type="checkbox"/> Catarrh <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Tiredness <input type="checkbox"/> Stomach cramps <input type="checkbox"/> Other digestive problems (e.g bloating, constipation) <input type="checkbox"/> Eczema flare <input type="checkbox"/> Migraines/headaches <input type="checkbox"/> Aching joints/muscles <input type="checkbox"/> Behavioural/mood changes	POTENTIAL RECRUIT FOR GROUP 2 OR 3
<input type="checkbox"/> Other (please specify)	CHECK WITH OFFICE IF THE ONLY SYMPTOM

#### "RECORD"

8. Do you/your child avoid particular foods because of the reaction they might cause?

- ☐ Yes/try to  
☐ No - THANK AND CLOSE

#### "ALL MUST CODE "YES/TRY TO""

9. Which of the following foods do you/your child avoid because of the reaction that they might cause?

- ☐ Peanuts  
☐ Other nuts such as brazil nuts, hazelnuts, walnut and pecan  
☐ Cow's milk, butter, cheese or other products made with cow's milk  
☐ Cereals containing gluten - wheat, rye or barley, oats  
☐ Eggs  
☐ Fish  
☐ Crustaceans (e.g.prawns, lobster, crabs and crayfish)  
☐ Molluscs (e.g. clams, mussels, whelks, oysters, snails and squid)



- ☐ Soya
- ☐ Celery
- ☐ Mustard
- ☐ Lupin
- ☐ Sesame
- ☐ Sulphur dioxide
- ☐ Other (please specify)

"RECORD"

GROUP 1: ANY FOODS MAY APPLY

INCLUDE IN GROUP 2: 8 COELIACS ( CEREALS CONTAINING GLUTEN – WHEAT, RYE, BARLEY, OATS), 5 MILK PLUS 2 OTHER FOODS

INCLUDE IN GROUP 3: 3 WHEAT, 3 MILK, 3 EGGS PLUS 6 OTHER FOODS

IF NONE FROM THE LIST, CLOSE

IF OTHER (BUT NONE FROM THE LIST), CLOSE"

10. How have you identified this problem? How have you arrived at a diagnosis?

<input type="checkbox"/>	I/he/she have/has been formally diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital etc.)	GO TO Q11 SHOULD APPLY TO ALL SEVERE GROUP 1 AND ALL GROUP 2 RESPONDENTS; MAY APPLY TO MODERATE AND MILD GROUP 1
<input type="checkbox"/>	I/he/she have/has been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)	GO TO Q12 SHOULD APPLY TO GROUP 3 RESPONDENTS AND MAY APPLY TO MODERATE AND MILD GROUP 1
<input type="checkbox"/>	I have diagnosed myself/my child based on the foods which cause me/him/her problems	

"RECORD"

11. Which medical practitioners were involved in identifying your/your child's problem/giving you a diagnosis?

- ☐ GP
- ☐ Dietitian
- ☐ Health Visitor
- ☐ Specialist in a hospital/clinic (e.g. allergy specialist, gastro-enterologist, dermatologist)
- ☐ Other (please specify)
- ☐ N/A

"RECORD"

12. If diagnosed, what diagnosis have you been given? If self-diagnosed, how would you describe your problem or your child's problem with food?

- ☐ Food Intolerance
- ☐ Coeliac Disease

- ☐ Food Allergy
- ☐ Lactose Intolerance
- ☐ Cow's Milk Intolerance
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Other (please specify)

"RECORD"

13. If diagnosed, when were you diagnosed?

- ☐ Within the last year
- ☐ 1-5 years ago
- ☐ More than 5 years ago

"RECORD".

FOR GROUP 1 - NO MORE THAN 10 TO BE DIAGNOSED IN LAST YEAR SPREAD ACROSS SEVERE, MODERATE AND MILD; FOR GROUP 2 - NO MORE THAN 5 TO BE DIAGNOSED IN LAST YEAR (SPREAD ACROSS COELIAC, MILK AND OTHER)

14. Have you or your child been provided with any of the following types of advice or treatment to help deal with this adverse reaction to food?

- ☐ Inhaler
- ☐ Antihistamines
- ☐ Injectable Adrenaline (e.g EpiPen/AnaPen/Jext/Emerade)
- ☐ Special Diet
- ☐ None of the above

"RECORD"

15. How often do you eat in/buy food from each of the types of food outlet listed below to eat yourself/ to give to your child to eat?

Type of restaurant	Never	Less than once every 6 mths	Once every 3-6 months	Once every 2-3 months	Once a month	2-3 times per month	Once a week	More than once a week
Eating in								
Pub restaurant/bar								
Pizza/pasta/Italian restaurant								
Burger/chicken restaurant								
Indian restaurant								
Chinese restaurant								
Thai restaurant								
Mexican restaurant								
Other ethnic restaurant								
British restaurant (not pubs)								
Other European cuisine (e.g. French, Spanish)								
Local cafe serving meals (e.g. 'greasy spoon')								
Coffee or tea shop								

Type of restaurant	Never	Less than once every 6 mths	Once every 3-6 months	Once every 2-3 months	Once a month	2-3 times per month	Once a week	More than once a week
Takeaway meals (collected or delivered)								
Indian takeaway								

Chinese takeaway								
Thai takeaway								
Other non-European takeaway								
Fish and chips								
Pizza								
Other European takeaway								
Burger/chicken takeaway								
Sandwich bar								
Deli counter or self-service salad bar in a supermarket								
Bakery products in a supermarket where baked on premises								
Organisations/institutions providing food								
Work place canteen/restaurant								
Hospital canteen								
Hospital food provided as a patient								
Airline food provided as a passenger								
School meals (incl. nurseries/pre-school)								
Other (write in below)								

"RECORD

WITHIN EACH GROUP (1-3), AIM FOR A GOOD RANGE OF FREQUENCIES AND TYPES OF FOOD UNDER 'EATING IN' AND 'TAKEAWAY MEALS'.

FOR GROUP 1: AT LEAST 10 RESPONDENTS SHOULD DO MORE THAN ONE OF THESE AT LEAST ONCE A MONTH

FOR EACH OF GROUPS 2 AND 3: AT LEAST 7 RESPONDENTS SHOULD DO MORE THAN ONE OF THESE AT LEAST ONCE A MONTH

NO MORE THAN 5 RESPONDENTS FROM ACROSS THE SAMPLE SHOULD 'NEVER' EAT IN OR BUY FOOD FROM ANY OF THESE OUTLETS."

16. In the last year have you consulted a charity or support group related to your food <allergy or intolerance> by phone or email or through their website?

☐ Yes

☐ No

"RECORD"

FOR GROUP 1 – NO MORE THAN 15 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR GROUP 2 - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR GROUP 3 - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR PARENTS - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

17. Are you a member of a charity or support group related to your food <allergy or intolerance> or closely involved with such a group?

☐ Yes

☐ No

FOR GROUP 1 – NO MORE THAN 15 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR GROUP 2 - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR GROUP 3 - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

FOR PARENTS - NO MORE THAN 7/8 TO HAVE CONSULTED A CHARITY OR SUPPORT GROUP IN THE LAST YEAR

18. How was the respondent recruited?

"RECORD"

### Confidentiality

Any and all information provided to Acumen Fieldwork, our client or any other company or persons working on our behalf on this market research project, is strictly confidential and bound to us in accordance with the Data Protection Act 1998. Your details will not be passed on to any third party company and anything you say or do will be strictly confidential and will not be related directly to you in any post-research reporting.

### Recruiter Declaration

I confirm that this interview has been carried out with the respondent named, and that it was done in accordance with the instructions of Acumen Fieldwork and the Code of Conduct of the Market Research Society.

Recruiter Name:

Recruiter Signature:

Date:

## Recruitment Instructions

### To qualify for the study

- All must either themselves suffer from problems after eating certain foods (Q2) or have a child aged under 17 (Q3 and Q4) who does
  - All must have a reaction to this food either always or most times (Q5)
- All must avoid or try to avoid eating certain foods because of this reaction (Q9)
- All must have a reaction to at least one of the foods listed (Q9)
- All except 5 respondents should eat out or eat a takeaway at least once every 6 months and a proportion should do this at least once a month (Q15). It is important that we get a good spread of different types of venue across the sample.

The following applies to the 60 respondents who themselves have an allergy or intolerance to one or more foods.

### Group 1 (30)

30 respondents in total: 15 with a severe allergic reaction, 10 with moderate and 5 with mild. The main difference between Group 1 and Groups 2/3 is the type of symptoms experienced (Q7) and the timing of onset of symptoms which are always immediate or within an hour. (Q6). No more than 10 respondents should have been diagnosed within the last year (spread across severe, moderate and mild) (Q13)

#### G1 Severe (15)

- Respondents may experience any of the symptoms listed in Q7 but they must have experienced breathing difficulties and/or anaphylactic shock/ collapse when eating certain foods
- They may be allergic to any of the foods listed at Q9 - most commonly, these will include peanuts, other nuts and fish.
  - All must have had a diagnosis from a medical practitioner (Q10 and Q11)
- They should be able to identify that they have an allergy and what it is that they are allergic to (Q12).
- We would expect them to have been given antihistamines and/or injectable adrenaline (Q14).

#### G1 Moderate (10)

- They may experience any of the symptoms listed in Q7 except breathing difficulties and/or anaphylactic shock when eating certain foods but they must experience asthma or wheezing and/or facial swelling
- They may be allergic to any of the foods listed at Q9
- At least half (5) should have had a diagnosis from a medical practitioner (Q10 and Q11); the others may have been diagnosed by an alternative therapist or have diagnosed themselves
- At least those who have been diagnosed by a medical practitioner should be able to identify that they have an allergy and what it is that they are allergic to (Q12).

#### G1 Mild (5)

- They may experience any of the symptoms listed in Q7 except breathing difficulties, anaphylactic shock, asthma and/or facial swelling when eating certain foods but they must experience a rash, urticaria, hives, and/or itching or swelling of the lips, tongue or mouth
- They may be allergic to any of the foods listed at Q9

- How they were diagnosed does not matter – they may have had a diagnosis from a medical practitioner (Q10 and Q11) but they could equally have been diagnosed by an alternative therapist or have diagnosed themselves

#### Group 2 and 3 (30)

Respondents in these groups may experience any of the symptoms listed in the lower part of the list at Q7. If they also experience any of the Group 1 symptoms from the upper part of the list, they should be classified as Group 1.

While typically with these groups, symptoms begin some hours (up to 24 hours) after eating the food, this is not always the case and symptoms may begin immediately/within an hour (Q6).

The difference between Group 2 and 3 is that Group 2 should have been diagnosed by a medical practitioner and Group 3 should be self-diagnosed or diagnosed by an alternative therapist

#### Group 2 (15)

- They may be allergic/intolerant to any of the foods listed at Q9. We wish to include in this group
  - o 8 respondents who experience problems with cereals containing gluten (wheat, rye, barley, oats); they should identify themselves as having coeliac disease (Q12)
  - o 5 respondents who have problems with milk; this may include lactose intolerance (Q12)
  - o 2 respondents who have problems with other foods.
- All must have had a diagnosis from a medical practitioner (Q10 and Q11)
- They should be able to identify that they have an allergy/intolerance and what it is to (Q12).

No more than 5 of this Group should have been diagnosed in the last year (with no more than 2 in any of the 3 subgroups (coeliac, milk and other) (Q13)

#### Group 3 (15)

- They may be allergic/intolerant to any of the foods listed at Q9. We wish to include in this group
  - o 3 respondents who experience problems with wheat
  - o 3 respondents who have problems with milk
  - o 3 respondents who have problems with eggs
  - o 6 respondents who have problems with other foods.
- All must have had a diagnosis from either an alternative practitioner or have diagnosed themselves (Q10).

#### Parents of a child with an allergy or intolerance to food (15)

We are looking for 15 such parents

- 5 of the children should be aged <8; ideally with 2 from Group 1 and 2 from Group 2 and one from Group 3
- 5 should be aged 8-12yrs; ideally with 3 from Group 1 and one from Group 2 and one from Group 3
- 5 should be aged 13-17yrs; ideally with 2 from Group 1, one from Group 2 and two from Group 3

What is involved in taking part



It is vital that people understand what is involved in taking part in the study. The research is being conducted firstly in April-July 2014 and will then be conducted again late in 2015 or in 2016. We want people to take part in both waves (even if they move in the interval in between, providing they still live in the UK).

There are three parts to each wave:

1. An interview in-home lasting up to 1.5 hours (ideally, sitting at a table)
2. Keeping a diary of their 'eating out' experiences for at least 2 weeks – this can be done in a variety of ways e.g. using a paper diary we will provide, by uploading comments and photos to a website, by recording diary entries on a Dictaphone and/or using a disposable camera which we will lend to the respondent (full details and instructions will be given at the interview)
3. Possibly taking part in a telephone interview if we wish to discuss their diary or ensure we understand some points in it. This could last up to 30 mins. We anticipate that about half of the sample will be asked to do this.

There will be an incentive of £30 for the initial interview; £30 for the diary and £20 for the telephone interview if this is required.

With the parent interviews, we want to talk to the parent who is the primary carer for the child and spends most time with the child, especially when eating out. We are happy for both parents to take part and for the child to sit in, especially if they are able to contribute. This will obviously apply where the child is older. With respect to the diaries, we are happy for the parents and older children who eat out without parents to make entries as long as it is clear who is 'talking'. However, there will only be a single incentive (as set out above) for each stage of the process.

The research will take place across the UK and the sample structure is as follows:

People with an intolerance/allergy				
	Group 1	Group 2	Group 3	
England	12	6	7	25
Scotland	8	4	3	15
Wales	6	3	3	12
N.Ireland	4	2	2	8
	30	15	15	60
Parents of children with an intolerance/allergy				
Across the nations; mix of those aged <8, 8-12 & 13-17yrs	5	5	5	15

Below, we have set out the 'ideal' for how the parents may be distributed. Priority should be given to getting the mix of the three Groups, the children's age range and the proportions across the nations. How they are distributed is less important.

	Group 1	Group 2	Group 3	
England	3	1	2	6
Scotland	2	1	1	4
Wales	1	1	1	3
N.Ireland	1	1		2
	7	4	4	15
	2 where child is <8; 3 aged 8-12 and 2 aged 13-17	2 where child is <8; 1 aged 8-12 and 1 aged 13-17	1 where child is <8; 1 aged 8-12 and 2 aged 13-17	5 where child is <8; 5 aged 8-12 and 4 aged 13-17

"5 x AGED <8; IDEALLY, 2 FROM GROUP 1, 2 FROM GROUP 2 and 1 FROM GROUP 3  
 5 x AGED 8-12yrs; IDEALLY, 3 FROM GROUP 1, 1 FROM GROUP 2 and 1 FROM GROUP 3  
 5 x AGED 13-17; IDEALLY, 2 FROM GROUP 1, 1 FROM GROUP 2 AND 2 FROM GROUP 3

## Arrangements for the fieldwork/locations

The interviews and diaries will firstly be piloted. 9 interviews will be conducted initially; 2 in the London area, 2 in the Andover area, 2 in the Brighton/Hove area and 3 in the Bristol/Bath area, as follows:

### London area:

- 1 interview with parent of child aged <8
- 1 interview with parent of child aged 8-12
- 1 interview with parent of child aged 13-17
- 1 interview with respondent from Group 1
- 1 interview with respondent from Group 2
- 1 interview with respondent from Group 3

### Bath/Bristol area:

- 1 interview with respondent from Group 1
- 1 interview with respondent from Group 2
- 1 interview with respondent from Group 3

These interviews should be arranged for.....

The remaining interviews should be arranged as shown below. We have assumed that it should be possible to arrange 3, possibly 4, interviews per day by clustering them in the same area.....

England		University of Bath	Creative Research
	19 with people with a food allergy/intolerance	12 interviews in 3/4 locations in South West, West Midlands and North East	7 interviews in 3 locations around South East, East Midlands and North West
	3 with the parent of a child with a food allergy/intolerance		3 interviews in 3 locations as above
Scotland	15 with people with a food allergy/intolerance 4 with parent of a child with a food allergy/intolerance		To be arranged over 6 days in 2 trips of 3 days each. To be centred on Glasgow and Edinburgh but going out from here to nearby locations as appropriate
Wales	12 with people with a food allergy/intolerance 3 with parent of a child with a food allergy/intolerance		To be arranged over 5 days in a single trip starting in the North. To be centred on Cardiff, Swansea and a location in North Wales
N.Ireland	8 with people with a food allergy/intolerance 2 with parent of a child with a food allergy/intolerance		To be arranged in a single trip of 3 days

In choosing locations, we would like a mix of metropolitan, urban and market towns in more rural settings.

#### Reassurances and permissions

An information sheet will be provided by Prof. Barnett, which will introduce the study and what is involved, and reassure participants about how their information will be used.

The face to face and telephone interviews will be audio recorded and transcribed and all necessary permissions should be covered at recruitment.

## Annex 2: Pre legislation Outline Topic Guide for In-Depth Interviews

First of all each participant will be asked to complete either the Allergy or the (new) Intolerance Quality of Life Questionnaire.  
Thank you very much for agreeing to take part in this interview – it is going to be very useful for us and hopefully interesting for you.

CONSTRUCT	QUESTION	Prompts
ICE BREAKER	Would you describe yourself and/or your child as a “food lover”?	In what ways? Why? Why not? What would you say is your or your child’s favourite meal? (Is this eaten at home/in restaurant?)
BACKGROUND TO CONDITION	<p>Great. I would like to talk about some of those issues in more detail in a bit. First though, can I ask you a bit about your child’s food &lt;allergy/intolerance&gt; I can see from the information that you have already given us that your child has reactions to &lt;food x&gt;</p> <p>Can you tell me a bit about how you first realised that your child had a bad reaction to this/these food(s)?</p> <p>What sorts of symptoms/reactions did they get?</p> <p>Can you remember the last time this happened? Can you tell me a bit about this?</p> <p>Have you sought information and/or advice about your child’s food allergy/intolerance from any health care practitioner or alternative therapist, or the internet?</p> <p>Have you been able to obtain a diagnosis as being intolerant or allergic to this/these foods from a medical practitioner?</p> <p>Do your family and friends all know about this?</p>	<p>Ask about information seeking behaviours, have they gathered information to educate themselves to the point where they were able to diagnose their child’s intolerance and did this include any consultations with health care practitioners to try and get a diagnosis.</p> <p>Who by? What happened? Satisfaction with the process. If self-diagnosis, how does it feel not to have official diagnosis.</p> <p>Did this go smoothly/any problems with this? Does anyone else in your family have similar reactions to food?</p>

IMPACT ON LIFE	<p>Great thanks... can we talk a bit now about the sorts of ways that your child's &lt;allergy/intolerance&gt; affects their life and your family's day to day life?</p> <p>Is anyone else affected by their &lt;allergy/intolerance&gt;</p> <p>When you are making decisions about what they will eat or what they will not eat, do you ever feel you are taking a risk with their health? Does this make you feel anxious?</p>	<p>Do you feel they and you are used to this now and that they have adjusted or are there still new challenges in managing their condition? Examples?</p> <p>In what ways? Examples?</p> <p>That's interesting... can you tell me a bit more about this?</p>
EATING OUT	<p>Great – I would like to ask you a bit about how things are for you and you child and in fact your whole family when you are eating out. How important is it to your family and your child to be able to eat out? Does it play a big part in your lives?</p> <p>Can you tell me about what your child eats during the day when they go to school, do they have school dinners? What about when they were going to infant school, how was it back then?</p> <p>What sort of places to you like to go to when you eat out (<i>in general here before the mapping task</i>)</p> <p>MAPPING TASK HERE – see back of guide for mapping process.</p> <p>OK SO WE HAVE GOT A GOOD PICTURE OF THIS IN GENERAL LETS FOCUS IN A BIT MORE. CAN YOU WRITE DOWN THE PLACES YOU GO TO ON THESE post-its, use your own words and descriptions.</p> <p>Ok – SO HOW DO THESE DIFFERENT PLACES RELATE TO EACH OTHER? ARE THEY SIMILAR OR DIFFERENT FROM EACH OTHER IN ANY IMPORTANT WAY(S)? CAN YOU REARRANGE THEM TO SHOW ME THIS THEN I AM GOING TO ASK YOU ABOUT WHY YOU HAVE ARRANGED THE CARDS IN THE WAY THAT YOU HAVE. OR YOU CAN TELL ME WHAT YOU ARE DOING AS YOU ARE GOING ALONG IF YOU LIKE...</p> <p>GREAT - SO IF I PUT THESE OTHER CARDS DOWN WHICH ARE REALLY A SORT OF OFFICIAL WAY OF CLASSIFYING ALL THE SORTS OF PLACES THAT IT WOULD BE POSSIBLE TO EAT OUT – CAN YOU PUT YOUR CARDS ON</p>	<p>Do you all eat out much? How often? What sort of occasions: special/routine? Who with?</p> <p>What sort of places do they never go to? Why is this? (if they do not eat anything at school, what do they have for lunch?</p> <p>You can be as specific or as general as you like</p> <p>Are there any particular ways in which you have to think about your child's allergy when you eat out in places in this group?</p> <p>Get some reflection on the official categories they put nothing against ... see if the official categories prompt other reflections of places they do/don't go to... allergy related reasons for this</p> <p>So is it right to say that you never eat out in &lt;THE OTHER CATEGORIES THAT HAVE NOT BEEN MENTIONED&gt;? Some of these places don't seem like places where people</p>



	<p>THE ONES THAT YOU FEEL BEST DESCRIBE THE PLACES YOU EAT (NB WE WILL USE THE VENUE CATEGORIES THAT ARE USED IN THE RECRUITMENT GUIDE HERE)</p> <p>OK THANKS FOR THAT. WE HAVE ALREADY TALKED A BIT ABOUT &lt;CATEGORIES THAT HAVE BEEN DISCUSSED IN RELATION TO THEIR VENUES&gt; BUT BEFORE WE GO ON CAN WE JUST HAVE A LOOK AT &lt;THE OTHER CATEGORIES THAT HAVE NOT BEEN MENTIONED&gt;</p>	<p>out do they! They are though – so it would be good just to check what your experiences are in each of these if you have any? What would you do in &lt;these places&gt; to feel confident that your child could eat safely there?</p>
TRUST ISSUES	<p>IF WE THINK PARTICULARLY ABOUT YOUR child's &lt;allergy/intolerance&gt; IT SEEMS FROM WHAT YOU ARE SAYING THAT YOU TRUST SOME PLACES AS BEING FINE TO EAT OUT IN MORE THAN OTHERS..</p> <p>What is it about a place that makes you feel more confident for you and your child to eat in?</p> <p>Overall, when you are choosing a place to eat, how big a part does their allergy play in this decision?</p> <p>Imagine that you had to choose a place to eat out in a town that you had not visited before, how would you go about doing this?</p>	<p>Do you agree that is the case? Can you tell me a bit about that? What sort of places do you trust more?</p> <p>What past experience is this based on? Examples?</p> <p>What other factors are important for you to consider too?</p> <p>Plan before you arrived? If you had not had the chance to get a recommendation ahead of time what would you do?</p>
CHOICE OF FOOD WHEN EATING OUT	<p>How strict are you about the foods you try to ensure your child avoids and so what they do and don't eat?</p> <p>Would this vary depending on (e.g. quality of outlet, trust in brand, type of occasion, company)?</p>	<p>Are you always this strict/not strict about what they eat? Can you think of when you might be most strict? What about the eating out situations when you would feel there was less need to be strict? Can you give any examples?</p> <p>If we think about places where you and your child/and family eat out (on the cards) would you say that there is some of them you think it is more important to be strict than others? Why is this? What is it about them that makes you want to be stricter?</p>
	<p>i would like to understand a bit about how you make decisions about what your child can eat. Can you take me through how you would normally do this?</p>	<p>Prompts re information sources: past experience, description of the product (where would they see this?); role of menus, chalk board, asking serving staff/chef? Plus and minus points, looking around to see what other people eating?</p> <p>When you can/can't rely on these different &lt;information</p>

	<p>Now let's take an example of a place you <i>don't</i> know very well &lt;go back to the cards to choose an example&gt; imagine you're looking for something for you and your child to eat for lunch. OK so put yourself in that situation and take me through it.</p> <p>Great now I would like to look at this from the other direction and ask you when you would ever use these different sources of information. I would like to understand when you think that they would be more or less useful to you in making a decision to choose a particular meal. So let's start with the menu itself and the information that this provides you with.</p> <p>OK what about if there is a chalk board providing information (not a printed menu)</p> <p>And what about asking the staff... serving staff.. the chef...</p> <p>So if we think again about the sources of information that we have talked about &lt; description of the product; menu; chalk board, serving staff/chef <i>and others that have been mentioned</i>&gt; overall, how helpful would you say this is as a source of information</p>	<p>sources&gt;; when it provides all you need to and when you need to use other information. How does this vary in different venues?</p> <p>As above; plus and minus points?</p> <p>As above; are there any circumstances when you might you be reluctant to ask in person? Why? Can you imagine how you might feel more comfortable to do this? Examples?</p> <p>Depending on age of child – would they ask?</p> <p>Any examples of a good response? How about a poor response? (in terms of who provides it, what is provided, where they have got their information from). If the first response does not deliver what they want, do they ever request further information? When might they do this? When might they give up?</p> <p>So it is always that &lt;helpful/unhelpful&gt; or does it depend what sort of place you are eating at?</p>
--	---	--

<p>INFORMATION ABOUT ALLERGENS AND ITS ADEQUACY</p>	<p>OK so we have been talking about lots of different places where you can eat out and different sorts of occasions when you can do this. Overall what do you think of the information that is provided for people with food allergies or food intolerance?</p> <p>Have you ever complained about lack of information?</p> <p>In what sorts of ways do you think it could be better than it is at the moment?</p> <p>Have you ever had a reaction that you put down to the information you had about the food being wrong? Did you complain, what did you do, and what happened?</p> <p>Has your child had a reaction that you put down to the information you had about the food being wrong?</p>	<p>OK from what you are saying it sounds as if you think that there is/is not room for improvement in this? Could you say a bit more about this?</p> <p>Type of info? How it is provided?</p> <p>Often? When? Where? What were the circumstances of this?</p> <p>Did you let the &lt;restaurant&gt; know about this? Why /why not? What was the outcome? How (if at all) would you like this experience to have</p>
<p>SCENARIOS</p>	<p>OK WHAT I WOULD LIKE TO DO NOW IS PROVIDE YOU WITH A COUPLE OF SHORT SCENARIOS - THESE ARE REALLY JUST A MADE UP SITUATION THAT I WOULD LIKE YOU TO IMAGINE YOU ARE PART OF - AND THEN GIVE ME YOUR THOUGHTS AS TO HOW YOU WOULD THINK, FEEL AND REACT IN THIS SITUATION.</p>	

	<p>OK – SO HERE IS THE FIRST ONE.</p> <p>YOU ARE STAYING WITH FRIENDS AND ONE OF THEM IS CELEBRATING A PROMOTION AT WORK. IT IS ALL A BIT LAST MINUTE SO THE IDEA IS TO HAVE A COUPLE OF BOTTLES OF WINE ALONG WITH A &lt;CHINESE&gt;TAKEAWAY. YOUR FRIENDS KNOW THAT YOUR CHILD GETS A BAD REACTION TO &lt;NAME THE ALLERGEN THIS PERSON REACTS TO&gt; SO THEY ASK YOU TO BE SURE THAT YOU ARE HAPPY WITH THE CHOICE AND TO MAKE THE ORDER – AND YOU OFFER TO PICK UP THE MEAL.</p> <p>WHAT WOULD YOU DO TO BE CONFIDENT THAT THE MEAL DID NOT CONTAIN ANY INGREDIENTS THAT YOUR CHILD WOULD HAVE A REACTION TO? TALK ME THROUGH HOW YOU THINK THINGS WOULD GO... WHAT YOU WOULD DO, WHO YOU WOULD SPEAK TO AND SO ON</p> <p>THAT’S GREAT. OK NOW HERE IS ANOTHER ONE...</p> <p>IMAGINE YOUR CHILD IS OUT AT A SCHOOL EVENT WITH CLASS FRIENDS MOST PEOPLE HAVE PARENTS WITH THEM – AND THERE ARE MANY FACES YOU DON’T RECOGNISE ALONGSIDE THOSE YOU DO. YOU ARE AT A PIZZA RESTAURANT AND ALTHOUGH YOU ARE FAMILIAR WITH THE NAME OF THE CHAIN YOU HAVE NOT BEEN TO THIS PARTICULAR BRANCH. EVERYONE HAS A MENU, PEOPLE CAN ORDER WHAT THEY LIKE AND THE SERVING STAFF ARE COMING ROUND THE TABLE TO TAKE EACH</p>	<p>If they say that this scenario just would never happen ask them to substitute another type of takeaway... and if they say they would never have a takeaway...just get reasons and move on to the second scenario...</p> <p>Prompt on information sources they do/don’t mention and reasons for this. Cover menu (paper or on line); Person order is placed with (if on the phone); when picking up - menu, chalkboard, who is spoken to (front of house/chef)</p>
--	--	--

	<p>PERSONS ORDER INDIVIDUALLY.</p> <p>AGAIN CAN YOU TAKE ME THROUGH WHAT WOULD YOU DO TO BE CONFIDENT THAT THE MEAL DID NOT CONTAIN ANY INGREDIENTS THAT YOUR CHILD WOULD HAVE A REACTION TO? TALK ME THROUGH HOW YOU THINK THINGS WOULD GO... WHAT YOU WOULD DO</p>	<p>Prompt on information sources they do/don't mention and reasons for this. Cover menu, chalkboard, serving staff, chef etc; might you have rung the place ahead of the meal?</p>
THE LEGISLATION	<p>OK THAT IS FANTASTIC THANK YOU... NOW I WANT TO TELL YOU A BIT ABOUT HOW THE LEGISLATION THAT COVERS HOW INFORMATION ABOUT ALLERGENS IS CHANGING AND HOW THIS AFFECTS EATING OUT ESTABLISHMENTS – IN FACT ANYWHERE WHERE NON PREPACKED FOOD IS SERVED.</p> <p>THIS NEW EUROPEAN LEGISLATION WHICH COMES INTO FORCE IN DECEMBER THIS YEAR WILL CHANGE THE WAY THAT ALLERGEN INFORMATION IS PROVIDED TO YOU WHEN YOU ARE EATING OUT.</p>	

THIS LEGISLATION WILL APPLY TO 14 MAJOR ALLERGENS <LIST THEM>  
OR SAY <INCLUDING THE ALLERGEN(S) YOU ARE ALLERGIC TO>

CAFES, RESTAURANTS AND TAKEAWAYS AND DELIS AND BAKERIES IN  
SUPERMARKETS... IN FACT ALL THE PLACES ON THIS LIST <SHOW LIST>

YOU CAN SEE THAT THIS INCLUDES OTHER PLACES THAT SERVE FOOD  
LIKE HOSPITALS AND NURSERIES

CURRENTLY ALL THESE PLACES DO NOT HAVE TO PROVIDE  
INFORMATION ON FOOD ALLERGENS.

THIS WILL CHANGE AND FROM 13<sup>TH</sup> DECEMBER THIS YEAR  
INFORMATION ABOUT ANY OF THE 14 ALLERGENS THAT HAVE BEEN  
INTENTIONALLY INCLUDED AS AN INGREDIENT IN THE FOOD WILL NEED  
TO BE PROVIDED .

THIS INFORMATION COULD BE WRITTEN DOWN ON A CHALK BOARD OR  
CHART, OR PROVIDED ORALLY BY A MEMBER OF STAFF. WHERE THE  
INFORMATION IS NOT PROVIDED UPFRONT, THE FOOD BUSINESS HAS  
GOT TO MAKE IT CLEAR WHERE THIS INFORMATION CAN BE OBTAINED

	<p>HOWEVER, THIS LEGISLATION IS ONLY RELEVANT TO INFORMATION ABOUT THE 14 ALLERGENS THAT HAVE BEEN <i>INTENTIONALLY</i> ADDED TO THE FOOD, THERE IS STILL THE POSSIBILITY OF <i>ACCIDENTAL</i> CONTAMINATION.</p>	<p>ANY THOUGHTS ABOUT THIS? IS THIS CLEAR? IS THERE ANYTHING YOU WANT ME TO GO OVER AGAIN?</p>
	<p>OK WELL WHAT I WOULD LIKE TO DO NOW IT TO RETURN TO THE TWO SCENARIOS THAT WE TALKED ABOUT BEFORE. AND WHAT I AM REALLY INTERESTED IN HERE IS THE DIFFERENCE THAT YOU THINK THIS NEW LEGISLATION WILL MAKE TO WHAT YOU DO IN ORDER TO MAKE A CONFIDENT FOOD CHOICE.</p>	

	<p>Also, what impact will these changes have on your FAMILY'S life, especially decisions about going out to eat.</p> <p>IN OUR SCENARIO ABOUT THE TAKE AWAY YOU SAID YOU WOULD &lt;SHORT REPRISE&gt;. SO IMAGINE THAT WE HAVE THE NEW LEGISLATION WHERE THE INFORMATION ABOUT WHICH ALLERGENS ARE INCLUDED IN THE INGREDIENTS HAS TO BE AVAILABLE UP FRONT....HOW DO YOU THINK THIS MIGHT WORK THEN?</p> <p>OK THANKS THAT'S GREAT.. SO FINALLY LETS TALK ABOUT OUR SCENARIO OF PIZZA AND THE SCHOOL EVENTYOU SAID YOU WOULD &lt;SHORT REPRISE&gt;</p> <p>AGAIN IMAGINE THAT WE HAVE THE NEW LEGISLATION WHERE THE INFORMATION ABOUT WHICH ALLERGENS ARE INCLUDED IN THE INGREDIENTS HAS TO BE AVAILABLE UP FRONT....HOW DO YOU THINK THIS MIGHT WORK THEN?</p>	<p>PROMPT AROUND LOGISTICS OF PHONE/INTERNET ORDERING/WHERE THIS INFORMATION MIGHT ACTUALLY APPEAR. ROLE OF SERVING STAFF/CHEF?</p> <p>HOW WOULD YOU <i>LIKE</i> THIS INFORMATION TO BE PROVIDED?</p> <p>CONFIDENCE/LACK OF CONFIDENCE THAT IT WOULD APPEAR AND REASONS FOR THIS.</p> <p>PROMPT AROUND WHAT IS ON THE MENU/CHALKBOARD; CONFIDENCE IN SERVING STAFF/CHEF</p> <p>HOW WOULD YOU <i>LIKE</i> THIS INFORMATION TO BE PROVIDED?</p>
--	---	---



		CONFIDENCE/LACK OF CONFIDENCE THAT IT WOULD APPEAR AND REASONS FOR THIS.
CLOSE INTERVIEW	<p>OK THAT IS IT! THANK YOU SO MUCH – YOU HAVE BEEN FANTASTIC AND PROVIDED US WITH LOADS OF REALLY USEFUL INFORMATION..</p> <p>THE ONLY THINGS LEFT FOR ME TO DO ARE TO TELL YOU ABOUT THE DIARIES AND TO GIVE YOU THE £30 TO SAY THANK YOU FOR DOING THE INTERVIEW</p>	IS THERE ANYTHING YOU WANT TO ASK ME AT ALL?

1. Start with getting them to talk about where and when they and their child/family eat out and then ask them to write the names of places on the post-its. (Prompt if need be, so they get a fuller picture about what eating out encapsulates, to ensure they don't just think and talk it in terms of restaurant experiences. For example, grabbing some lunch when out shopping or getting some food from the work canteen).
2. Take each pile of 28 laminated cards, by category, and place them all on a table in front of you.
3. Ask interviewee to place their post-its on the cards that they feel correspond to the places (on post-its) identified as places where they go to eat.
4. Go through places they never eat and then (put them to one side) and go on to talk about any cards that group together; similarities and differences between groups; characteristics that they share etc.

Eating in	
Pub restaurant/bar	Pizza/pasta/Italian restaurant
Burger/chicken restaurant	Indian restaurant
Chinese restaurant	Thai restaurant
Mexican restaurant	Other ethnic restaurant
British restaurant (not pubs)	Other European cuisine (e.g. French, Spanish)
Local cafe serving meals (e.g. 'greasy spoon')	Coffee or tea shop

Takeaway meals (collected or delivered)	
Indian takeaway	Chinese takeaway
Thai takeaway	Fish and chips
Other non-European takeaway	Pizza
Other European takeaway	Burger/chicken takeaway
Sandwich bar	Bakery products in a supermarket where baked on premises

Organisations/institutions providing food	
Deli counter or self-service salad bar in a supermarket	Work place canteen/restaurant
Hospital canteen	Airline food provided as a passenger
Hospital food provided as a patient	School meals (incl. nurseries/pre-school)
<b>Others</b>	

## Annex 3: Post legislation Outline Topic Guide for In-Depth Interviews

### Outline Topic Guide for In-Depth Interviews with Repeat Participants (Stage 2)

This is the topic guide for participants with a food allergy/intolerance or who have a child with an allergy/intolerance who were interviewed at stage 1. The interviewer will adapt the guide when talking to parents with older children who may be present – and try to gain the perspective of both the parent and child especially where the child is more independent and eating out without the parent.

Thank you very much for agreeing to take part in this second stage of the research – it is going to be very useful for us and hopefully interesting for you.

The research team will familiarise themselves with the key information gathered from the initial interview in advance in order to be able to prompt if necessary and invite comparisons with that time; such prompts will only be used after an open question to elicit a spontaneous response.

CONSTRUCT	QUESTION	Prompts
<b>CHANGES</b>		
CHANGES IN THEIR CONDITION	Since we met (or you met my colleague) about 18 months ago, have there been any changes in the nature of your allergy/intolerance (or that of ... [name of child]?)	<p>Has it got worse or become less severe? What are any new symptoms or symptoms that have become less obvious?</p> <p>Have you needed to seek medical help for your [your child's] allergy/intolerance? [If yes] Can you tell me about this – what happened (cause and how it was resolved)?</p> <p>[For those who are self-diagnosed] Have you tried to get a diagnosis for your condition? [If yes] Can you tell me about this?</p> <p>Has the range of foods which affect you [your child] changed? In what ways?</p>
CHANGES IN THEIR LIVES	Have there been any changes in your life [your child's life] that might have an impact on your condition and the options you have for eating out?	<p>For example, have you changed jobs or moved?</p> <p>Or got to know new people who want to eat different things or go to new places when eating out?</p> <p>I think you said that your partner/immediate family/close</p>

		<p>friends were aware of your allergy/intolerance – has that changed at all – are other people now aware of it?</p> <p>[For parents] Has your child started/changed schools/ gone to college / gone on school trips etc?</p> <p>Have you been abroad in that time, perhaps travelling by air?</p>
IMPACT ON LIFE	Do you think the impact that your [your child's] allergy/intolerance has on your life and the lives of your family and friends has changed at all in the last 18 months?	<p>In what ways is it different?</p> <p>Do you feel you are any more used to it now and that you have adjusted or are there still new challenges in managing your condition? Can you give me any examples?</p>
IMPACT OF FA/FI ON IDENTITY	Is having a food allergy/intolerance an important part of how you see yourself?	<p>[If yes] In what way? Why do you think that is?</p> <p>[If no} Why do you think that is?</p>
<b>EATING OUT</b>		
EATING OUT NOW	<p>Great – I'd like to get a picture of what eating out is like for you [your child] these days and revisit some of the things we discussed last time.</p> <p>Does eating out play a big part in your life [in your child's life]?</p> <p><i>The interviewer invites the participant to refer to any notes they have made/their diary in answering.</i></p>	<p>How often do you [does your child] eat out these days? What sort of occasions: special/routine? Who with?</p> <p>What are places you [your child] visit most often when eating out – what type of food do they offer? Are there specific things that you [your child] tend to eat there?</p> <p>How about places you [your child] occasionally visit - what type of food do they offer? Are there specific things that you tend to eat there?</p> <p>What sort of places do you [your child] never go to? Why is this?</p>

<p>CHANGES IN EATING OUT</p>	<p>Do you think there have been changes since last time in how often you eat out?</p> <p>Do you think there have been changes since last time in where you go out to eat?</p> <p><i>The interviewer will refer back to what was said in the earlier interview about the type of venues that were preferred and avoided and if not mentioned, confirm that the situation is the same or different.</i></p> <p>How about any changes in what you [your child] eat when you go out?</p>	<p>[If yes] Do you eat out more or less often? Why do you think that is?</p> <p>[If yes] What are they? Are you [is your child] going to new places? Have you stopped going to the places you used to visit? Why do you think that is?</p> <p>Can I just check, I think last time you said that you really liked to go to [name of venue] – has that now changed? Why is that?</p> <p>Can I just check, I think last time you said that you tended not to go to [type of cuisine etc] – has that now changed? Why is that?</p> <p>Are you [your child] eating new types of food? Is there a reason why this is?</p>
<p>CHANGES IN THE EATING OUT EXPERIENCE</p>	<p>I'd now like to talk about your [your child's] experience of eating out.</p> <p>Have you noticed any changes recently in what eating places do for customers who have a food allergy or intolerance?</p> <p><i>The interviewer invites the participant to refer to any notes they have made/their diary in answering.</i></p>	<p>Do you think cafes/restaurants/canteens are providing more information about allergens in their food?</p> <p>What sort of information do they provide? Prompt, as necessary, for use of symbols, whether the information signals the absence or presence of an allergen (gluten free vs contains gluten/wheat)</p> <p>Can you give some examples of how different places do it?</p> <p>Where or how do they provide this information?</p> <p>Is it on the menu, on a board, are customers invited to ask for information if they have an allergy or intolerance?</p>

		<p>If you ask serving staff for information, do they tend to know the answers or refer to a document/folder of information to find the information or do they ask the kitchen staff? Can you give some examples of how different places do it?</p> <p>How about how you are treated generally by staff if you let them know you [your child] have a food allergy or intolerance – has this changed? In what way? Can you give some examples?</p>
EVALUATION OF CURRENT EATING OUT EXPERIENCE	<p>Do you feel that things have improved for people with food allergies or intolerances when eating out?</p> <p><i>If improvements have happened in some places but not others – the interviewer will explore where improvements have/have not occurred and why this might be</i></p>	<p>Do you feel you have more information on which to base your decisions about what to eat? How does this help you?</p> <p>Do you feel you can have greater confidence in the information provided about allergens? Does it feel that you're taking less of a risk?</p> <p>Do you think you have more choices of what to eat?</p> <p>Do you feel that staff are better at serving the needs of customers with food allergies or intolerances? Are they more interested in your needs? How does this help you?</p> <p>How do you feel about being told to ask a staff member if you want information? Is it easier to ask now than it used to be? Why/why not?</p> <p>Are there any other ways in which the experience has improved?</p>
OTHER EATING OUT/NON-PREPACKED EXPERIENCES	<p>We have focused so far on eating out in restaurants and cafes – how about places like workplace canteens or airline food, have you noticed any improvements there in information provided about allergens in food?</p>	<p>Prompt on other settings that might be relevant – school, college, workplace, airlines etc.</p> <p>How about ordering a takeaway – either in the outlet itself or by phone or if you're using an online takeaway ordering service?</p>

		<p>How about when you're buying food from supermarkets at say, the deli counter or bakery when food has not been pre-packed?</p> <p>For each of these settings, have you noticed more information being provided about allergens? Where or how is it provided?</p>
<b>INFORMATION PREFERENCES AND THE LEGISLATION</b>		
INFORMATION PREFERENCES	<p>How do you personally prefer to get information about your food choices when eating out? E.g. on the menu in the restaurant, café etc; from an online menu before visiting; from a member of staff, or a combination of these.</p> <p><i>The interviewer will refer back to what was said in the earlier interview about preferences for accessing information and if different, ask about this</i></p>	<p>You have said you prefer ..., why is that?</p> <p>Do you find ..... and ..... less satisfactory? Why?</p> <p>When we talked last time, you said that you preferred getting information about allergens from .... I think you've maybe changed your mind on that? Why do you think that is?</p> <p>Is there any other way that you think you could get the information you need that would work better for you [and your child]?</p>
IMPACT OF THE LEGISLATION	<p>As you are aware from the first interview, legislation is now in place that requires eating out venues and other outlets selling non-prepacked food to provide information about any allergens from a list of 14 that are present in the food. This has now been in place for about 18 months.</p> <p><i>The interviewer will refer back to what the participant said at the first</i></p>	<p>Do you think that the legislation has had an impact on the information provided?</p> <p>Do you think it has led to other improvements for people with food allergies and intolerances when eating out? What are these?</p> <p>[If they think it has had an impact] How quickly do you think it happened? Did you notice a difference soon after the legislation came in or has it been a slow process?</p>

	<i>interview about their hopes and expectations for the legislation.</i>	<p>When we talked before, you said you hoped that the legislation would ..... Do you think this has happened? Why/why not?</p> <p>Finally, do you think the legislation has made a difference to your life [and your child's] when eating out? In what way?</p>
<b>OTHER SOURCES OF INFORMATION</b>		
RELEVANCE OF SOCIAL MEDIA	<p>So far we've talked about [any sources of information already mentioned] as sources of information that you find helpful. Are there any other sources that you value – not just in relation to making choices about where to eat and what to eat but more generally with respect to your food allergy/intolerance?</p> <p>[If not mentioned] Do you ever make use of social media when seeking information related to your FA/FI?</p>	<p>Last time we met, you mentioned [information source] as something you sometimes use. Is that still the case?</p> <p>[If yes] Which types of social media – Twitter, Facebook, Snapchat etc?</p> <p>How important would you say social media is to you in relation to your FA/FI? Why is that? What does this type of social media give you that other forms of information don't?</p> <p>Are there any sources of information available through social media that you see as more credible than others and which you have more confidence in e.g., people or organisations? Can you give me an example of the sort of information they give and why it is helpful?</p> <p>Are there any you have less confidence in? Can you give me an example of the sort of information they give and why it is</p>



		<p>less helpful?</p> <p>[If do not use social media for information about FA/FI] Do you use any forms of social media for other reasons - Twitter, Facebook, Snapchat etc?</p> <p>Are there any reasons why you don't use social media for getting information related to your FA/FI?</p> <p>[If don't use social media at all] briefly discuss why not.</p>
--	--	--

SUPPORT GROUPS & ORGANISATIONS		
MEMBERSHIP OF SUPPORT GROUPS	<p>I would finally like to ask you about being a member of a group/organisation that aims to help support people with food allergies or intolerances.</p>	<p>Are you a member of such a group?</p> <p>[If yes} Which one(s)? How long have you been a member?</p> <p>What are the benefits of being a member?</p> <p>What form does contact with the organisation take (e.g. any local meetings, handbook sent thro' the post, emailed alerts about products)</p> <p>Do you find the support provided helpful – can you give an example of how it has helped you?</p> <p>Is there any way in which being a member of such a group</p>

		<p>might be unhelpful for some people (e.g. could it make someone more anxious about their condition?)</p> <p>[If no] Have you ever thought about becoming a member of such a group or organisation? Why have you not done so?</p> <p>How do you think such a group could be helpful to people with a food allergy or intolerance?</p> <p>Is there any way in which being a member of such a group might be unhelpful for some people (e.g. could it make someone more anxious about their condition?)</p>
CLOSE INTERVIEW	<p>OK THAT IS IT! THANK YOU SO MUCH – YOU HAVE BEEN FANTASTIC AND ONCE AGAIN PROVIDED US WITH LOADS OF REALLY USEFUL INFORMATION.</p> <p>ASK IF WILLING TO COMPLETE A QUESTIONNAIRE ONLINE IN THEIR OWN TIME</p> <p>PROVIDE INCENTIVE</p>	IS THERE ANYTHING YOU WANT TO ASK ME AT ALL?

## Annex 4: Pre legislation participant characteristics in the interviews and diaries

Table 1: Pre legislation characteristics of the 75 food allergy/intolerance adult participants and children of parent/carer participants

Variable	Group			Total (%)
	Group 1 - IgE-mediated	Group 2 - Non-IgE-mediated/intolerant, diagnosed	Group 3 - Non-IgE-mediated, not diagnosed	
Gender of adult/parent				
Male	7 (17.9)	5 (27.8)	4 (22.2)	16 (21.3)
Female	32 (82.1)	13 (72.2)	14 (77.8)	59 (78.7)
Age				
<8	2 (5.1)	1 (5.6)	1 (5.6)	4 (5.3)
8-12	3 (7.7)	0	0	3 (4.0)
13-17	4 (10.3)	1 (5.6)	3 (16.7)	8 (10.7)
18-30	9 (23.1)	6 (33.3)	2 (11.1)	17 (22.7)
31-45	10 (25.6)	3 (16.7)	5 (27.8)	18 (24.0)
46-60	5 (12.8)	6 (33.3)	3 (16.7)	14 (18.7)
60+	6 (15.4)	1 (5.6)	4 (22.2)	11 (14.7)
Region				
England	15 (38.5)	9 (50.0)	8 (44.4)	32 (42.7)
N Ireland	4 (10.3)	2 (11.1)	4 (22.2)	10 (13.3)
Scotland	10 (25.6)	4 (22.2)	4 (22.2)	18 (24.0)
Wales	10 (25.6)	3 (16.7)	2 (11.1)	15 (20.0)

Table 2: Pre legislation characteristics of the 49\* food allergic/intolerant adult and parent participants who completed diaries

Variable	Group			Total (%)
	Group 1 - IgE-mediated	Group 2 - Non-IgE-mediated/intolerant, diagnosed	Group 3 - Non-IgE-mediated, not diagnosed	
Sex				
Male	4 (16.7)	2 (15.4)	3 (25.0)	9 (18.4)
Female	20 (83.3)	11 (84.6)	9 (75.0)	40 (81.6)
Age				
<8	1 (4.2)	1 (7.7)	1 (8.3)	3 (6.1)
8-12	2 (8.3)	0	0	2 (4.1)
13-17	2 (8.3)	1 (7.7)	2 (16.7)	5 (10.2)
18-30	7 (29.2)	3 (23.1)	1 (8.3)	11 (22.4)
31-44	5 (20.8)	2 (15.4)	3 (25.0)	10 (20.4)
45-60	3 (12.5)	5 (38.5)	2 (16.7)	10 (20.4)
60+	4 (16.7)	1 (7.7)	3 (25.0)	8 (16.3)
Region				
England	12 (50.0)	6 (46.2)	5 (41.7)	23 (46.9)
N Ireland	2 (8.3)	1 (7.7)	3 (25.0)	6 (12.2)
Scotland	4 (16.7)	3 (23.1)	3 (25.0)	10 (20.4)
Wales	6 (25.0)	3 (23.1)	1 (8.3)	10 (20.4)

\*Total diary participants= 49. Total diaries= 47 because 2 diaries completed jointly

## Annex 5: Post legislation participant characteristics in the interviews and/or diaries

Table 1: Post legislation characteristics of the 57 food allergic/intolerant adult and parent participants

Variable	Group			Total (%)
	Group 1 - IgE-mediated	Group 2 - Non-IgE-mediated/intolerant, diagnosed	Group 3 - Non-IgE-mediated, not diagnosed	
Gender of adult/parent				
Male	7 (25.0)	2 (14.1)	3 (20.0)	12 (21.1)
Female	21 (75.0)	12 (85.7)	12 (80.0)	45 (78.9)
Age <sup>12</sup>				
<8	0	0	1 (6.7)	1 (1.8)
8-12	2 (7.1)	0	0	2 (3.5)
13-17	2 (7.1)	0 <sup>3</sup>	3 (20.0)	5 (19.2)
18-30	8 (28.6)	5 (35.7)	1 (6.7)	14 (24.6)
31-44	9 (32.1)	1 (7.1)	3 (20.0)	13 (22.8)
45-60	3 (10.7)	6 (42.9)	2 (13.3)	11 (19.3)
60+	3 (10.7)	1 (7.1)	4 (26.7)	8 (14.0)
Region				
England	10 (35.7)	7 (50.0)	7 (46.7)	24 (42.1)
N Ireland	1 (3.6)	1 (7.1)	3 (20.0)	5 (8.8)
Scotland	10 (35.7)	3 (21.3)	3 (20.0)	16 (28.1)
Wales	7 (25.0)	3 (21.3)	2 (13.3)	12 (21.1)

<sup>1</sup> One 'adult' value missing. Two children (13-17yrs) pre legislation were classified as adults (18-30yrs) in post legislation. Their parents also completed post legislation survey, but 'child age' for these parents was removed from calculations.

<sup>2</sup> 'Child' age or 'Adults' age only (no 'Parents' age included). Child age shown for 8 participants only (Total=10-2 children aged 18yrs post legislation)

<sup>3</sup> Child aged 13-17 pre-legislation and 18 yrs post-legislation, so no 'child age' recorded

Table 2: Post legislation characteristics of the 26 food allergic/intolerant adult and parent participants who completed diaries

Variable	Group			Total (%)
	Group 1 - IgE-mediated	Group 2 - Non-IgE-mediated/intolerant, diagnosed	Group 3 - Non-IgE-mediated, not diagnosed	
Sex				
Male	1 (10.0)	1 (11.1)	0	2 (7.7)
Female	9 (90.0)	8 (88.9)	7 (100.0)	24 (92.3)
Age <sup>4</sup>				
<8	0	0	1 (14.3)	1 (3.8)
8-12	1 (10.0)	0	0	1 (3.8)
13-17	1 (10.0)	0	2 (28.6)	3 (11.5)
18-30	2 (20.0)	3 (33.3)	0	5 (19.2)
31-44	4 (40.0)	1 (11.1)	1 (14.3)	6 (23.1)
45-60	2 (20.0)	4 (44.4)	0	6 (23.1)
60+	0	1 (11.1)	2 (28.6)	3 (11.5)
Region				
England	4 (40.0)	5 (55.6)	4 (57.1)	13 (50.0)
N Ireland	0	1 (11.1)	3 (42.9)	4 (15.4)
Scotland	4 (40.0)	0	0	4 (15.4)
Wales	2 (20.0)	3 (33.3)	0	5 (19.2)

<sup>4</sup> One 'adult' value missing.

## Annex 6: Pre legislation Survey Consent Form

**Informed Consent to the screening process for entry to the questionnaire on the 'Preferences of those with food allergies and/ or intolerances when eating out' FSA Study.**

This survey is part of a wider study that the Food Standards Agency (FSA) is commissioning to understand the Preferences of those with food allergies and/ or intolerances when eating out.

There are two parts to this survey – Stage 1 to check your eligibility to continue; Stage 2 – the full survey with additional supporting information.

### **What is involved in Stage 1?**

You will be asked some questions about your reactions to foods. You may also be asked to provide information about other members of your household and their reactions to foods.

All information that you provide will be treated in confidence and in accordance with the data protection act 1998. If you are not eligible to continue to Stage 2 - the survey, all of your answers will be securely destroyed.

### **Your consent for entry to stage 1**

Please read the statement below and select the box if you would like to take part in Stage 1

[       ] I confirm that I have read and understood the information above, and I wish to take part in stage 1.

Even if you provide your consent, you do not have to answer anything that you don't want to and you are free to withdraw at any point without giving any reasons and without there being any negative consequences. Your participation is entirely voluntary.

**NOTE: Yes to consent question required before entry to screening questionnaire.**

<SCREENER QUESTIONS HERE>

## **Introduction to the Study:**

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey. Please read the following information carefully before deciding whether to participate in Stage 2.

## **Purpose of the survey:**

New food information laws are coming into force in December 2014. They will require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA is commissioning a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey will be re-run once the legislative changes have come into force.

The results will help the FSA to ensure that helpful advice, guidance and tools are developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

## **Who is conducting this study?**

The study is being conducted by the University of Bath, the University of Cork and the University of Southampton on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

## **Why have I been asked to take part in the survey?**

<ADULTS> You have been asked to take part because you indicated at Stage 1 that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to.

Around 400 adults above the age of 18 will be interviewed for this survey.

<PARENTS> You have been asked to take part because you indicated at Stage 1 that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to.

Around 400 adults above the age of 18 will be interviewed for this survey.

## **What will the survey involve?**

<ADULTS>The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision and (h) some final demographic information about you.

<PARENTS> The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g)



preferences for information provision and (h) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

### **Do I have to take part?**

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without there being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998.

No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Ms Kathleen Ryan at the following address [kathleen.ryan@ucc.ie](mailto:kathleen.ryan@ucc.ie) or by telephoning Dr Audrey DunnGalvin at 00353-21-4904513 between 0900-1700, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey

[ ☐ ] I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey.

If you have indicated your agreement with this statement please click NEXT to continue

If you do not wish to take part in Stage 2 – the survey, please [close your web browser now] and your answers to Stage 1 will be securely deleted.

<MAIN SURVEY HERE>

#### AFTER COMPLETION OF THE SURVEY

Thank you very much for your participation. We are very grateful for your time and the effort involved with completing this survey.

#### **Taking part in the follow up survey**

We would like to re-run this survey once the legislative changes have come into force. The results will help the Food Standards Agency (FSA) to understand the impact of the changes on people with a food allergy and/ or intolerance when eating out. Would you be willing to help? Please read the statements below and select a response. Your participation is entirely voluntary.

This study is being funded by the Food Standards Agency (FSA), a central government department. Would you be willing for us (the research team at the University of Bath, the University of Cork and the University of Southampton, conducting this study on behalf of the FSA), to re-contact you to invite you to take part in the follow up survey in the future? There would be no obligation for you to take part.

Yes

No

In order to carry out this future research, your contact details may be linked to the answers you have given in this survey. Would you be willing for this information to be passed onto/ retained by us (the research team at the University of Bath, the University of Cork and the University of Southampton conducting this study on behalf of the FSA).

(We would only use you contact details and interview information for legitimate research on behalf of the Agency, your interview data would never be passed to anyone else or used for commercial purposes)

Yes

No

If yes please record the following details

Name

Address

Email address

Landline telephone number

Mobile telephone number

**Taking part in *other* FSA research on food allergies and/or intolerance**

The FSA carries out a range of important work in the area of food allergies and/ or intolerance. In the future, the FSA, or an organisation working on their behalf, may wish to use your information for other important research on this topic. Please read the statements below and select a response. Your participation is entirely voluntary.

Would you be willing for the FSA, or an organisation acting on their behalf, to re-contact you to invite you to take part in future research on this subject? There would be no obligation for you to take part.

Yes

No

Would you be willing for this information to be passed onto the FSA or an organisation acting on their behalf? (We would only pass your contact details and interview information onto the FSA or another research company doing legitimate research on behalf of the Agency, your interview data would never be passed to anyone else or used for commercial purposes.)

Yes

No

If yes please record the following details

Name

Address

Email address

Landline telephone number

Mobile telephone number

## Annex 7: Post legislation Survey Consent Forms

### **Informed Consent to the screening process for entry to the questionnaire on the 'Preferences of those with food allergies and/ or intolerances when eating out' FSA Study (New participants)**

This survey is part of a wider study that the Food Standards Agency (FSA) is commissioning to understand the Preferences of those with food allergies and/ or intolerances when eating out.

There are two parts to this survey – Stage 1 to check your eligibility to continue; Stage 2 – the full survey with additional supporting information.

#### **What is involved in Stage 1?**

You will be asked some questions about your reactions to foods. You may also be asked to provide information about other members of your household and their reactions to foods.

All information that you provide will be treated in confidence and in accordance with the data protection act 1998. If you are not eligible to continue to Stage 2 - the survey, all of your answers will be securely destroyed.

#### **Your consent for entry to stage 1**

Please read the statement below and select the box if you would like to take part in Stage 1

I confirm that I have read and understood the information above, and I wish to take part in stage 1.

Even if you provide your consent, you do not have to answer anything that you don't want to and you are free to withdraw at any point without giving any reasons and without there being any negative consequences. Your participation is entirely voluntary.

\*NOTE: 'Yes' to consent question required before entry to screening questionnaire.

### **Introduction to the Study (New)**

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey. Please read the following information carefully before deciding whether to participate in Stage 2

#### **Purpose of the survey:**

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey was initially run in autumn 2014, before the legislation came into

force. Now that the legislation has been in place for 18 months, the current survey aims to assess the potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

### **Who is conducting this study?**

The study is being conducted by the University of Bath, on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

Why have I been asked to take part in the survey?

<Adults> You have been asked to take part because you indicated at Stage 1 that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to. Around 116 people with food allergy or intolerance aged 18 or over, will participate in this survey.

<Parents> You have been asked to take part because you indicated at Stage 1 that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to. Around 84 people aged 18 or over who are parents/carers of a child with a food allergy/intolerance, will participate in this survey

### **What will the survey involve?**

<Adults>The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you.

<Parents> The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

### **Do I have to take part?**

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without their being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address - [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose only one of the following:

- ☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey
- ☐ I do not wish to take part in the survey

### **AFTER COMPLETION OF THE SURVEY**

#### **Taking part in follow up research**

**PCQ1.**

This study is being funded by the Food Standards Agency (FSA), a central government department. Would you be willing for us (the research team at the University of Bath, conducting this study on behalf of the FSA), to re-contact you to invite you to take part in follow up research in the future? There would be no obligation for you to take part.

Yes ☐

No ☐

**PCQ2.**

In order to carry out future research, your contact details may be linked to the answers you have given in this survey. Would you be willing for this information to be passed onto/retained by us (the research team at the University of Bath conducting this study on behalf of the FSA)?

(We would only use you contact details and survey information for legitimate research on behalf of the Agency, your data would never be passed to anyone else or used for commercial purposes)

Yes ☐

No ☐

**PCQ3.**

If yes, please record the following details:

Name (Please enter your details):

Address (Please enter your contact details):

Email address (Please enter your contact details):

Land line telephone number (Please enter your contact details):

Mobile telephone number (Please enter your contact details):

**Taking part in *other* FSA research on food allergies and/or intolerance**

The FSA carries out a range of important work in the area of food allergies and/or intolerance. In the future, the FSA, or an organisation working on their behalf, may wish to use your information for other important research on this topic. Please read the statements below and select a response. Your participation is entirely voluntary.

**PCQ4.**

Would you be willing for the FSA, or an organisation acting on their behalf, to re-contact you to invite you to take part in future research on this subject? There would be no obligation for you to take part.

Yes ☐

No ☐

**PCQ5.**

Would you be willing for this information to be passed onto the FSA or an organisation acting on their behalf? (We would only pass your contact details and information onto the FSA or another research company doing legitimate research on behalf of the Agency; your data would never be passed to anyone else or used for commercial purposes.

Yes ☐

No ☐

**PCQ6.**

If yes, please record the following details:

Name (Please enter your details):

Address (Please enter your contact details):

Email address (Please enter your contact details):



Land line telephone number (Please enter your contact details):

Mobile telephone number (Please enter your contact details):

- Thank you for your continued interest in this research.

## **Introduction to the Study (Returning)**

**Please read the following information carefully before deciding whether to participate.**

As we hope you will remember, in autumn 2014 you completed a survey or a face-to-face interview telling us about your eating out preferences and experiences in relation to your food allergy and/or food intolerance. As part of this survey, you kindly agreed that we could contact you again to see how these eating out preferences and experiences might have changed over time.

### **Purpose of the survey:**

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. As you know, the survey was initially run before the legislation came into force. Now that the legislation has been in place for 18 months, the current survey aims to assess the potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

### **Who is conducting this study?**

The study is being conducted by the University of Bath on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

### **Why have I been asked to take part in the survey?**

<Adults> You have been asked to take part because you indicated in the 2014 survey or interview that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to, and that you would be interested in taking part in a follow-up survey or interview. Around 366 people with food allergy or intolerance aged 18 or over, will participate in this survey.

<Parents> You have been asked to take part because you indicated in the 2014 survey or interview that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to, and that you would be interested in taking part in a follow-up survey or interview. Around 266 people aged 18 or over who are parents/carers of a child with a food allergy/intolerance, will participate in this survey.

### **What will the survey involve?**

<Adults> The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you.

<Parents> The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

### **Do I have to take part?**

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without there being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based

system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address - [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose only one of the following:

- ☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey
- ☐ I do not wish to take part in the survey

## Annex 8: Pre legislation Adults Questionnaire

### **Screening for Entry to the Questionnaire**

*This section of the survey is a way of assessing if the survey is relevant to you. Please read each question and select the box that applies to you.*

**1. Do you ever suffer from problems after eating certain foods?**

☐ Yes, I do (go to q2)

☐ No I don't (go to q2 in the Parents Questionnaire)

**SQ2. Do you avoid particular foods because of the reaction they might cause?**

**Please choose only one of the following:**

☐ Yes (go to Q3)

☐ No - **THANK AND CLOSE**

**SQ3i. To which of the following foods do you experience an adverse reaction:**

**Please select at least one answer**

**Please choose all that apply:**

☐ Peanuts

☐ Other nuts such as brazil nuts, hazelnuts, walnuts and pecans

☐ Cow's milk, butter, cheese or other products made with cow's milk

☐ Cereals containing gluten - wheat, rye, barley or oats

☐ Eggs

☐ Fish

☐ Crustaceans (e.g., prawns, lobster, crabs and crayfish)

☐ Molluscs (e.g., clams, mussels, whelks, oysters, snails and squid)

☐ Soya

☐ Celery

☐ Mustard

☐ Lupin

☐ Sesame

☐ Sulphur dioxide

☐ None of the above

**SQS3ii. Do you experience an adverse reaction to any foods not named above? If**

**yes, please give details below**

**Please write your answer here:**

--

(If ticked one or more foods (NOT including other) – go to Q 4; if ticked 'other' - THANK AND CLOSE)

***SQ4. Do you ever eat out at, or get take-away from a restaurant, café, coffee shop, fast food outlet, or any other place where you can buy food?***

***Please choose only one of the following:***

☐ yes –ENTER THE MAIN SURVEY

☐ no – THANK AND CLOSE

## **Introduction to the Study:**

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey. Please read the following information carefully before deciding whether to participate in

### **Stage 2**

#### ***Purpose of the survey:***

New food information laws are coming into force in December 2014. They will require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA is commissioning a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey will be re-run once the legislative changes have come into force.

The results will help the FSA to ensure that helpful advice, guidance and tools are developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

#### **Who is conducting this study?**

The study is being conducted by the University of Bath, the University of Cork and the University of Southampton on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

#### **Why have I been asked to take part in the survey?**

You have been asked to take part because you indicated at Stage 1 that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to.

Around 400 adults above the age of 18 will be interviewed for this survey.

#### **What will the survey involve?**

The survey will involve completing a 20 minute online questionnaire in several short parts. It

will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision and (h) some final demographic information about you.

### **Do I have to take part?**

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without there being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

What will happen to the answers I give?

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

Is the information I give confidential?

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Ms Kathleen Ryan at the following address [kathleen.ryan@ucc.ie](mailto:kathleen.ryan@ucc.ie) or by telephoning Dr Audrey DunnGalvin at 00353-21-4904513 between 0900-1700, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your Consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey

Please choose only one of the following:

☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of

any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey

☐ I do not wish to take part in the survey

## **Part A: Your adverse reactions to food**

*In this section, we are looking to gain an insight into your issue with food.*

*Please answer the following questions to provide a little more detail on the nature of your negative reactions to food, your past experiences of the reactions, and how you manage it.*

### **AQ1i. (i) How would you describe your problem with food?**

**Please choose all that apply:**

Food Allergy	
Food intolerance	
Coeliac Disease	
Non-coeliac gluten sensitivity	
Gluten intolerance	
Lactose intolerance	
Cow's milk intolerance	
Irritable Bowel Syndrome	
Food Protein-Induced Enterocolitis Syndrome (FPIES)	
Other	

### **AQ1i. You answered 'Other', please specify. \***

Only answer this question if the following conditions are met:

Answer was at question '10 [AQ1i]' (AQ1i. How would you describe your problem with food?)

Please write your answer here:

--

---

### **AQ1ii. When you have an adverse reaction to food which of the following symptoms do**



---

**you experience?**

Please select at least one answer

Please choose all that apply:

---

- ☐ 'Stinging nettle' rash, urticaria, hives
- ☐ Itching or swelling of the lips, tongue or mouth
- ☐ Asthma, wheezing
- ☐ Facial swelling
- ☐ Breathing difficulties
- ☐ Anaphylactic shock, collapse
- ☐ Vomiting
- ☐ Diarrhoea
- ☐ Sneezing
- ☐ Catarrh
- ☐ Hyperactivity
- ☐ Tiredness
- ☐ Stomach cramps
- ☐ Other digestive problems (e.g., bloating, constipation)
- ☐ Eczema flare
- ☐ Migraines/headaches
- ☐ Aching joints/muscles
- ☐ Behavioural/mood changes
- ☐ Other (please specify)

**IF ANY OF BOXES 1-6 ABOVE THEY WILL ANSWER THE FOOD ALLERGY QUALITY OF LIFE SECTION B1 BELOW. IF THEY ONLY TICK ANY OF BOXES 7 ONWARDS THEY WILL ANSWER THE FOOD INTOLERANCE QUALITY OF LIFE SECTION B2 BELOW.**

**AQ1ii. You answered 'Other', please specify.**

Please write your answer here:

--

**AQ1iii. Generally, how soon does the reaction start after you eat the food? (Please select the option that best applies)**

Please choose only one of the following:

- ☐ Immediately

☐ Within 1 hour, but not immediately

☐ 1 to 24 hours later

☐ After 24 hours

**AQ1iv. How regularly does the reaction occur after consumption of this food?**

Please choose only one of the following:

☐ Always

☐ Mostly

☐ Sometimes

☐ Rarely

☐ Never

**AQ1v. How have you arrived at a diagnosis for your condition?**

Please choose only one of the following:

☐ I was formally diagnosed by an NHS or private medical practitioner (e.g., GP, dietician, allergy specialist in a hospital etc.)

☐ I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)

☐ I have diagnosed myself based on the foods which cause me problems

☐ Other (please give details)

AQ1v. You answered 'Other', please specify. \*

Please write your answer here:

--

**AQ1vi. What tests were used as part of your diagnosis?**

Please choose all that apply:

☐ skin prick test

- ☐ blood test (also called RAST test, Cap RAST or ImmunoCap)
- ☐ oral challenge
- ☐ elimination diet
- ☐ other (please give details)
- ☐ none
- ☐ don't know

**AQ1vi. You answered 'Other', please specify. \***

Please write your answer here:

**AQ1vii. Have you been provided with any of the following types of advice or treatment to help deal with this adverse reaction to food?**

Please choose all that apply:

- ☐ Inhaler
- ☐ Antihistamines
- ☐ Injectable Adrenaline (e.g., EpiPen/AnaPen/Jext/Emerade)
- ☐ Special Diet
- ☐ Food/Product Avoidance
- ☐ Other

**AQ1viiiOther. You answered 'Other', please specify.**

Please write your answer here:

**(viii) How old were you when you first started to have adverse reactions to food? If you are uncertain as to exact age please provide your best estimate.**

Please write your answer here:

**Part B1: QUALITY OF LIFE (Routed here from Part A1 (ii) - have symptoms of allergy)**

*The following questions relate to your experience of food allergy and your quality of life with respect to your negative reactions to food.*

*They also deal with your beliefs about possible outcomes of these reactions and managing life with a food allergy.*

*Please answer the questions below, marking the boxes with the answer which you most fits how you feel or think.*

**Please indicate whether you are happy to continue:**

Please choose only one of the following:

[ ] Yes, I am happy to continue with the survey

[ ] No, I do not wish to continue with the survey

**B1Q1a. If you were prescribed with injectable adrenaline, when was this?**

Please choose only one of the following:

Very recently	
---------------	--

6 to 12 months ago	
--------------------	--

Approximately 1 yr ago	
------------------------	--

Approximately 2yrs ago	
------------------------	--

More than 2 years ago	
-----------------------	--

**B1Q1b. Does the prescription of an auto-injector cause:**



[illegible]

### Response Options

How troublesome is it that because of your food allergy you:

0   1   2   3   4   5   6

1	must always be alert as to what you are eating?						
2	are able to eat fewer products?						
3	are limited as to the products you can buy?						
4	must read labels?						
5	have the feeling that you have less control of what you eat when eating out?						
6	must refuse many things during social activities?						
7	must disappoint people when they are making an effort to accommodate your food allergy?						
8	are less able to spontaneously accept an invitation to stay for a meal?						
9	are less able to taste or try various products when eating out?						
10	can eat out less?						
11	must personally check whether you can eat something when eating out?						
12	hesitate before eating a product when you have doubts about it?						

### Response Options

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;  
6 = extremely

B1Q3ii. The following questions relate to your feelings about your food allergy.

Please use the response options to fill in each statement.

[illegible]

### **Response Options**

0 = not at all; 1= a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;  
6 = extremely

**B1Q3iii. The following questions relate to your feelings about your food allergy.**

**Please use the response options to fill in each statement.**

How <b><u>worried</u></b> are you because of your food allergy:	0	1	2	3	4	5	6
Please choose the appropriate response for each item:							
<b>22</b> about the impact on your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23</b> that the allergic reactions to foods will become increasingly severe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Response Options**

0 = not at all; 1= a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;  
6 = extremely

**B1Q3iv. The following questions relate to your feelings about your food allergy.**

**Please use the response options to fill in each statement.**

How <b><u>frightened</u></b> are you because of your food allergy:	0	1	2	3	4	5	6
Please choose the appropriate response for each item:							
<b>24</b> of an allergic reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b> of accidentally eating something to which you will react?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b> of an allergic reaction when eating out despite the fact that your dietary restrictions have been discussed beforehand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Response Options**

0 = not at all; 1= a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

**B1Q3v. The following questions relate to your feelings about your food allergy.**

**Please use the response options to fill in each statement.**



Please choose the appropriate response for each item:

0	1	2	3	4	5	6
---	---	---	---	---	---	---

- |           |   |               |
|-----------|---|---------------|
| <b>27</b> | To what degree do you <u>feel you are being a nuisance</u> because you have a food allergy when eating out? | □ □ □ □ □ □ □ |
| <b>28</b> | How <u>discouraged</u> do you feel during an allergic reaction?   | □ □ □ □ □ □ □ |
| <b>29</b> | How <u>apprehensive</u> are you about eating something you have never eaten before?                         | □ □ □ □ □ □ □ |

**Part B2: QUALITY OF LIFE (Routed here from Part A1 (ii) symptoms of allergy, but have symptoms of food intolerance)**

The following questions relate to your experience of food intolerance and your quality of life with respect to your reactions to food.

They also deal with your beliefs and feelings about possible outcomes of these reactions, and how you manage life with a food intolerance.

Please answer the questions below, marking the boxes with the answer which most fits how you feel or think.

Please indicate whether you are happy to continue:

Please choose only one of the following:

☐ Yes, I am happy to continue with the survey

☐ No, I do not wish to continue with the survey

**B2Q1.** This question relates to your beliefs on how likely the following situations may happen to you. Choose from one of the answers provided.

Please choose the appropriate response for each item:

0	1	2	3	4	5	6
never (0% chance)	very small chance	small chance	fair chance	great chance	very great chance	certain it will happen (100% chance)

[illegible]

c.	can easily avoid something that you are intolerant to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	will effectively manage any reaction which may occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	That they will receive sufficient help from others if a reaction occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2Q2i. The following questions relate to your feelings about your food intolerance.

**2. Please answer the questions below using the following scale:**

➤ **Response Options**

- 0= not at all; 1= a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;
- 6 = extremely

➤ <b>How <u>troublesome</u> do you find it, because of your food intolerance, that you:</b>	
➤ Please choose the appropriate response for each item:	
➤ ➤	
➤ ➤ must always be alert as to what you are eating?	
➤ ➤ have less variety in the food that you can eat ?	
➤ ➤ have less variety in the products that you can buy?	
➤ ➤ must read labels?	
➤ ➤ have the feeling that you have less control of what you eat when eating out?	
➤ ➤ are less able to spontaneously accept an invitation to stay for a meal?	
➤ ➤ are less able to taste or try various foods when eating out?	
➤ ➤ must personally check whether you can eat something when eating out?	
➤ ➤ must be cautious about eating a product when you have doubts about it?	

B2Q2ii. The following questions relate to your feelings about your food intolerance.

Please choose the appropriate response for each item:

➤ **Response Options**



➤ 0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;

➤ 6 = extremely

How **troublesome** is it, because of your food intolerance:

Please choose the appropriate response for each item:

➤		➤	➤	➤	➤	➤
➤	➤		➤	➤	➤	➤
➤	1	➤	that the ingredients of a product change?		➤	➤
	(	➤			➤	➤
➤	1	➤	that the quality and clarity of labeling is poor, in general?		➤	➤
	1					



➤ **B2Q2iii. The following questions relate to your feelings about your food intolerance.**



➤ **Response Options**

➤ 0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much;

➤ 6 = extremely

➤	How <b><u>worried</u></b> are you because of your food intolerance:	➤	➤
		➤	➤
➤	Please choose the appropriate response for each item:		
➤	➤	➤	➤
➤	➤ about the impact on your health?	➤	➤
➤	➤ that you will be embarrassed by the symptoms of a reaction in social situations?	➤	➤
➤	➤ that you experience physical distress because of potential symptoms during a reaction?	➤	➤
➤	1	➤	➤
	{		

**B2Q2iv. The following questions relate to your feelings about your food intolerance.**

Response options:

0 – not at all    1 – a little bit    2 – slightly    3 – moderately    4 - quite a bit    5 – very much    6 - extremely

Please choose the appropriate response for each item:

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
To what degree do you feel you are being a nuisance when eating out because you have a food intolerance?							
How discouraged do you feel during an intolerant reaction?							
How concerned are you about eating something you have never eaten before?							

**Part C: Living with adverse reactions to food**

*Thank you for your participation thus far.*

*In this section, we are interested in finding out more about the impact adverse food reactions have on your daily life, and what forms of support are available to you.*

**CQ1. On average, how many days of college, university, or work do you miss per month because of your problem with food?**

Please choose only one of the following:

- ☐    1-3 days per month
- ☐    More than 3 days per month
- ☐    I have not missed any days because of my food problems
- ☐    Not applicable

**CQ2. In the last year have you consulted a charity or support group related to your adverse food reactions by phone or email, or through their website?**

Please choose only one of the following:

Yes ☐ No ☐

**CQ3. Are you a member of a charity or support group related to your food difficulties or closely involved with such a group?**

Please choose only one of the following:

Yes ☐ No ☐

**CQ4. Do you receive information or support from any of the following sources relating to your food difficulties?**

Please choose all that apply:

Support group ☐

Hospital doctor/nurse ☐

General Practitioner ☐

Dietician ☐

Internet ☐

Other ☐

**CQ4. You answered 'Other', please specify. \***

Please write your answer here:

**CQ5. How often do you access information or support for your food problems?**

Please choose only one of the following:

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

**CQ6. Do you consider that avoidance of foods is more challenging or distressing for you and your family because of your cultural background?**

Please choose only one of the following:

Not at all

☐

Somewhat

☐

Quite a bit

☐

Very much

☐

**CQ7. How would you describe:**

Please choose the appropriate response for each item:

(A) Your physical health?

(B) Your emotional  
wellbeing?

(C) Your quality of life  
(*general well-being and  
satisfaction with life*)

Very Good

Good

Fairly Good

Not so good

Poor


Very Good

Good

Fairly Good

Not so good

Poor


Very Good

Good

Fairly Good

Not so good

Poor


**CQ8. What level of stress does your adverse food reaction cause:**

Please choose the appropriate response for each item:

**(A) You?**

None at all

A little bit

Some

Quite a bit

A lot


**(B) Your  
Family/Your  
Close Friends?**

None at all

A little bit

Some

Quite a bit

A lot


**CQ9. How much has your food intolerance limited the type of activities you partake in?**

Please choose the appropriate response for each item:

None at all

A little bit

Some

Quite a bit

A lot




## **Part D: Eating outside the home**

Eating out generally means places where you pay for food like restaurants, coffee shops, takeaways, fast food outlets etc. It does not include eating at the houses of family or friends.

It could also mean food that is provided in institutional settings like hospitals or nursing homes, or nurseries. Generally, eating at these places means eating non-prepacked foods – where there are no labels or ingredients lists on packets.

**DQ1. Thinking back over the last year, how often have you consumed food at the following places – either eating in or taking away the food?**

For each type of food, please select the box that matches how frequently you eat it:

Please include any other types of places you eat as an 'Other' below and indicate how often you eat there. if you do not have an 'Other' option, select 'Never eat here: due to another reason'.

Please choose the appropriate response for each item:

<b>Type of Food</b>	<b><i>Never:- due to food allergy/intolerance</i></b>	<b><i>Never eat here: due to another reason</i></b>	<b><i>Rarely: Only 1-2 times a year</i></b>	<b><i>Occasionally: Once every 2-3 months</i></b>	<b><i>Regularly: several times a month</i></b>
Indian/ Chinese/Thai/ Mexican/ Italian food					
Pubs and bars/fish and chips/chicken or burger joint/British food (non- pubs)					
Convenience/ corner shop food/ petrol station					

Deli counter/ self-service salad bar in a supermarket/ bakery					
Food bought in a Café					
Street food, bought at stalls at events (e.g., sport events, festivals, concerts)					
Canteen/work cafeteria food/ hospital food/ airline food					

DQ1. You answered 'Other', please specify. \*

Please write your answer here:

--

**DQ2. In general, how important is eating out/getting take away to your quality of life?**

Please choose the appropriate response for each item:

Select the option.

Very Important	Important	Somewhat	Hardly	Very
(1)	(2)	important	important at all	unimportant
		(3)	(4)	(5)

**DQ3. Now, taking into account your adverse reactions to food, how enjoyable is**

---

**eating out/getting take away?**

Please choose the appropriate response for each item:

Select the option.

---

Very Enjoyable (1)	Enjoyable (2)	Somewhat enjoyable (3)	Hardly enjoyable at all (4)	Very unenjoyable (5)
-----------------------	------------------	------------------------------	-----------------------------------	----------------------------

---

---

**DQ4. Again, taking into account your adverse reactions to food, how safe is eating out/ getting take away for you?**

Please choose the appropriate response for each item:

Select the option.

---

Very Safe (1)	Safe (2)	Somewhat safe (3)	Hardly safe at all (4)	Very unsafe (5)
------------------	-------------	----------------------	------------------------------	--------------------

---

## **Part E: CURRENT EATING OUT PRACTICES**

*We are interested in your strategies for managing your adverse reactions to food when you are eating out. Please think about the places where you eat out when you are completing these questions.*

### **Response Options**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>never</b>	<b>very rarely</b>	<b>rarely</b>	<b>fairly often</b>	<b>Often</b>	<b>very often</b>	<b>always</b>	<b>Not applicable</b>

EQ1i. Please fill in the following table by marking each statement to reflect how often (if ever) you do the following:

### **In general:**

Please choose the appropriate response for each item:

1. I tend to eat out in the same places
2. I tend to pick the same things to eat when I am eating out
3. I try and eat out at new places whenever possible
4. I like to try lots of different restaurants

**EQ1ii. Please fill in the following table by marking each statement to reflect how often (if ever) you do the following: Before going out to eat or to get take away food:**

Please choose the appropriate response for each item:

5. I use information provided by support groups to help me make better decisions about eating out
6. I do research online if I am going to a place I have never been to before
7. I ring ahead or email if I am going to be eating in a place I am not familiar with
8. I plan ahead by calling/emailing before going to eat out
9. I usually decide what to have beforehand and check it will be okay

**EQ1iii. Please fill in the following table by marking each statement to reflect how often (if ever) you do the following:**

**While I am dining out or getting take away food:**

Please choose the appropriate response for each item:

10. I rely on the menu when I am making decisions about what to eat
11. I am happy to ask serving staff about allergens in the food they are serving
12. When eating out I look up the details of a dish on my mobile phone
13. I ask to speak to the manager if I want more information about allergens in the dishes
14. I ask to speak to the chef if I want more information about the meal being cooked for me
15. I don't like asking staff questions about allergens
16. I feel awkward and embarrassed to ask staff questions about the food they are serving
17. I am happy for other people to ask questions on my behalf about possible allergens in the food

**Part F: SATISFACTION WITH INFORMATION PROVISION**

Depending on the places where you generally eat out, there are various possible sources of information: you may be able to speak to staff before you go or when you are there, there may be written information online, outside the venue or on menus or chalk boards inside.

FQ1. For each of the following sources of information please indicate how satisfied you are that it helps you confidently choose the food that you can eat.

If you don't know if a particular source of information is generally available please mark "don't know" and if a particular source is not really relevant to you, or you believe that the source is generally not provided, then please mark "not applicable".

***Response scale: very to not at all satisfied and don't know, not applicable***

Very satisfied    Slightly satisfied    Neither satisfied nor dissatisfied    Slightly dissatisfied  
Very dissatisfied    Don't know    Not applicable

Please choose the appropriate response for each item:

1. Menu information *online*

2. The menu displayed *outside the place*
3. The menu displayed *at the counter*
4. The menu *at the table*
5. The *serving* staff
6. The *counter* staff
7. Staff you speak to on the *phone*
8. Staff *preparing or cooking* the food
9. Phone apps
10. Information folder about ingredients of foods being served

***Response scale: 5 point scale Strongly disagree to strongly agree, plus “not applicable” option***

Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree
Strongly agree	Not applicable		

**FQ2. Information that is provided:**

Please choose the appropriate response for each item:

1. Places in which I eat out are providing more information about allergens
2. Takeaways are providing more information about allergens
3. The information that is provided on menus about allergens has improved
4. There is really no difference in the amount of information available about allergens
5. Written information about allergens in food is more readily available
6. Serving staff are more able to provide information about allergens in the food they serve
7. The staff I speak to on the telephone are more knowledgeable about allergens in the food they serve
8. I get more helpful information when I ask about allergens

**FQ3. Confidence in communication:**

Please choose the appropriate response for each item:

1. I feel more confident asking about allergens when I eat out
2. I feel more confident that the information staff give me is reliable

3. I enjoy eating out more
4. I feel no more confident trying new places to eat now than I did then
5. I feel more confident trying new dishes to eat now

FQ4. Please look at the following information sources and indicate which you think are the three most reliable sources of information to help make decisions about allergies and intolerances. Number them 1-3 with 1 being the most reliable, 2 being the next most reliable, and so on.

Now put the number 99 against the source you think is LEAST reliable

Please write your answer(s) here:

Sources of Information	Rank
Website with ingredients of all dishes	
Printed menu	
Email response to your query	
Conversation with serving staff	
Conversation with chef	
Conversation with the manager	
Information on blackboard menu	
The advice of support groups	

## **Part G: Preferences for information provision**

We would like to know more about the ways that you would like to get information when you are eating out.

Please mark each of the following statements to reflect how much you agree/ disagree with the statement.

*5 point response scale: strongly agree to strongly disagree, option for “not applicable”*

*Strongly agree      Slightly agree    Neither agree nor disagree    Slightly disagree  
Strongly disagree      Not applicable*

### ***GQ1. Ingredient List information:***

*Please choose the appropriate response for each item:*

1. The name or description of a dish is usually enough to help me decide what I can eat
2. I would like to see more information about the exact ingredients provided on menus
3. Menus should give information about all the ingredients that are contained in each dish
4. I want to find out how food is cooked not just what the ingredients are
5. More information about ingredients in menus would be confusing

### ***GQ2. Staff/Organisation Knowledge:***

*Please choose the appropriate response for each item:*

1. Even if there was information about allergens on the menu I would like to ask a member of staff about the dish
2. I use the information provided by allergy and intolerance support groups
3. No matter how good the written information is I would prefer to talk to staff about the food I will be served

### ***GQ3. Allergen Menu:***

*Please choose the appropriate response for each item:*

1. I would like to see all the allergens in a dish listed on the menu



2. I rely on menus to decide what I can eat
3. I would like to see separate menus for people with particular food intolerance or allergies.
4. I want to know from the menu how the food is cooked not just what is in it
5. It is reasonable to expect that there are separate menus to help people avoid particular allergens

***GQ4. Using Signs and Symbols***

*Please choose the appropriate response for each item:*

1. I like it when there is a sign up that says that they welcome customers with allergies and intolerances asking about dishes
2. Symbols on the menu are not a reliable guide to making food choices
3. I like it when it says in the menu that they welcome customers with allergens and intolerances asking about dishes
4. I would like there to be symbols on the menu that make it clear which allergens are present in the dish

## **Part H. DESCRIPTIVE AND DEMOGRAPHIC INFORMATION**

### **HQ1. Where do you currently live?**

Please choose only one of the following:

East Midlands
East of England
London
North East
North West
N Ireland
Scotland
South East
South West
Wales
West Midlands
Yorkshire &Humber

### **HQ2. How long have you been a resident of the UK?**

Please choose only one of the following:

- ☐ 0 - 3 years
- ☐ 4 - 6 years
- ☐ 7 - 9 years
- ☐ 10+ years

### **HQ3. How would you describe your ethnicity?**

Please choose only one of the following:

- ☐ African
- ☐ American/Canadian
- ☐ Asian - Bangladesh
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Sri Lankan
- ☐ British Asian
- ☐ Caribbean
- ☐ Chinese
- ☐ Mixed White & Asian
- ☐ Mixed White & Black African
- ☐ Mixed White & Black Caribbean
- ☐ Other Asian Background
- ☐ Other Black Background
- ☐ Other Ethnic Background
- ☐ Other Ethnic Group

- ☐ Other Mixed background
- ☐ Other White background
- ☐ White British
- ☐ White Irish

**HQ4. What is your current marital status?**

Please choose only one of the following:

- ☐ Cohabiting
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

**HQ5. Which of the following age brackets do you fall into?**

Please choose only one of the following:

18-24 yrs	<input type="checkbox"/>
25-34 yrs	<input type="checkbox"/>
35-44 yrs	<input type="checkbox"/>
45-54 yrs	<input type="checkbox"/>
55+ yrs	<input type="checkbox"/>

**HQ6. Are you male or female?**

Please choose only one of the following:

Male ☐

Female ☐

**HQ7. What level of education did you complete?**

Please choose the appropriate response for each item:

[1] Have you completed primary education	Yes	No
[2] Have you completed secondary education	Yes	No
[3] Have you been awarded a commercial or	Yes	No

---

technical education diploma

[4] Have you been awarded a university degree      Yes   No

---

---

**HQ8. Which of the categories best describes your current working status?**

Please choose only one of the following:

- ☐ Not applicable
  - ☐ [1] Employed - part-time
  - ☐ [2] Employed - full-time
  - ☐ [3] Self employed with employees
  - ☐ [4] Self-employed without employees
  - ☐ [5] Unemployed and seeking work
  - ☐ [6] Unemployed and not seeking work
  - ☐ [7] Retired
  - ☐ [8] Student
  - ☐ [9] Homemaker
  - ☐ [10] On disability allowance
  - ☐ [11] Other
- 

---

**H99a. If you are in paid employment approximately how many hours do you work per week?**

Please write your answer here:

---

**HQ9b. Which of these phrases would you say comes closest to your feelings about your household's income these days?**

Please choose only one of the following:

Living really comfortably on present income

Living comfortably on present income

Neither comfortable nor struggling on present income

Struggling on present income

Really struggling on present income

Other answer ...

HQ9b. You answered 'Other', please specify.

Please write your answer here:

---

---

**HQ10i. If you are an employee please state how many people work for your employer at your place of work?**

Only answer this question if the following conditions are met:

Answer was 'Employed - part-time' or 'Employed - full-time' at question '76 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

- ☐ 1 to 24
- ☐ 25 or more

**HQ10ii. If you are self-employed, please state how many people you employ?**

Only answer this question if the following conditions are met:

Answer was 'Self employed with employees' at question '76 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

- ☐ 1 to 24
- ☐ 25 or more

**HQ10iii. Do you supervise any other employees?**

Only answer this question if the following conditions are met:

Answer was 'Employed - part-time' or 'Employed - full-time' or 'Self employed with employees' at question '76 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

- ☐ Yes
  - ☐ No
-

---

**HQ11.**

Please select the statement that best describes the work you do. If you are not currently working, please select an option that best describes what you did in your last job.

Please choose only one of the following:

- ☐ [1] **Modern professional occupation** (e.g., teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer, software designer)
- ☐ [2] **Clerical and intermediate occupation** (e.g., secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse)
- ☐ [3] **Senior manager or administrator** (responsible for planning, organising and co-ordinating work, and for finance, e.g., finance manager, chief executive)
- ☐ [4] **Technical/craft occupation** (e.g., motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver)
- ☐ [5] **Semi-routine manual/service occupation** (e.g., postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant)
- ☐ [6] **Routine manual and service occupation** (e.g., HGV driver, van driver, cleaner, porter, packer, sewing machinist, labourer, waiter/waitress)
- ☐ [7] **Middle/junior manager** (e.g., office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican)
- ☐ [8] **Traditional professional occupation** (e.g., accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer)
- ☐ [9] Student
- ☐ [10] No previous employment

Thank you very much for your participation. We are very grateful for your time and the effort involved with completing this survey.

## Annex 9: Pre legislation Parents Questionnaire

### **Screener**

*The first section is a way of assessing if the questionnaire is relevant to you. Please read each question and tick the box that applies to you.*

#### ***SQ1. Do you ever suffer from adverse reactions after eating certain foods?***

Please choose only one of the following:

- ☐ Yes, I do (follow route in Adults Questionnaire)
- ☐ No I don't (go to q2)

#### ***SQ2. Do you have one or more children under 18 that suffer from adverse reactions after eating certain foods?***

Please choose only one of the following:

- ☐ Yes, (go to q 2b)
- ☐ No (THANK AND CLOSE)

#### ***SQ2b. Does the child/children live with you for at least 3 days per week?***

Please choose only one of the following:

- ☐ Yes, (go to q 3)
- ☐ No (THANK AND CLOSE)

#### ***SQ3. Does your child/children avoid particular foods because of the reaction they might cause?***

Please choose only one of the following:

- ☐ Yes, (go to Q4)
- ☐ No - THANK AND CLOSE

#### ***SQ4i. To which of the following foods does your child/children experience an adverse reaction:***

Please select at least one answer

Please choose all that apply:

- ☐ Peanuts
- ☐ Other nuts such as brazil nuts, hazelnuts, walnuts and pecans
- ☐ Cow's milk, butter, cheese or other products made with cow's milk
- ☐ Cereals containing gluten - wheat, rye, barley, oats
- ☐ Eggs

- ☐ Fish
- ☐ Crustaceans (e.g. prawns, lobster, crabs and crayfish)
- ☐ Molluscs (e.g. clams, mussels, whelks, oysters, snails and squid)
- ☐ Soya
- ☐ Celery
- ☐ Mustard
- ☐ Lupin
- ☐ Sesame
- ☐ Sulphur dioxide
- ☐ None of the above

SQ4ii. Does your child/children experience an adverse reaction to any foods not named above? If yes, please give details below

Please write your answer here:

(If ticked one or more foods NOT including other– go to Q 5; if ticked 'other' – THANK AND CLOSE)

***SQ5. Does your child/children that has an adverse reaction to food ever eat out (or eat a take-away) from a restaurant, café, coffee shop, fast food outlet, or other place where you can buy food?***

Please choose only one of the following:

☐ yes –**ENTER THE MAIN STUDY**

☐ no – **THANK AND CLOSE**



## **Introduction to the Study**

Introduction to the Study:

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey.

Please read the following information carefully before deciding whether to participate in Stage 2.

### **Purpose of this study:**

New food information laws are coming into force in December 2014. They will require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA is commissioning a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey will be re-run once the legislative changes have come into force.

The results will help the FSA to ensure that helpful advice, guidance and tools are developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

### **Who is conducting this study?**

The study is being conducted by the University of Bath, the University of Cork and the University of Southampton on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

### **Why have I been asked to take part in the survey?**

You have been asked to take part because you indicated at Stage 1 that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to.

Around 400 adults above the age of 18 will be interviewed for this survey.

### **What will the study involve?**

The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision and (h) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

### **Do I have to take part?**

Your participation is voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without their being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

**What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

**Is the information I give confidential?**

**It is entirely confidential:**

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

**What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this questionnaire or the project in general, please feel free to contact us by emailing: Ms Kathleen Ryan at the following address [kathleen.ryan@ucc.ie](mailto:kathleen.ryan@ucc.ie) or by telephoning Dr Audrey DunnGalvin at 00353-21-4904513 between 0900-1700, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

**Part A: Your children**

*AQ1i. First of all we would like to understand a bit more about your child/children and their adverse reaction to food.*

---

	Age?
Oldest child	_____
Second child	_____
Third child	_____

---

---

Fourth child      \_\_\_\_\_

Fifth child      \_\_\_\_\_

---

## **Gender**

Please choose only one of the following:

☐ Male

☐ Female

## **Which of your children experience an adverse reaction to food?**

Please choose all that apply:

Only answer this question for the items you selected in question

☐ Oldest Child

☐ Second Child

☐ Third Child

☐ Fourth Child

☐ Fifth Child

## **AQ1ii. Which child has the worst reaction?**

Please choose only one of the following:

Only answer this question for the items you selected in question above

☐ Oldest Child

☐ Second Child

☐ Third Child

☐ Fourth Child

☐ Fifth Child

## **Part A: Your child's adverse reactions to food**

**Please answer the following questions in relation to your child that has adverse reactions to food. If you have more than one child with adverse reactions to food answer the questions in relation to the child that has the most severe reactions.**

**AQ2i. How would you describe your child's adverse reaction to food?**

**Please choose all that apply:**

Food Allergy	
Food intolerance	
Coeliac Disease	
Non-coeliac gluten sensitivity	
Gluten intolerance	
Lactose intolerance	
Cow's milk intolerance	
Irritable Bowel Syndrome	
Food Protein-Induced Enterocolitis Syndrome (FPIES)	
Other	

**AQ2i. You answered 'Other', please specify. \***

Please write your answer here:

--

**AQ2ii. When your child has an adverse reaction to food which of the following symptoms does he/she experience?**

Please select at least one answer

Please choose all that apply:

- ☐ 'Stinging nettle' rash, urticaria, hives
- ☐ Itching or swelling of the lips, tongue or mouth
- ☐ Asthma, wheezing
- ☐ Facial swelling
- ☐ Breathing difficulties
- ☐ Anaphylactic shock, collapse
- ☐ Vomiting

- ☐ Diarrhoea
- ☐ Sneezing
- ☐ Catarrh
- ☐ Hyperactivity
- ☐ Tiredness
- ☐ Stomach cramps
- ☐ Other digestive problems (e.g., bloating, constipation)
- ☐ Eczema flare
- ☐ Migraines/headaches
- ☐ Aching joints/muscles
- ☐ Behavioural/mood changes
- ☐ Other (please specify)

**AQ2iiOther. You answered 'Other', please specify.**

Only answer this question if the following conditions are met:

Answer was at question '26 [AQ2ii]' (AQ2ii. When your child has an adverse reaction to food which of the following symptoms does he/she experience?)

Please write your answer here:

**AQ2iii. Generally, how soon after your child eats the food does he/she get an adverse reaction? (Please select the option that best applies)**

Please choose only one of the following:

- ☐ Immediately
- ☐ Within 1 hour but not immediately
- ☐ 1 to 24 hours later
- ☐ After 24 hours

**AQ2iv. How regularly does the reaction occur after your child eats the food?**

Please choose only one of the following:

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**AQ2v. How have you arrived at a diagnosis for your child's condition?**

Please choose only one of the following:

- ☐ He/she was formally diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital etc.)
- ☐ He/she was diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)
- ☐ I have diagnosed my child based on the foods which cause him/her problems
- ☐ other (please give details)

**AQ2v. You answered 'Other', please specify. \***

Please write your answer here:

--

**AQ2vi. What tests were used as part of your child's diagnosis?**

Please choose all that apply:

- ☐ Skin prick test
- ☐ Blood test (also called: RAST test, Cap RAST or ImmunoCap)
- ☐ Oral challenge
- ☐ Elimination diet
- ☐ Other (please give details)
- ☐ None

☐ Don't know

**AQ2vi. You answered 'Other', please specify.**

Please write your answer here:

--

**AQvii. Has your child been provided with any of the following types of advice or treatment to help deal with this adverse reaction to food?**

Please choose all that apply:

☐ Inhaler

☐ Antihistamines

☐ Injectable Adrenaline (e.g., EpiPen/AnaPen/Jext/Emerade)

☐ Special Diet

☐ Food/Product Avoidance

☐ Other

**AQ2vii. You answered 'Other', please specify.**

Please write your answer here:

--

**AQ2viii. How old was your child when he/she first started to have adverse reactions to food? If you are uncertain as to exact age please provide your best estimate.**

Please write your answer here:

[                      ]

## **Part B1: QUALITY OF LIFE (for allergy)**

The following questions relate to you and your child's experience and their quality of life with respect to their adverse reactions to food.

They also deal with your child's beliefs about possible outcomes of these reactions and managing life with a food allergy.

Please answer the questions below, marking the boxes with the answer which you most fits how you feel or think.

### **B1Q1a. If your child was prescribed with injectable adrenaline, when was this?**

Please choose only one of the following:

Very recently	
---------------	--

6 to 12 months ago	
--------------------	--

Approximately 1 yr ago	
------------------------	--

Approximately 2yrs ago	
------------------------	--

More than 2 years ago	
-----------------------	--

### **1(b). Does the prescription of an auto-injector cause?**

Please choose the appropriate response for each item:

**Reassurance  
or comfort  
for you?**

—

**Reassurance  
or comfort  
for your child  
?**

—

**Anxiety  
or  
concern  
for  
you?**

—

**Anxiety  
or  
concern  
for  
your  
child?**

—



None at all		None at all		None at all		None at all	
A little bit		A little bit		A little bit		A little bit	
Some		Some		Some		Some	
Quite a bit		Quite a bit		Quite a bit		Quite a bit	

**B1Q2.** *The following question is about your belief of the likelihood of something happening to your child because of his/her food allergy.*

Please choose the appropriate response for each item:

0	1	2	3	4	5	6
never (0% chance)	very small chance	small chance	fair chance	great chance	very great chance	Certain it will happen (100% chance)

[illegible]

Please select one box in every row.

➤ 0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

**B1Q3ii. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

**B1Q3iii. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]

- 9 Receive more attention than other children of his/her age
- 10 Be more responsible than other children of his/her age
- 11 Be more restricted in his/her everyday environment (e.g. having to follow more rules, or having to avoid certain foods and places) than other children of his/her age

**B1Q3iv. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

- 12 Restaurants he/she can safely go to
- 13 Holiday destinations he/she can safely go to
- 14 Social activities in other people's houses that may involve food (e.g. sleepovers, parties, playtime)
- 15 Preschool/school events involving food (e.g. class parties/ treats/ lunchtime)

**B1Q3v. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]

**B1Q3vi. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

### Response Options

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]

**B1Q3vii. The following questions relate to your child's feelings about their food allergy. Please select one box in every row.**

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

**Because of food allergy, my child is concerned:**

Only answer this question if the following conditions are met:

Please choose the appropriate response for each item:

	0	1	2	3	4	5	6
27 About the likelihood of future reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 That many people do not understand the needs of people with food allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 By the quality and clarity of labelling <i>in general</i> (e.g. on restaurant menus; on food products).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 That food allergy will limit his/her future opportunities <i>in general</i> (e.g. job; travel options).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part B2: QUALITY OF LIFE for intolerance**

The following questions relate to you and your child's experiences of their quality of life with respect to their adverse reactions to food.

They also deal with you and your child's beliefs and feelings about possible outcomes of these reactions, and how your child manages life with a food intolerance.

Please answer the questions below, marking the boxes with the answer which you most fits how you feel or think.

**B2Q1.** This question relates to your beliefs on how likely the following situations may happen to your child. Choose from one of the answers provided.

0                      1                      2                      3                      4                      5                      6

never (0% chance)	very small chance	small chance	fair chance	great chance	very great chance	Certain it will happen (100% chance)
-------------------------	-------------------------	-----------------	----------------	-----------------	-------------------------	---

[illegible]

**B2Q2i. The following questions relate to your child's feelings about his/her food intolerance Please select one box in every row.** Please answer the below questions using the following scale:

### Response Options

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]



**B2Q2iv. The following questions relate to your child’s feelings about his/her food intolerance Please select one box in every row. Please answer the below questions using the following scale:**

### Response Options

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]

**B2Q2v. The following questions relate to your child's feelings about his/her food intolerance Please select one box in every row. Please answer the below questions using the following scale:**

### Response Options

0 = not at all; 1 = a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

[illegible]



17 Upset that social outings (e.g. going to restaurants or birthday parties) must be planned ahead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Concerned about accidentally eating a 'hidden' ingredient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Frustrated by the need to explain to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2Q2vi. The following questions relate to your child’s feelings about his/her food intolerance Please select one box in every row. Please answer the below questions using the following scale:**

<b>Because of food intolerance, my child, <i>in general</i>:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Please choose the appropriate response for each item:							
20 Must be more aware of risk than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Must be more cautious than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Wishes his/her food intolerance would go away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2Q2vi. The following questions relate to your child’s feelings about his/her food intolerance Please select one box in every row. Please answer the below questions using the following scale:**

**Response Options**

0 = not at all; 1= a little bit; 2 = slightly; 3 = moderately; 4 = quite a bit; 5 = very much; 6 = extremely

0	1	2	3	4	5	6
0	0	0	0	0	0	0
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0

- 
- A diagram consisting of a 3x7 grid of squares. A horizontal line is drawn above the top row of squares, starting from the left edge and extending to the right edge of the grid.

## **Part C: Living with adverse reactions to food**

*Thank you for your participation thus far.*

*In this section, we are interested in finding out more about the impact adverse food reactions have on you and your child's daily life, and what supports are available to you.*

**CQ1. On average, how many days of pre-school/school/college does your child miss per month because of his/her adverse food reaction?**

Please choose only one of the following:

- ☐ 1-3 days per month
- ☐ More than 3 days per month
- ☐ My child has not missed any days because of his/her food problems.
- ☐ Not applicable

**CQ2. On average, how many days of work do you miss per month because of your child's adverse reaction to food?**

Please choose only one of the following:

- ☐ 1-3 days per month
- ☐ More than 3 days per month
- ☐ I have not missed any days because of my child's food problems.
- ☐ Not applicable

**CQ3. How often does your child meet another child with the similar adverse reactions to food?**

Please choose only one of the following:

Never ☐

Rarely ☐

Sometimes

---

☐

Often

☐

**CQ4. In the last year have you consulted a charity or support group related to your child's adverse food reaction by phone or email, or through their website?**

Please choose only one of the following:

Yes ☐

No ☐

**CQ5. Are you a member of a charity or support group related to your child's adverse reaction to food?**

Please choose only one of the following:

Yes ☐

No ☐

**CQ6. Do you receive information/support from any of the following sources relating to your child's adverse reaction to food? (Select all that apply)**

Please choose all that apply:

Support group

☐

Hospital doctor/nurse

☐

General Practitioner

☐

Dietician

☐

Internet

☐

Other

☐

No information has  
been provided/given  
from any source

☐

**CQ6. You answered 'Other', please specify.**

Only answer this question if the following conditions are met:

Answer was at question '63 [CQ6]' (CQ6. Do you receive information/support from any of the following sources relating to your child's adverse reaction to food? (Select all that apply))

Please write your answer here:

**CQ7. How often do you access information /support relating to your child's adverse reaction to food?**

Please choose only  
one of the following:  
Never

☐

Rarely

☐

Sometimes

☐

Often

☐

**CQ8. Do you consider that avoidance of foods is more challenging and/or distressing for you/your family because of your cultural background? Please select which option best applies to you/ your family and your child.**

**Please choose the appropriate response for each item:**

	<b>You/Your Family</b>	<b>Your Child</b>
Not at all		
Somewhat		
Quite a bit		
Very much		

**CQ9a. How would you describe your child's physical health? Please choose only one of the following:**

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ9b. How would you describe your child's emotional wellbeing?**

Please choose only one of the following:

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ9c. How would you describe your child's quality of life (general well-being and satisfaction with life)**

Please choose only one of the following:

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ10a. How would you describe your physical health?**

Please choose only one of the following:

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ10b. How would you describe your emotional wellbeing?**

Please choose only one of the following:

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ10c. How would you describe your quality of life (general well-being and satisfaction with life)**

Please choose only one of the following:

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Not so good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

**CQ11a. What level of stress does your child's adverse food reactions cause you?**

Please choose only one of the following:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A little bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CQ11b. What level of stress does your child's adverse food reactions cause your Partner (if relevant)?**

Please choose only one of the following:

[ ] N/A

[ ] None at all



- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

**CQ11c. What level of stress does your child's adverse food reactions cause your Family/Your Close Friends?**

Please choose only one of the following:

- ☐ None at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

**CQ12. How much has your child's adverse food reactions limited the type of activities:**

Please choose the appropriate response for each item:

**(A) you can do as a family?**

**(B) your child can take part in?**

None at all

☐

None at all

☐

A little bit

☐

A little bit

☐

Some

☐

Some

☐

Quite a bit

☐

Quite a bit

☐

A lot

☐

A lot

☐



## **Part D: Eating outside the home**

Eating out generally means places where you pay for food like restaurants, coffee shops, takeaways, fast food outlets etc. It does not include eating at the houses of family or friends.

It could also mean food that is provided in institutional settings like hospitals or nursing homes, or nurseries. Generally eating at these places means eating non pre packed foods - where there are no labels or ingredients lists on packets.

**DQ1. Thinking back over the last year, how often has your child consumed food at the following places - either eating in or taking away the food?**

For each type of food, please select the box that matches how frequently they eat it:

Please include any other types of places you eat as an 'Other' below and indicate how often you eat there. if you do not have an 'Other' option, select 'Never eat here: due to another reason'.

Please choose the appropriate response for each item:

<b>Type of Food</b>	<b><i>Never- due to food allergy/ intolerance</i></b>	<b><i>Never eat here: due to another reason</i></b>	<b><i>Rarely: Only 1- 2 times a year</i></b>	<b><i>Occasionally: Once every 2- 3 months</i></b>	<b><i>Regularly: several times a month</i></b>
Indian/ Chinese/Thai/ Mexican/ Italian food					
Pubs and bars/fish and chips/chicken or burger joint/British food (non-pubs)					
Convenience/ corner shop food/ petrol station					

Deli counter/ self-service salad bar in a supermarket / bakery					
Food bought in a Café					
Street food, bought at stalls at events (i.e. stadiums, festivals, concerts)					
Canteen/ work cafeteria food/ hospital food/ airline food					
Other					

**DQ1. You answered 'Other', please specify.**

Only answer this question if the following conditions are met:

Please write your answer here:

--

**DQ2. In general, how important is eating out/getting take away to your child's quality of life?**

Please choose the appropriate response for each item:

Select the option.

Very Important (1)	Important (2)	Somewhat important (3)	Hardly important at all (4)	Very unimportant (5)
-----------------------	------------------	------------------------------	-----------------------------------	----------------------------

**DQ3. Now, taking into account your child's adverse reactions to food, how enjoyable is eating out/ getting take away for your child?**

Please choose the appropriate response for each item:

Select the option.

Very Enjoyable	Enjoyable	Somewhat	Hardly	Very
(1)	(2)	enjoyable	enjoyable at all	unenjoyable
		(3)	(4)	(5)

---

**DQ4. Now, taking into account your child's adverse reactions to food, how safe is eating out/ getting take away for your child?**

Please choose the appropriate response for each item:

Select the option.

Very Safe	Safe	Somewhat safe	Hardly safe at	Very unsafe
(1)	(2)	(3)	all	(5)
			(4)	

---

## **Part E: CURRENT EATING OUT PRACTICES**

*We are interested in your experience of managing your child's adverse reactions to food when you are eating out.*

*When you are completing the following questions please think about the places where you eat out with your child.*

How much of a role do you have in making decisions about where you eat out with your child?

Please choose only one of the following:

- ☐ No role
- ☐ Minimal role
- ☐ Significant role
- ☐ Substantial role
- ☐ Fully responsible

When you are eating out with your child, how much of a role do you have in making decisions about the food your child eats?

Please choose only one of the following:

- ☐ No role
- ☐ Minimal role
- ☐ Significant role
- ☐ Substantial role
- ☐ Fully responsible

### **Response Options**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>never</b>	<b>very rarely</b>	<b>rarely</b>	<b>fairly often</b>	<b>Often</b>	<b>very often</b>	<b>always</b>	<b>Not applicable</b>

**EQ1i. In general:**

Please choose the appropriate response for each item:

- 18. When eating out with my child, we tend to eat in places we know well
- 19. When we are eating out I tend to pick foods for my child that they have had before
- 20. I try and eat out at new places whenever possible with my child
- 21. I like to try lots of different restaurants with my child

**Please choose the appropriate response for each item:**

- 22. I use information provided by support groups to help me make better decisions about eating out with my child
- 23. I do research online if we are going to a place we have never been to before
- 24. I ring ahead or email if we are going to be eating in a place I am not familiar with
- 25. I plan ahead by calling /emailing before going to eat out
- 26. I usually decide what my child could have to eat before we get there

**EQ1iii. When we are eating out or getting take away food:**

Please choose the appropriate response for each item:

- 27. I rely on the menu when I am making decisions about what my child should eat
- 28. I ask serving staff about allergens in the food they are serving
- 29. I find the details of a dish that would be served to my child on my mobile phone
- 30. I ask to speak to the manager if I want more information about allergens in the dishes my child might eat
- 31. I ask to speak to the chef if I want more information about the meal being cooked for my child
- 32. I don't like asking staff questions about allergens
- 33. I feel awkward and embarrassed to ask staff questions about the food they are serving my child
- 34. I am happy for other people to ask questions on my child's behalf about possible allergens in the food

**Part F: SATISFACTION WITH INFORMATION PROVISION**

Depending on the places where you generally eat out with your child, there are various possible sources of information: you may be able to speak to staff before you go or when you are there, there may be written information online, outside the venue or on menus or chalk boards inside.

FQ1. For each of the following sources of information please indicate how satisfied you are that it helps you confidently choose the food that your child can eat.

If you don't know if a particular source of information is generally available please mark "don't know" If a source of information is not relevant to you or you believe that the source is generally not provided at all then please mark "not applicable".

**5 point response scale: very to not at all satisfied and don't know, not applicable**

Very satisfied    Slightly satisfied    Neither satisfied nor dissatisfied    Slightly dissatisfied  
Very dissatisfied    Don't know    Not applicable

Please choose the appropriate response for each item:

1. Menu information *online*
2. The menu displayed *outside the place*
3. The menu displayed *at the counter*
4. The menu *at the table*
5. The *serving* staff
6. The *counter* staff
7. Staff you speak to on the *phone*
8. Staff *preparing or cooking* the food
9. Phone apps
10. Information folder about ingredients of foods being served

***Response scale: 5 point scale Strongly disagree to strongly agree, plus "not applicable" option***

**FQ2. Information that is provided:**

Please choose the appropriate response for each item:

9. Places where I eat out with my child provide enough information about allergens.



10. Takeaways provide enough information about allergens.
11. Usually, I don't get enough information about allergens even when I ask.
12. Written information about allergens in food is readily available.
13. Compared to a year ago, there is really no difference in the amount of information available about allergens.
14. Serving staff are able to provide information about allergens in the food they serve.
15. When I eat out in a restaurant with my child I do not get enough allergen information from the menu to decide what they can have.
16. The staff I speak to on the telephone are knowledgeable about allergens in the food they serve.
17. I get helpful information when I ask about allergens.

**FQ3. Confidence in communication:**

Please choose the appropriate response for each item:

6. I feel confident asking about allergens on my child's behalf when we eat out.
7. I feel sure that the information staff give us about allergens is reliable.
8. My child and I enjoy eating out.
9. I don't feel confident trying new places to eat with my child.
10. I am okay with my child trying new dishes to eat.

FQ4. Please look at the following information sources and indicate which you think are the three most reliable sources of information to help make you make confident decisions about what your child can eat when you are eating out together. Number them 1-3 with 1 being the most reliable, 2 being the second most reliable, and 3 as the third most reliable.

Now put the number 99 against the source you think is LEAST reliable

Please write your answer(s) here:

Sources of Information	Rank
Website with ingredients of all dishes	

Printed menu	
Email response to your query	
Conversation with serving staff	
Conversation with chef	
Conversation with the manager	
Information on blackboard menu	
The advice of support groups	

## **Part G: Preferences for information provision**

*We would like to know more about the ways that you would like to get information when you are eating out with your child.*

*Please mark each of the following statements to reflect how much you agree/ disagree with the statement.*

*5 point response scale: strongly agree to strongly disagree, option for "not applicable"*

Strongly agree      Slightly agree      Neither agree nor disagree      Slightly disagree  
                          Strongly disagree      Not applicable

### **GQ1. Ingredients List information:**

Please choose the appropriate response for each item:

6. The name or description of a dish is usually enough to help me decide what my child can eat
7. I would like to see more information about the exact ingredients provided on menus
8. Menus should give information about all the ingredients that are contained in each dish
9. I want to find out how food is cooked not just what the ingredients are

10. More information about ingredients in menus would be confusing

**GQ2. Staff/ Organisation Knowledge:**

Please choose the appropriate response for each item:

4. Even if there is information about allergens on the menu I would like to ask a member of staff about the dish
5. I use the information provided by allergy and intolerance support groups
6. No matter how good the written information is I would prefer to talk to staff about the food being served to my child

**GQ3. Allergen Menu:**

Please choose the appropriate response for each item:

6. I would like to see all the allergens in a dish listed on the menu
7. I rely on menus to decide what my child can eat
8. I would like to see separate menus for people with particular food intolerance or allergies.
9. I want to know from the menu how the food is cooked not just what is in it
10. It is reasonable to expect that there are separate menus to help people avoid particular allergens

**GQ4. Using Signs and Symbols:**

Please choose the appropriate response for each item:

5. I like it when there is a sign up that says that they welcome customers with allergies and intolerances asking about dishes
6. Symbols on the menu are not a reliable guide to making food choices
7. I like it when it says in the menu that they welcome customers with allergens and intolerances asking about dishes
8. I would like there to be symbols on the menu that make it clear which allergens are present in the dish

## **Part H: DESCRIPTIVE AND DEMOGRAPHIC INFORMATION**

*In this final section of the questionnaire, please could you tell us a little bit about you.*

### **HQ1. Where do you currently live?**

Please choose only one of the following:

East Midlands
East of England
London
North East
North West
N Ireland
Scotland
South East
South West
Wales
West Midlands
Yorkshire &Humber

### **HQ2. How long have you been a resident of the UK?**

Please choose only one of the following:

- ☐ 0 - 3 years
- ☐ 4 - 6 years
- ☐ 7 - 9 years
- ☐ 10+ years

### **HQ3. How would you describe your ethnicity?**

Please choose only one of the following:

- ☐ African
- ☐ American/Canadian
- ☐ Asian - Bangladeshi
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Sri Lankan
- ☐ British Asian
- ☐ Caribbean
- ☐ Chinese
- ☐ Mixed White & Asian
- ☐ Mixed White & Black African
- ☐ Mixed White & Black Caribbean
- ☐ Other Asian Background
- ☐ Other Black Background

- ☐ Other Ethnic Background
- ☐ Other Ethnic Group
- ☐ Other Mixed background
- ☐ Other White background
- ☐ White British
- ☐ White Irish

**HQ4. What is your current marital status?**

Please choose only one of the following:

- ☐ Cohabiting
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

**HQ5. Which of the following age brackets do you fall into?**

Please choose only one of the following:

18-24 yrs	<input type="checkbox"/>
25-34 yrs	<input type="checkbox"/>
35-44 yrs	<input type="checkbox"/>
45-54 yrs	<input type="checkbox"/>
55+ yrs	<input type="checkbox"/>

**HQ6. Are you male or female?**

**Male** ☐

**Female** ☐

**HQ7. What level of education did you complete?**

*Please choose the appropriate response for each item:*

- |   |     |    |
|---|-----|----|
| [1] Have you completed primary education                              | Yes | No |
| [2] Have you completed secondary education                            | Yes | No |
| [3] Have you been awarded a commercial or technical education diploma | Yes | No |
| [4] Have you been awarded a university degree                         | Yes | No |

**HQ8. Which of the categories best describes your current working status?**

Please choose only one of the following:

- ☐ Not applicable
  - ☐ [1] Employed - part-time
  - ☐ [2] Employed - full-time
  - ☐ [3] Self employed with employees
  - ☐ [4] Self-employed without employees
  - ☐ [5] Unemployed and seeking work
  - ☐ [6] Unemployed and not seeking work
  - ☐ [7] Retired
  - ☐ [8] Student
  - ☐ [9] Homemaker
  - ☐ [10] On disability allowance
  - ☐ [11] Other
- 

**HQ9a. If you are in paid employment approximately how many hours do you work per week?**

Only answer this question if the following conditions are met:

Answer was 'Employed - full-time' or 'Employed - part-time' or 'Self employed with employees' or 'Self-employed without employees' at question '107 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please write your answer here:

  

---

**HQ9b. Which of these phrases would you say comes closest to your feelings about your household's income these days?**

Please choose only one of the following:

- [ ] Living really comfortably on present income
- [ ] Living comfortably on present income
- [ ] Neither comfortable nor struggling on present income

☐ Struggling on present income

☐ Really struggling on present income

☐ Other please specify

**HQ9b. You answered 'Other', please specify. \***

Please write your answer here:

---

**HQ10i. If you are an employee please state how many people work for your employer at your place of work?**

Only answer this question if the following conditions are met:

Answer was 'Employed - full-time' or 'Employed - part-time' at question '107 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

☐ 1 to 24

☐ 25 or more

**HQ10ii. If you are self-employed **and employ others**, please state how many people you employ?**

Only answer this question if the following conditions are met:

Answer was 'Self employed with employees' at question '107 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

☐ 1 to 24

☐ 25 or more

**HQ10iii. Do you supervise any other employees?**

Only answer this question if the following conditions are met:

Answer was 'Employed - part-time' or 'Employed - full-time' or 'Self employed with employees' at question '107 [HQ8]' (HQ8. Which of the categories best describes your current working status?)

Please choose only one of the following:

☐ Yes

☐ No

---

**HQ11. Please select the statement that best describes the work you do. If you are not currently working please select an option that best describes what you did in your last job.**

Please choose only one of the following:

- ☐ [1] **Modern professional occupation** (e.g., teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer, software designer)
- ☐ [2] **Clerical and intermediate occupation** (e.g., secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse)
- ☐ [3] **Senior manager or administrator** (responsible for planning, organising and co-ordinating work, and for finance, e.g., finance manager, chief executive)
- ☐ [4] **Technical/craft occupation** (e.g., motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver)
- ☐ [5] **Semi-routine manual/service occupation** (e.g., postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant)
- ☐ [6] **Routine manual and service occupation** (e.g., HGV driver, van driver, cleaner, porter, packer, sewing machinist, labourer, waiter/waitress)
- ☐ [7] **Middle/junior manager** (e.g., office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican)
- ☐ [8] **Traditional professional occupation** (e.g., accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer)
- ☐ [9] Student
- ☐ [10] No previous employment



## Annex 10: Post legislation Adults questionnaire

### Adult Screener

**SQ1. Do you ever suffer from problems after eating certain foods? \***

Please choose **only one** of the following:

- ☐ Yes, I do
- ☐ No I don't

**SQ2. Do you avoid particular foods because of the reaction they might cause? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**SQ3i. To which of the following foods do you experience an adverse reaction: \***

Please choose **all** that apply:

- ☐ Peanuts
- ☐ Other nuts such as brazil nuts, hazelnuts, walnuts and pecans
- ☐ Cow's milk, butter, cheese or other products made with cow's milk
- ☐ Cereals containing gluten - wheat, rye, barley or oats
- ☐ Eggs
- ☐ Fish
- ☐ Crustaceans (e.g., prawns, lobster, crabs and crayfish)
- ☐ Molluscs (e.g., clams, mussels, whelks, oysters, snails and squid)
- ☐ Soya
- ☐ Celery
- ☐ Mustard
- ☐ Lupin
- ☐ Sesame
- ☐ Sulphur dioxide
- ☐ None of the above

**SQS3ii. Do you experience an adverse reaction to any foods not named in the previous question? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

### **SQS3iii. Which other foods do you experience an adverse reaction to? \***

Please write your answer here:

SQ4. Do you ever eat out at, or get take-away from a restaurant, café, coffee shop, fast food outlet, or any other place where you can buy food? \*

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## **Adult Introduction to the Study (New)**

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey. Please read the following information carefully before deciding whether to participate in Stage 2

Purpose of the survey:

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey was initially run in autumn 2014, before the legislation came into force. Now that the legislation has been in place for 18 months, the current survey aims to assess the potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

Who is conducting this study?

The study is being conducted by the University of Bath, on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

Why have I been asked to take part in the survey?

You have been asked to take part because you indicated at Stage 1 that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to. Around 116 people with food allergy or intolerance aged 18 or over, will participate in this survey.

What will the survey involve?

The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you.

Do I have to take part?

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without there being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

What will happen to the answers I give?

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

Is the information I give confidential?

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

What if there is a problem or if I have any questions?

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address - [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

Your consent

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose **only one** of the following:

- ☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey
- ☐ I do not wish to take part in the survey

## **Adult Introduction to the Study (Returning)**

**Please read the following information carefully before deciding whether to participate.**

As we hope you will remember, in autumn 2014 you completed a survey or a face-to-face interview telling us about your eating out preferences and experiences in relation to your food allergy and/or food intolerance. As part of this survey, you kindly agreed that we could contact you again to see how these eating out preferences and experiences might have changed over time.

### **Purpose of the survey:**

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. As you know, the survey was initially run before the legislation came into force. Now that the legislation has been in place for 18 months, the current survey aims to assess the potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

### **Who is conducting this study?**

The study is being conducted by the University of Bath on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

### **Why have I been asked to take part in the survey?**

You have been asked to take part because you indicated in the 2014 survey or interview that you have had adverse reactions to at least one of the 14 allergens that the new legislation applies to, and that you would be interested in taking part in a follow-up survey or interview.

Around 366 people with food allergy or intolerance aged 18 or over, will participate in this survey.

### **What will the survey involve?**

The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you.

### **Do I have to take part?**

Your participation is entirely voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without there being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this survey or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address - [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose only one of the following:

☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey

☐ I do not wish to take part in the survey

## **Adults Part A**

*In this section, we are looking to gain an insight into your issue with food.*

*Please answer the following questions to provide a little more detail on the nature of your negative reactions to food, your past experiences of the reactions, and how you manage it.*

### **AQ1i. (i) How would you describe your problem with food?**

Please choose **all** that apply:

- ☐ Food Allergy
- ☐ Food intolerance
- ☐ Coeliac Disease
- ☐ Non-coeliac gluten sensitivity
- ☐ Gluten intolerance
- ☐ Lactose intolerance
- ☐ Cow's milk intolerance
- ☐ Irritable Bowel Syndrome
- ☐ Food Protein-Induced Enterocolitis Syndrome (FPIES)
- ☐ Other

**AQ1i. You answered 'Other', please specify. \***

Please write your answer here:

**AQ1ii. When you have an adverse reaction to food which of the following symptoms do you experience? \***

Please choose **all** that apply:

- ☐ 'Stinging nettle' rash, urticaria, hives
- ☐ Itching or swelling of the lips, tongue or mouth
- ☐ Asthma, wheezing
- ☐ Facial swelling
- ☐ Breathing difficulties
- ☐ Anaphylactic shock, collapse
- ☐ Vomiting
- ☐ Diarrhoea
- ☐ Sneezing
- ☐ Catarrh
- ☐ Hyperactivity
- ☐ Tiredness
- ☐ Stomach cramps
- ☐ Other digestive problems (e.g., bloating, constipation)
- ☐ Eczema flare
- ☐ Migraines/headaches
- ☐ Aching joints/muscles
- ☐ Behavioural/mood changes
- ☐ Other (please specify)

**AQ1ii. You answered 'Other', please specify.**

Please write your answer here:

**AQ1iii. Generally, how soon does the reaction start after you eat the food? (Please select the option that best applies)**

Please choose **only one** of the following:

- ☐ Immediately
- ☐ Within 1 hour, but not immediately
- ☐ 1 to 24 hours later
- ☐ After 24 hours

**AQ1iv. How regularly does the reaction occur after consumption of this food? \***

Please choose **only one** of the following:

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**AQ1iv (b) When did you last have a reaction after consumption of this food?**

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**AQ1iv (c) When did you have your most severe reaction after consumption of this food?**

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**AQ1v. How have you arrived at a diagnosis for your condition?**

Please choose **only one** of the following:

- ☐ I was formally diagnosed by an NHS or private medical practitioner (e.g., GP, dietician, allergy specialist in a hospital etc.)
- ☐ I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)
- ☐ I have diagnosed myself based on the foods which cause me problems
- ☐ Other (please give details)

**AQ1v. You answered 'Other', please specify.**

Please write your answer here:

**AQ1v (b) How old were you when this diagnosis was reached? If you are uncertain of the exact age please provide your best estimate.**

Please write your answer here:

•

**AQ1vi. What tests were used as part of your diagnosis?**

Please choose **all** that apply:

- ☐ skin prick test
- ☐ blood test (also called RAST test, Cap RAST or ImmunoCap)
- ☐ oral challenge
- ☐ elimination diet
- ☐ other (please give details)
- ☐ none
- ☐ don't know



**AQ1vi. You answered 'Other', please specify.**

Please write your answer here:

**AQ1vii. Have you been provided with any of the following types of advice or treatment to help deal with this adverse reaction to food?**

Please choose **all** that apply:

- ☐ Inhaler
- ☐ Antihistamines
- ☐ Injectable Adrenaline (e.g., EpiPen/AnaPen/Jext/Emerade)
- ☐ Special Diet
- ☐ Food/Product Avoidance
- ☐ Other

**AQ1vii. You answered 'Other', please specify.**

Please write your answer here:

**AQ1viii. How often do you 'take a chance' and consume foods that you know might cause you to have an adverse reaction?**

*(This does not include accidental consumption of foods that you thought were completely safe for you to eat)*

Please choose **only one** of the following:

- ☐ Never- I strictly avoid these foods
- ☐ Occasionally- Once or twice a year
- ☐ Sometimes- Once a month
- ☐ Often- Once a week
- ☐ Very often- Every few days

**AQ1viii. How old were you when you first started to have adverse reactions to food? If you are uncertain of the exact age please provide your best estimate.**

Please write your answer here:

•

**AQ1x. How old were you when you first started avoiding the food(s) to which you have an adverse reaction? If you are uncertain of the exact age that you were please provide your best estimate.**

Please write your answer here:

## Adults Part B

*The following questions relate to your experience of food allergy and your quality of life with respect to your negative reactions to food.*

*They also deal with your beliefs about possible outcomes of these reactions and managing life with a food allergy.*

**Please answer the questions below, marking the boxes with the answer which you most fits how you feel or think.**

**B1Q1a. If you were prescribed with injectable adrenaline, when was this?**

Please choose **only one** of the following:

- ☐ Very recently
- ☐ 6 to 12 months ago
- ☐ Approximately 1 yr ago
- ☐ Approximately 2yrs ago
- ☐ More than 2 years ago

**B1Q1b. Does the prescription of an auto-injector cause:**

Please choose the appropriate response for each item:

**(A) reassurance or comfort for you? (B) anxiety or concern for you?**

None at all ☐ ☐ ☐ ☐ ☐

A little bit ☐ ☐ ☐ ☐ ☐

Some ☐ ☐ ☐ ☐ ☐

Quite a bit ☐ ☐ ☐ ☐ ☐

**B1Q2. The following question is about the possibility of something happening to you because of your food allergy. Please answer the below questions using the following scale:**

**How great do you think the chance is that you:**

Please choose the appropriate response for each item:

Never  
(0% chance)  
0

Very small chance  
1

Small chance  
2

Fair chance  
3

Great chance  
4

Very great chance  
5

Certain it will happen  
(100% chance)  
6

will accidentally eat something to which you are

[illegible]





**B1Q3iv. How frightened are you because of your food allergy**

Please choose the appropriate response for each item:

[illegible]

**B1Q3v. Please choose the appropriate response for each item:**

Please choose the appropriate response for each item:

[illegible]

## Adults Part B2

The following questions relate to your experience of food intolerance and your quality of life with respect to your reactions to food.

They also deal with your beliefs and feelings about possible outcomes of these reactions, and how you manage life with a food intolerance.

Please answer the questions below, marking the boxes with the answer which most fits how you feel or think.

**B2Q1.** This question relates to your beliefs on how likely the following situations may happen to you. Choose from one of the answers provided.

How great do you think the chance is that you:

Please choose the appropriate response for each item:

	Never (0% chance) 0	Very small chance 1	Small chance 2	Fair chance 3	Great chance 4	Very great chance 5	Certain it will happen (100% chance) 6
will accidentally eat something to which you are intolerant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
will have a severe reaction if you accidentally eat something to which you are intolerant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
can easily avoid something that you are intolerant to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
will effectively manage any reaction which may occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That they will receive sufficient help from others if a reaction occurs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B2Q2i.** The following questions relate to your feelings about your food intolerance.

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

Please choose the appropriate response for each item:

	Not at all 0	A little bit 1	Slightly 2	Moderately 3	Quite a bit 4	Very much 5	Extremely 6
must always be alert as to what you are eating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have less variety in the food that you can eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have less variety in the products that you can buy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
must read labels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have the feeling that you have less control of what you eat when eating out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are less able to spontaneously accept an invitation to stay for a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are less able to taste or try various foods when eating out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
must personally check whether you can eat something when eating out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
must be cautious about eating a product when you have doubts about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2Q2ii. How troublesome is it, because of your food intolerance:

Please choose the appropriate response for each item:



Not at all    A little bit    Slightly    Moderately    Quite a bit    Very much    Extremely  
 0                      1                      2                      3                      4                      5                      6

To what degree do you feel you are

○ ○ ○ ○ ○ ○ ○

	Not at all 0	A little bit 1	Slightly 2	Moderately 3	Quite a bit 4	Very much 5	Extremely 6
being a nuisance when eating out because you have a food intolerance?							
How discouraged do you feel during an intolerant reaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How concerned are you about eating something you have never eaten before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Adults Part C

**Thank you for your participation thus far.**

**In this section, we are interested in finding out more about the impact adverse food reactions have on your daily life, and what forms of support are available to you.**

**CQ1. On average, how many days of college, university, or work do you miss per month because of your problem with food?**

Please choose **only one** of the following:

- ☐ 1-3 days per month
- ☐ More than 3 days per month
- ☐ I have not missed any days because of my food problems
- ☐ Not applicable

**CQ2. In the last year have you consulted a charity or support group related to your adverse food reactions by phone or email, or through their website? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**CQ3. Are you a member of a charity or support group related to your food difficulties or closely involved with such a group?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**CQ4. Do you receive information or support from any of the following sources relating to your food difficulties?**

Please choose **all** that apply:

- ☐ Support group
- ☐ Hospital doctor/nurse
- ☐ General Practitioner
- ☐ Dietician
- ☐ Internet
- ☐ Other

**CQ4. You answered 'Other', please specify.**

Please write your answer here:

**CQ5. How often do you access information or support for your food problems?**

Please choose **only one** of the following:

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

**CQ6. Do you consider that avoidance of foods is more challenging or distressing for you and your family because of your cultural background?**

Please choose **only one** of the following:

- ☐ Not at all
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

**CQ7. How would you describe:**

Please choose the appropriate response for each item:

	(A) Your physical health?	(B) Your emotional wellbeing?	(C) Your quality of life (general well-being and satisfaction with life)
Very Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	(A) Your physical health?	(B) Your emotional wellbeing?	(C) Your quality of life (general well-being and satisfaction with life)
Good			
Not so good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CQ8. What level of stress does your adverse food reaction cause:**

Please choose the appropriate response for each item:

	(A) You?	(B) Your Family/Your Close Friends?
None at all	<input type="radio"/>	<input type="radio"/>
A little bit	<input type="radio"/>	<input type="radio"/>
Some	<input type="radio"/>	<input type="radio"/>
Quite a bit	<input type="radio"/>	<input type="radio"/>
A lot	<input type="radio"/>	<input type="radio"/>

**CQ9. How much has your food intolerance limited the type of activities you partake in?**

Please choose **only one** of the following:

- ☐ None at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

## Adults Part D

**Eating out generally means places where you pay for food like restaurants, coffee shops, takeaways, fast food outlets etc. It does not include eating at the houses of family or friends.**

**It could also mean food that is provided in institutional settings like hospitals or nursing homes, or nurseries. Generally, eating at these places means eating non-prepacked foods – where there are no labels or ingredients lists on packets.**

**DQ1. Thinking back over the last year, how often have you consumed food at the following places – either eating in or taking away the food?**

Please choose the appropriate response for each item:

	Never:- due to food allergy/ intolerance	Never eat here: due to another reason	Rarely : Only 1-2 times a year	Occasionally : Once every 2-3 months	Regularly : several times a month
Indian/Chinese/Thai/Mexican/Italian food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pubs and bars/fish and chips/chicken or burger joint/British food (non- pubs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience/ corner shop food/ petrol station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deli counter/ self-service salad bar in a supermarket/bakery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bought in a Café	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street food, bought at stalls at events (e.g., sport events, festivals, concerts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canteen/work cafeteria food/ hospital food/ airline food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each type of food, please select the box that matches how frequently they eat it:

Please include any other types of places you eat as an 'Other' and indicate how often you eat there. if you do not have an 'Other' option, select 'Never eat here: due to another reason'.

**DQ1. You answered 'Other', please specify**

Please write your answer here:

**DQ2. In general, how important is eating out/getting take away to your quality of life?**

Please choose **only one** of the following:

- ☐ Very Important
- ☐ Important
- ☐ Somewhat important
- ☐ Hardly important at all
- ☐ Very unimportant

**DQ3. Now, taking into account your adverse reactions to food, how enjoyable is eating out/getting take away?**

Please choose **only one** of the following:

- ☐ Very Enjoyable
- ☐ Enjoyable
- ☐ Somewhat enjoyable
- ☐ Hardly enjoyable at all
- ☐ Very unenjoyable

**DQ4. Again, taking into account your adverse reactions to food, how safe is eating out/ getting take away for you?**

Please choose **only one** of the following:

- ☐ Very Safe
- ☐ Safe
- ☐ Somewhat safe
- ☐ Hardly safe at all
- ☐ Very unsafe

## Adults Part E

*We are interested in your strategies for managing your adverse reactions to food when you are eating out. Please think about the places where you eat out when you are completing these questions.*

**EQ1i. Please fill in the following questions by marking each statement to reflect how often (if ever) you do the following:**

**In general:**

Please choose the appropriate response for each item:

[illegible]

Please choose the appropriate response for each item:

[illegible]

Please choose the appropriate response for each item:

[illegible]

	Never 0	Very rarely 1	Rarely 2	Fairly often 3	Often 4	Very often 5	Always 6
food they are serving							
When eating out I look up the details of a dish on my mobile phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask to speak to the manager if I want more information about allergens in the dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask to speak to the chef if I want more information about the meal being cooked for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like asking staff questions about allergens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel awkward and embarrassed to ask staff questions about the food they are serving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy for other people to ask questions on my behalf about possible allergens in the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Adults Part F

Depending on the places where you generally eat out, there are various possible sources of information: you may be able to speak to staff before you go or when you are there, there may be written information online, outside the venue or on menus or chalk boards inside.

FQ1. For each of the following sources of information please indicate how satisfied you are that it helps you confidently choose the food that you can eat.



If you don't know if a particular source of information is generally available please mark "don't know" and if a particular source is not really relevant to you, or you believe that the source is generally not provided, then please mark "not applicable".

Please choose the appropriate response for each item:

	Very satisfied	Slightly satisfied	Neither satisfied nor dissatisfied	Slightly dissatisfied	Very dissatisfied	Don't know
Menu information online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu displayed outside the place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu displayed at the counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The serving staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counter staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff you speak to on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff preparing or cooking the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information folder about ingredients of foods being served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FQ2. Information that is provided:**

Please choose the appropriate response for each item:

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
Places in which I eat out are providing more information about allergens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takeaways are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
providing more information about allergens					
The information that is provided on menus about allergens has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is really no difference in the amount of information available about allergens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written information about allergens in food is more readily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serving staff are more able to provide information about allergens in the food they serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff I speak to on the telephone are more knowledgeable about allergens in the food they serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get more helpful information when I ask about allergens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FQ3. Confidence in communication:**

Please choose the appropriate response for each item:

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
I feel more confident asking about allergens when I eat out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more confident that the information staff give me is reliable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy eating out more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel no more confident trying new places to eat now than I did a year ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more confident trying new dishes to eat now than I did a year ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FQ4. Please look at the following information sources and indicate which you think are the three most reliable sources of information to help make decisions about allergies and intolerances. Rank them 1-3 with 1 being the most reliable, 2 being the next most reliable, and so on.**

Please number each box in order of preference from 1 to 8

- Website with ingredients of all dishes
- Printed menu
- Email response to your query
- Conversation with serving staff
-

•

●

●

The name or description of a dish is usually enough to help me

Strongly agree   Slightly agree   Neither agree nor disagree   Slightly disagree   Strongly disagree   Not applicable



	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not applicable
good the written information is I would prefer to talk to staff about the food I will be served						

### GQ3. Allergen Menu:

Please choose the appropriate response for each item:

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not applicable
I would like to see all the allergens in a dish listed on the menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rely on menus to decide what I can eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to see separate menus for people with particular food intolerance or allergies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to know from the menu how the food is cooked not just what is in it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is reasonable to expect that there are separate menus to help people avoid particular allergens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### GQ4. Using Signs and Symbols

Please choose the appropriate response for each item:

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not applicable
I like it when there is a sign up that says that they welcome customers with allergies and intolerances asking about dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symbols on the menu are not a reliable guide to making food choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like it when it says in the menu that they welcome customers with allergens and intolerances asking about dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like there to be symbols on the menu that make it clear which allergens are present in the dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Adults Part H

Earlier in the survey, you told us about some of the resources that you use to help you manage your food allergy, food intolerance, or coeliac disease. In this section, we would like to know more about these resources, their availability, and how they help you in avoiding food allergens and managing your diet in your everyday life.

HQ1i. You told us that you are a member of a charity or support group relating to your food allergy/intolerance.

Please choose the appropriate response for each item:

Not at all	Rarely	Sometimes	Frequently	Very frequently
------------	--------	-----------	------------	-----------------

	Not at all	Rarely	Sometimes	Frequently	Very frequently
<b>I attend face-to-face meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I contribute to online forums/discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I read, but do not contribute to, online forums/discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I receive regular mailings and updates online</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I receive regular mailings and updates by post</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I contact a telephone helpline</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HQ1i (b). How long have you been a member of this charity or support group?**

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**HR1i (c). Do you pay a fee or make a regular donation relating to your membership of this charity or support group?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**HR1(d). Are you a member of:**

**Please choose all that apply**

Please choose **all** that apply:

- ☐ Allergy UK
- ☐ Coeliac UK



- ☐ Anaphylaxis Campaign
- ☐ Other (please specify)

**HR1d. You answered 'Other', please specify**

Please write your answer here:

**HQ1ii. Membership of a charity or support group relating to food allergy or intolerance would do/does the following:**

Please choose the appropriate response for each item:

	<b>Strongly disagree</b>	<b>Slightly disagree</b>	<b>Neither agree nor disagree</b>	<b>Slightly agree</b>	<b>Strongly agree</b>
<b>Provides me with information and guidance that would help me to manage my adverse food reactions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Keeps me up-to-date with issues surrounding food allergy/intolerance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Provides me with too much information about adverse reactions to food</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Conveys a negative picture of having an allergy/food intolerance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Allows me to communicate with other people in similar situations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reduces my concerns about managing my adverse food reaction</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Provides easy 24 hours a day access</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
to online information about my allergy/intolerance					
Helps me realise that others face the same challenges managing their allergy/intolerance as I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives me the opportunity to help others in the same situation as me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides me with different perspectives about my allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides me with emotional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives me the confidence to be clear with other people about my allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes me worry more about the consequences of having an allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HQ2i. We are interested in learning about your use of social media, and how this might relate to your food allergy/intolerance.

Which social media platforms do you use in relation to your food allergy/intolerance?

Please choose **all** that apply:

- ☐ Facebook
- ☐ Twitter

- ☐ Instagram
- ☐ Pinterest
- ☐ Snapchat
- ☐ Support forums (e.g., food allergy/intolerance charity or organisation forums)
- ☐ Comments forums (e.g., comments platforms on news websites, chat rooms)
- ☐ I don't use social media in relation to my food allergy/intolerance
- ☐ Other (please specify):

**HQ2ii. How much do you agree or disagree with each of the following statements about your social media use? These statements refer to your use of social media as a whole, not just your use of specific platforms. (If you don't use social media in relation to your food allergy/intolerance, please select 'N/A')**

**For reasons relating to my food allergy/intolerance:**

Please choose the appropriate response for each item:

	Not applicable	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
Using social media is part of my everyday activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using social media has become part of my daily routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel out of touch with issues when I haven't logged onto social media for a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If social media platforms were not available, I would really miss them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HQ2 (iii) In the past week roughly how much time EACH DAY have you spent actively using social media in relation to your food allergy/intolerance?**

Please choose **only one** of the following:

- ☐ less than 1 hour

- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ more than 4 hours

**HQ2(iv). How much do you feel that each of the following statements fits with your motivations for using social media in relation to your food allergy/intolerance? (If you don't use social media in relation to this, please select 'N/A')**

**I use social media in relation to my food allergy/intolerance:**

Please choose the appropriate response for each item:

[illegible]

	Not applicable	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
allergic/intolerant people						
To talk about my food allergy/intolerance with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HQ3. Now think about ALL your day-to-day social contacts: people with whom you have frequent contact and are likely to socialise with regularly (*including your family, friends and/or colleagues*).

How ‘true’ is each of the following statements in relation to at least one or more of these social contacts?

Please choose the appropriate response for each item:

	Definitely false	Probably false	Probably true	Definitely true
Are available for me to call on for help if I experience an adverse food reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make friendly jokes about my adverse food reactions (They don’t understand how severe food allergy/intolerance can be)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry too much about my adverse food reactions (This can limit my food choices when I’m in their company)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that I feel included in social events by checking that my food allergy/intolerance will be catered for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Definitely false	Probably false	Probably true	Definitely true
Offer me advice and support relating to my adverse food reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not understand the importance of my avoiding certain food allergens. (I have to be careful when I socialise with them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HQ4. We're interested in how you cope with stressful situations in your day-to-day life (By stressful, we mean any situation that is difficult or troubling for you)**

**Now think about a stressful situation that you've experienced recently. How did you attempt to deal with it? (It doesn't matter whether your attempts were successful or not, just that you used the method to try and deal with it)**

Please choose the appropriate response for each item:

	I didn't do this at all	I did this a little bit	I did this a medium amount	I did this a lot
I concentrated my efforts on doing something about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I turned to work or other activities to take my mind off things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got emotional support from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to come up with a strategy about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got help and advice from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I didn't do this at all	I did this a little bit	I did this a medium amount	I did this a lot
other people.				
I did something to think about it less, such watching TV, <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reading, sleeping, or shopping.				
I thought hard about what steps <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
to take.				
I got comfort and <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
understanding from someone.				
I took action to try to make the <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
situation better.				
I tried to get advice or help <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
from other people about what to do.				

**HQ5. Please indicate the degree to which you agree or disagree with this statement: 'I have a strong need to belong'**

Please choose **only one** of the following:

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Neither agree nor disagree,
- ☐ Moderately agree
- ☐ Strongly agree

## Adults Part I

**IQ1(i) Have you recently (summer 2016) taken part in a face-to-face interview as part of the 'Food allergy and intolerance' project?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**IQ1ii Please tell us your participant code from the interview (you will find your participant code in the email that we sent to you inviting you to take part in this survey)**

Please write your answer(s) here:

- Letter
- Number

**IQ1iii. Where do you currently live?**

Please choose **only one** of the following:

- ☐ East Midlands
- ☐ East of England
- ☐ London
- ☐ North East
- ☐ North West
- ☐ N Ireland
- ☐ Scotland
- ☐ South East
- ☐ South West
- ☐ Wales
- ☐ West Midlands
- ☐ Yorkshire & Humber

**IQ2. How long have you been a resident of the UK?**

Please choose **only one** of the following:

- ☐ 0 - 3 years
- ☐ 4 - 6 years
- ☐ 7 - 9 years
- ☐ 10+ years

**IQ3. How would you describe your ethnicity?**

Please choose **only one** of the following:

- ☐ African
- ☐ American/Canadian
- ☐ Asian - Bangladesh
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Sri Lankan
- ☐ British Asian
- ☐ Caribbean
- ☐ Chinese
- ☐ Mixed White & Asian



- ☐ Mixed White & Black African
- ☐ Mixed White & Black Caribbean
- ☐ Other Asian Background
- ☐ Other Black Background
- ☐ Other Ethnic Background
- ☐ Other Ethnic Group
- ☐ Other Mixed background
- ☐ Other White background
- ☐ White British
- ☐ White Irish

**IQ4. What is your current marital status?**

Please choose **only one** of the following:

- ☐ Cohabiting
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

**IQ5. Please enter your age**

Please write your answer here:

•

**IQ6. Are you male or female?**

Please choose **only one** of the following:

- ☐ Male
- ☐ Female

**IQ7. What level of education did you complete?**

Please choose the appropriate response for each item:

	Yes	No
Have you completed primary education	<input type="radio"/>	<input type="radio"/>
Have you completed secondary education	<input type="radio"/>	<input type="radio"/>
Have you been	<input type="radio"/>	<input type="radio"/>

	Yes	No
awarded a commercial or technical education diploma		
Have you been awarded a university degree	<input type="radio"/>	<input type="radio"/>

**IQ8. Which of the categories best describes your current working status?**

Please choose **only one** of the following:

- ☐ Not applicable
- ☐ Employed - part-time
- ☐ Employed - full-time
- ☐ Self employed with employees
- ☐ Self-employed without employees
- ☐ Unemployed and seeking work
- ☐ Unemployed and not seeking work
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ On disability allowance
- ☐ Other

**IQ9a. If you are in paid employment approximately how many hours do you work per week?**

Please write your answer here:

•

**IQ9b. Which of these phrases would you say comes closest to your feelings about your household's income these days?**

Please choose **only one** of the following:

- ☐ Living really comfortably on present income
- ☐ Living comfortably on present income
- ☐ Neither comfortable nor struggling on present income
- ☐ Struggling on present income
- ☐ Really struggling on present income
- ☐ Other

**IQ9b. You answered 'Other', please specify.**

Please write your answer here:

**IQ10i. If you are an employee please state how many people work for your employer at your place of work?**

Please choose **only one** of the following:

- ☐ 1 to 24
- ☐ 25 or more

**IQ10ii. If you are self-employed, please state how many people you employ?**

Please choose **only one** of the following:

- ☐ 1 to 24
- ☐ 25 or more

**IQ10iii. Do you supervise any other employees?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**IQ11. Please select the statement that best describes the work you do. If you are not currently working, please select an option that best describes what you did in your last job.**

Please choose **only one** of the following:

- ☐ Modern professional occupation (e.g., teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer, software designer)
- ☐ Clerical and intermediate occupation (e.g., secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse)
- ☐ Senior manager or administrator (responsible for planning, organising and co-ordinating work, and for finance, e.g., finance manager, chief executive)
- ☐ Technical/craft occupation (e.g., motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver)
- ☐ Semi-routine manual/service occupation (e.g., postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant)
- ☐ Routine manual and service occupation (e.g., HGV driver, van driver, cleaner, porter, packer, sewing machinist, labourer, waiter/waitress)
- ☐ Middle/junior manager (e.g., office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican)
- ☐ Traditional professional occupation (e.g., accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer)
- ☐ Student
- ☐ No previous employment

**Thank you very much for your participation. We are very grateful for your time and the effort involved with completing this survey**

# Follow Up Research

## Taking part in follow up research

**PCQ1. This study is being funded by the Food Standards Agency (FSA), a central government department. Would you be willing for us (the research team at the University of Bath, conducting this study on behalf of the FSA), to re-contact you to invite you to take part in follow up research in the future? There would be no obligation for you to take part.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ2. In order to carry out future research, your contact details may be linked to the answers you have given in this survey. Would you be willing for this information to be passed onto/retained by us (the research team at the University of Bath conducting this study on behalf of the FSA)?**

(We would only use you contact details and survey information for legitimate research on behalf of the Agency, your data would never be passed to anyone else or used for commercial purposes)

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## Please enter the following details

- Name
- Address
- Email Address
- Landline Phone Number
- Mobile Number

## Taking part in *other* FSA research on food allergies and/or intolerance

**The FSA carries out a range of important work in the area of food allergies and/or intolerance. In the future, the FSA, or an organisation working on their behalf, may wish to use your information for other important research on this topic. Please read the statements below and select a response. Your participation is entirely voluntary.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ4. Would you be willing for the FSA, or an organisation acting on their behalf, to re-contact you to invite you to take part in future research on this subject? There would be no obligation for you to take part.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ5. Would you be willing for this information to be passed onto the FSA or an organisation acting on their behalf? (We would only pass your contact details and information onto the FSA or another research company doing legitimate research on behalf of the Agency; your data would never be passed to anyone else or used for commercial purposes.)**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Please enter the following details**

- Name
- Address
- Email Address
- Landline Phone Number
- Mobile Phone Number

Submit your survey.

Thank you for completing this survey.

## Annex 11: Post legislation Parents questionnaire

### Parent Screening

**SQ1. Do you ever suffer from adverse reactions after eating certain foods? \***

Please choose **only one** of the following:

- ☐ Yes, I do
- ☐ No I don't

**SQ2. Do you have one or more children under 18 that suffer from adverse reactions after eating certain foods? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**SQ2b. Does the child/children live with you for at least 3 days per week? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**SQ3. Does your child/children avoid particular foods because of the reaction they might cause? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**SQ4i. To which of the following foods does your child/children experience an adverse reaction: \***

Please choose **all** that apply:

- ☐ Peanuts
- ☐ Other nuts such as brazil nuts, hazelnuts, walnuts and pecans
- ☐ Cow's milk, butter, cheese or other products made with cow's milk
- ☐ Cereals containing gluten - wheat, rye, barley, oats
- ☐ Eggs

- ☐ Fish
- ☐ Crustaceans (e.g. prawns, lobster, crabs and crayfish)
- ☐ Molluscs (e.g. clams, mussels, whelks, oysters, snails and squid)
- ☐ Soya
- ☐ Celery
- ☐ Mustard
- ☐ Lupin
- ☐ Sesame
- ☐ Sulphur dioxide
- ☐ None of the above

**SQ4ii. Does your child/children experience an adverse reaction to any foods not named in the previous question? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**SQ4iii Which other foods does your child/children experience an adverse reaction?**

Please write your answer here:

**SQ5. Does your child/children that has an adverse reaction to food ever eat out (or eat a take-away) from a restaurant, café, coffee shop, fast food outlet, or other place where you can buy food? \***

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

## **Parent Introduction to the Study (New)**

Thank you for completing Stage 1. You are eligible for Stage 2 – the survey. Please read the following information carefully before deciding whether to participate in Stage 2

### **Purpose of the survey:**

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/ or intolerances when eating out, for which this survey is one, important part. The survey was initially run in autumn 2014, before the legislation came into force. Now that the legislation has been in place for 18 months, the current survey aims to assess the

potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

### **Who is conducting this study?**

The study is being conducted by the University of Bath, on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

### **Why have I been asked to take part in the survey?**

You have been asked to take part because you indicated at Stage 1 that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to.

Around 84 people aged 18 or over who are parents/carers of a child with a food allergy/intolerance, will participate in this survey

### **What will the survey involve?**

The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

### **Do I have to take part?**

Your participation is voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without their being any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide (at Stages 1 and 2) will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.



### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this questionnaire or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address- [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose **only one** of the following:

- ☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey
- ☐ I do not wish to take part in the survey

## **Parent Introduction to the Study (Returning)**

**Please read the following information carefully before deciding whether to participate.**

As we hope you will remember, in autumn 2014 you completed a survey or a face-to-face interview telling us about your preferences and experiences when eating out with your food allergic and/or food intolerant child. As part of this process, you kindly agreed that we could contact you again to see how these eating out preferences and experiences might have changed over time.

**Purpose of the survey:**

New food information laws came into force in December 2014. They require food businesses to inform their customers if one or more of 14 major allergens (a food that causes reactions in some people) are in the food they provide. The Food Standards Agency (FSA) is supporting implementation. To help with this, the FSA commissioned a piece of research to understand the preferences of those with food allergies and/or intolerances when eating out, for which this survey is one, important part. As you know, the survey was initially run before the legislation came into force. Now that the legislation has been in place for 18 months, the current survey aims to assess the potential impact of these changes on the eating out preferences of those with food allergies and/or intolerances.

The results will help the FSA to ensure that helpful advice, guidance and tools continue to be developed and made available – both for consumers and food businesses – so that food choices can be made with confidence by those that have adverse reactions to food.

**Who is conducting this study?**

The study is being conducted by the University of Bath, on behalf of the Food Standards Agency. As the FSA is funding the study, all of the information that is collected for this purpose will be owned by them.

**Why have I been asked to take part in the survey?**

You have been asked to take part because you indicated in the 2014 survey or interview that you have a child that has had adverse reactions to at least one of the 14 allergens that the new legislation applies to, and that you would be interested in taking part in a follow-up survey or interview.

Around 266 people aged 18 or over who are parents/carers of a child with a food allergy/intolerance, will participate in this survey.

**What will the survey involve?**

The survey will involve completing a 20 minute online questionnaire in several short parts. It will ask you about (a) your child's adverse reactions to food (b) quality of life (c) living with adverse reactions to food (d) eating outside the home (e) current eating out practices (f) satisfaction with the information you are provided with when you eat out (g) preferences for information provision (h) management of your adverse reactions to food and (i) some final demographic information about you. Please be reminded that the questions are for you to complete, and should not be completed by your child, or any other member of your household.

**Do I have to take part?**

Your participation is voluntary. You do not have to answer anything that you don't want to and you are free to withdraw from the survey at any point without giving any reasons and without their being

any negative consequences. We would like to encourage you to take part as your views and experiences are really valuable to us.

### **What will happen to the answers I give?**

The answers you provide will be used in the form of figures, presentations and reports, including a report for the FSA, which will be published on their website. An anonymised copy of the survey results will be available in the UK Data Archive.

### **Is the information I give confidential?**

It is entirely confidential:

Your personal details (such as your name and email address) will be stored securely by us (the Universities), and/or will be stored securely by Acumen (who we are working with) on a UK based system, and will be kept separately from your answers. We will not pass your details to anybody without your permission and will delete your contact details upon completion of the study unless you specifically agree otherwise. All data will be treated in accordance with the DPA 1998. No individual will be identifiable from the results. Your answers will be combined with others who take part in the survey.

### **What if there is a problem or if I have any questions?**

If you have any questions or concerns regarding this questionnaire or the project in general, please feel free to contact us by emailing: Dr Fiona Begen at the following address- [f.m.begen@bath.ac.uk](mailto:f.m.begen@bath.ac.uk) or by telephoning Prof Julie Barnett at 01225 383167 between 09.00-17.00, Monday to Friday.

If you would like to talk to the Food Standards Agency, please contact Ned Mazhar on tel: 0207 276 8553, email: [nader.mazhar@foodstandards.gsi.gov.uk](mailto:nader.mazhar@foodstandards.gsi.gov.uk)

### **Your consent**

Please read the statement below and select the box if you would like to take part in Stage 2 – the survey \*

Please choose **only one** of the following:

- ☐ I have read and fully understand the information above and I understand the reasons for my information being gathered, the type of information requested including details of any adverse reactions to food, what my information will be used for, and who it could be disclosed too and I am happy and wish to take part in the survey
- ☐ I do not wish to take part in the survey

## Parent Part A

**AQ1. How many children under the age of 18 do you have? \***

Please choose **only one** of the following:

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

**AQ1i. How many of your children under the age of 18 experience an adverse reaction to food? \***

Please choose **only one** of the following:

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

**AQ1ii Please tell us the AGE of the child who experiences adverse reactions to food. If you have more than one child who experiences adverse reactions, please tell us the age of the child who experiences the MOST SEVERE reaction to foods: \***

Please write your answer here:

•

**AQ1iii Please tell us the GENDER of the child who experiences adverse reactions to food. If you have more than one child who experiences adverse reactions, please tell us the gender of the child who experiences the MOST SEVERE reaction to foods:**

Please choose **only one** of the following:

- ☐ Male
- ☐ Female

**Please answer the following questions in relation to your child that has adverse reactions to food. If you have more than one child with adverse reactions to food answer the questions in relation to the child that has the most severe reactions.**

**AQ2i. How would you describe your child's adverse reaction to food?**

Please choose **all** that apply:

- ☐ Food Allergy
- ☐ Food intolerance

- ☐ Coeliac Disease
- ☐ Non-coeliac gluten sensitivity
- ☐ Gluten intolerance
- ☐ Lactose intolerance
- ☐ Cow's milk intolerance
- ☐ Irritable Bowel Syndrome
- ☐ Food Protein-Induced Enterocolitis Syndrome (FPIES)
- ☐ Other

**AQ2i. You answered 'Other', please specify.**

Please write your answer here:

**AQ2ii. When your child has an adverse reaction to food which of the following symptoms does he/she experience? \***

Please choose **all** that apply:

- ☐ Stinging nettle' rash, urticaria, hives
- ☐ Itching or swelling of the lips, tongue or mouth
- ☐ Asthma, wheezing
- ☐ Facial swelling
- ☐ Breathing difficulties
- ☐ Anaphylactic shock, collapse
- ☐ Vomiting
- ☐ Diarrhoea
- ☐ Sneezing
- ☐ Catarrh
- ☐ Hyperactivity
- ☐ Tiredness
- ☐ Stomach cramps
- ☐ Other digestive problems (e.g., bloating, constipation)
- ☐ Eczema flare
- ☐ Migraines/headaches
- ☐ Aching joints/muscles
- ☐ Behavioural/mood changes
- ☐ Other

**AQ2ii You answered 'Other', please specify.**

Please write your answer here:

**AQ2iii. Generally, how soon after your child eats the food does he/she get an adverse reaction? (Please select the option that best applies)**

Please choose **only one** of the following:

- ☐ Immediately

- ☐ Within 1 hour but not immediately
- ☐ 1 to 24 hours later
- ☐ After 24 hours

**AQ2iv. How regularly does the reaction occur after your child eats the food?**

Please choose **only one** of the following:

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**AQ2iv (b) When did your child last have a reaction after consumption of this food?**

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**AQ2iv (c) When did your child have his/her most severe reaction after consumption of this food?**

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**AQ2v. How have you arrived at a diagnosis for your child's condition?**

Please choose **only one** of the following:

- ☐ He/she was formally diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital etc.)
- ☐ He/she was diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service)
- ☐ I have diagnosed my child based on the foods which cause him/her problems
- ☐ Other (please give details)

**AQ2va. You answered 'Other', please specify.**

Please write your answer here:

**AQ2vb How old was your child when this diagnosis was reached? If you are uncertain of the exact age please provide your best estimate.**

Please write your answer here:

- 

**AQ2vi. What tests were used as part of your child's diagnosis?**

Please choose **all** that apply:

- ☐ Skin prick test
- ☐ Blood test (also called: RAST test, Cap RAST or ImmunoCap)
- ☐ Oral challenge
- ☐ Elimination diet
- ☐ Other (please give details)
- ☐ None
- ☐ Don't know

**AQ2vi. You answered 'Other', please specify.**

Please write your answer here:

**AQ2vii. Has your child been provided with any of the following types of advice or treatment to help deal with this adverse reaction to food?**

Please choose **all** that apply:

- ☐ Inhaler
- ☐ Antihistamines
- ☐ Injectable Adrenaline (e.g., EpiPen/AnaPen/Jext/Emerade)
- ☐ Special Diet
- ☐ Food/Product Avoidance
- ☐ Other

**AQ2viib. You answered 'Other', please specify.**

Please write your answer here:

**AQ2viii How often do you 'take a chance' and allow your child to consume foods that you know might cause him/her to have an adverse reaction? (This does not include accidental consumption of foods that you thought were completely safe for your child to eat)**

Please choose **only one** of the following:

- ☐ Never- I strictly avoid these foods

- ☐ Occasionally- Once or twice a year
- ☐ Sometimes- Once a month
- ☐ Often- Once a week
- ☐ Very often- Every few days

**AQ2viii. How old was your child when he/she first started to have adverse reactions to food? If you are uncertain of the exact age please provide your best estimate.**

Please write your answer here:

•

**AQ2x. How old was your child when you first started ensuring that they avoided the food(s) to which they have an adverse reaction? If you are uncertain of the exact age please provide your best estimate.**

Please write your answer here:

•

## **Parent Part B**

**The following questions relate to you and your child's experience and their quality of life with respect to their adverse reactions to food.**

**They also deal with your child's beliefs about possible outcomes of these reactions and managing life with a food allergy.**

**Please answer the questions below, marking the boxes with the answer which you most fits how you feel or think.**

**B1Q1a. If your child was prescribed with injectable adrenaline, when was this?**

Please choose **only one** of the following:

- ☐ Very recently
- ☐ 6 to 12 months ago
- ☐ Approximately 1 yr ago
- ☐ Approximately 2yrs ago
- ☐ More than 2 years ago

**B1Q1b. Does the prescription of an auto-injector cause?**

Please choose the appropriate response for each item:

<b>Reassurance or comfort for you?</b>	<b>Reassurance or comfort for your child?</b>	<b>Anxiety or concern for you?</b>	<b>Anxiety or concern for your child?</b>
--	---	--	---







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

Please choose the appropriate response for each item:

**Receive more attention than other children of his/her age**

**Be more responsible than other children of his/her age**

○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ ○

Please choose the appropriate response for each item:

**Restaurants he/she  
can safely go to**

**Holiday destinations he/she can safely go to**

☐ ☐ ☐ ☐ ☐ ☐ ☐

○ ○ ○ ○ ○ ○ ○





will accidentally eat something to which he/she are intolerant?

Never (0% chance) 0      Very small chance 1      Small chance 2      Fair chance 3      Great chance 4      Very great chance 5      Certain it will happen (100% chance) 6

○ ○ ○ ○ ○ ○ ○

[illegible]

[illegible]



**places), than other children of his/her age.**

Please choose the appropriate response for each item:

**The variety of  
restaurants he/she  
can safely go to**

**Holiday destinations he/she can safely go to**

**Social activities in other people's houses that may involve food ( e.g. sleepovers, parties, playtime)**

**Preschool/school events involving food (e.g. class parties/ treats/ lunchtime)**

Please choose the appropriate response for each item:

**Frustrated that  
he/she must be  
cautious around  
food**

**‘Left out’ in activities involving food (unless own**



	Not at all 0	A little bit 1	Slightly 2	Moderately 3	Quite a bit 4	Very much 5	Extremely 6
embarrassed by the symptoms of intolerance in social situations							
That many people do not understand the needs of people with food intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By the quality and clarity of 'labelling' in general (e.g. in restaurant menus, on food products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Parent Part C

Thank you for your participation thus far.

In this section, we are interested in finding out more about the impact adverse food reactions have on you and your child's daily life, and what supports are available to you.

**CQ1. On average, how many days of pre-school/school/college does your child miss per month because of his/her adverse food reaction?**

Please choose **only one** of the following:

- ☐ 1-3 days per month
- ☐ More than 3 days per month
- ☐ My child has not missed any days because of his/her food problems.
- ☐ Not applicable

**CQ2. On average, how many days of work do you miss per month because of your child's adverse reaction to food?**

Please choose **only one** of the following:

- ☐ 1-3 days per month
- ☐ More than 3 days per month
- ☐ I have not missed any days because of my child's food problems.
- ☐ Not applicable

**CQ3. How often does your child meet another child with the similar adverse reactions to food?**

Please choose **only one** of the following:

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

**CQ4. In the last year have you consulted a charity or support group related to your child's adverse food reaction by phone or email, or through their website?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**CQ5. Are you a member of a charity or support group related to your child's adverse reaction to food?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**CQ6. Do you receive information/support from any of the following sources relating to your child's adverse reaction to food?**

Please choose **all** that apply:

- ☐ Support group
- ☐ Hospital doctor/nurse
- ☐ General Practitioner
- ☐ Dietician
- ☐ Internet
- ☐ Other

**CQ6i. In the previous question about where you receive information/support relating to your child's adverse reaction to food, you answered 'Other', please specify.**

Please write your answer here:

**CQ7. How often do you access information /support relating to your child's adverse reaction to food?**

Please choose **only one** of the following:

- ☐ Never
- ☐ Rarely
- ☐ Sometimes

- ☐ Often

**CQ8. Do you consider that avoidance of foods is more challenging and/or distressing for you/your family because of your cultural background? Please select which option best applies to you/ your family and your child.**

Please choose the appropriate response for each item:

	<b>You/Your Family</b>	<b>Your Child</b>
<b>Not at all</b>	<input type="radio"/>	<input type="radio"/>
<b>Somewhat</b>	<input type="radio"/>	<input type="radio"/>
<b>Quite a bit</b>	<input type="radio"/>	<input type="radio"/>
<b>Very much</b>	<input type="radio"/>	<input type="radio"/>

**CQ9a. How would you describe your child's physical health?**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ9b. How would you describe your child's emotional wellbeing?**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ9c. How would you describe your child's quality of life (general well-being and satisfaction with life)**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ10a. How would you describe your physical health?**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ10b. How would you describe your emotional wellbeing?**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ10c. How would you describe your quality of life (general well-being and satisfaction with life)**

Please choose **only one** of the following:

- ☐ Very Good
- ☐ Good
- ☐ Fairly Good
- ☐ Not so good
- ☐ Poor

**CQ11a. What level of stress does your child's adverse food reactions cause you?**

Please choose **only one** of the following:

- ☐ None at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

**CQ11b. What level of stress does your child's adverse food reactions cause your Partner (if relevant)?**

Please choose **only one** of the following:

- ☐ N/A
- ☐ None at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

**CQ11c. What level of stress does your child's adverse food reactions cause your Family/Your Close Friends?**

Please choose **only one** of the following:

- ☐ None at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ A lot

**CQ12. How much has your child's adverse food reactions limited the type of activities:**

Please choose the appropriate response for each item:

	You can do as a family?	Your child can take part in?
None at all	<input type="radio"/>	<input type="radio"/>
A little bit	<input type="radio"/>	<input type="radio"/>
Some	<input type="radio"/>	<input type="radio"/>
Quite a bit	<input type="radio"/>	<input type="radio"/>
A lot	<input type="radio"/>	<input type="radio"/>

## Parent Part D

Eating out generally means places where you pay for food like restaurants, coffee shops, takeaways, fast food outlets etc. It does not include eating at the houses of family or friends.

It could also mean food that is provided in institutional settings like hospitals or nursing homes, or nurseries. Generally eating at these places means eating non pre packed foods - where there are no labels or ingredients lists on packets.

**DQ1. Thinking back over the last year, how often has your child consumed food at the following places - either eating in or taking away the food?**

Please choose the appropriate response for each item:

	Never- due to food allergy/ intoleranc e	Never eat here: due to anothe r reason	Rarely : Only 1-2 times a year	Occasionally : Once every 2-3 months	Regularly : several times a month
Indian/Chinese/Thai/Mexican/Italian food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pubs and bars/fish and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never- due to food allergy/ intolerance	Never eat here: due to another reason	Rarely : Only 1-2 times a year	Occasionally : Once every 2-3 months	Regularly : several times a month
chips/chicken or burger joint/British food (non- pubs)					
Convenience/ corner shop food/ petrol station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deli counter/ self-service salad bar in a supermarket /bakery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bought in a Café	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street food, bought at stalls at events (i.e. stadiums, festivals, concerts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canteen/ work cafeteria food/ hospital food/ airline food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each type of food, please select the box that matches how frequently they eat it:

Please include any other types of places you eat as an 'Other' and indicate how often you eat there. if you do not have an 'Other' option, select 'Never eat here: due to another reason'.

**DQ1i. In the previous question you answered 'Other', please specify.**

Please write your answer here:

**DQ2. In general, how important is eating out/getting take away to your child's quality of life?**

Please choose **only one** of the following:

- ☐ Very Important
- ☐ Important
- ☐ Somewhat important
- ☐ Hardly important at all
- ☐ Very unimportant

**DQ3. Now, taking into account your child's adverse reactions to food, how enjoyable is eating out/ getting take away for your child?**

Please choose **only one** of the following:

- ☐ Very Enjoyable
- ☐ Enjoyable



- ☐ Somewhat enjoyable
- ☐ Hardly enjoyable at all
- ☐ Very unenjoyable

**DQ4. Now, taking into account your child's adverse reactions to food, how safe is eating out/ getting take away for your child?**

Please choose **only one** of the following:

- ☐ Very Safe
- ☐ Safe
- ☐ Somewhat safe
- ☐ Hardly safe at all
- ☐ Very unsafe

## Parent Part E

**We are interested in your experience of managing your child's adverse reactions to food when you are eating out.**

**When you are completing the following questions please think about the places where you eat out with your child.**

**EQ1i. How much of a role do you have in making decisions about where you eat out with your child?**

**In general:**

Please choose the appropriate response for each item:

Never 0	Very rarely 1	Rarely 2	Fairly often 3	Often 4	Very often 5	Always 6	Not applicable 7
------------	---------------------	-------------	----------------------	------------	--------------------	-------------	------------------------

**When eating out  
with my child,  
we tend to eat in  
places we know  
well**

**When we are eating out I tend to pick foods for my child that they have had before**

**I try and eat out at new places whenever possible with my child**

**I like to try lots of different restaurants with my child**

**Before going out to eat or get take away food:**

Never 0	Very rarely 1	Rarely 2	Fairly often 3	Often 4	Very often 5	Always 6	Not applicable 7
------------	---------------------	-------------	----------------------	------------	--------------------	-------------	------------------------

[illegible]



## Parent Part F

**If you don't know if a particular source of information is generally available please mark "don't know" If a source of information is not relevant to you or you believe that the source is generally not provided at all then please mark "not applicable".**

Please choose the appropriate response for each item:

	Very	Slightly	Neither	Slightly	Very	Don't	Not
	satisfied	satisfied	satisfied	dissatisfied	dissatisfied	know	applicable
			nor				
			dissatisfied				
Menu							
information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
online							

	Very satisfied	Slightly satisfied	Neither satisfied nor dissatisfied	Slightly dissatisfied	Very dissatisfied	Don't know	Not applicable
The menu displayed outside the place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu displayed at the counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The serving staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counter staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff you speak to on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff preparing or cooking the food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information folder about ingredients of foods being served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FQ2. Information that is provided

Please choose the appropriate response for each item<sup>5</sup>:

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not applicable
Places where I eat out with my child provide enough information about allergens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takeaways provide enough information about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<sup>5</sup> FQ2 items reverse coded before merging Adults and Parents datasets

[illegible]

### FQ3. Confidence in communication

Please choose the appropriate response for each item<sup>6</sup>:

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not applicable
I feel confident asking about allergens on my child's behalf when we eat out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sure that the information staff give us about allergens is reliable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child and I enjoy eating out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel confident trying new places to eat with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am okay with my child trying new dishes to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FQ4. Please look at the following information sources and indicate which you think are the three most reliable sources of information to help make you make confident decisions about what your child can eat when you are eating out together. Number them 1-3 with 1 being the most reliable, 2 being the second most reliable, and 3 as the third most reliable.**

Please number each box in order of preference from 1 to 8

- 
- Website with ingredients of all dishes
- 
- Printed menu
- 

---

<sup>6</sup> FQ3 items reverse coded before merging Adults and Parents datasets

Email response to your query

- 

Conversation with serving staff

- 

Conversation with chef

- 

Conversation with the manager

- 

Information on blackboard menu

- 

The advice of support groups

**FQ4i. Now select the source you think is LEAST reliable**

Please choose **only one** of the following:

- ☐ Website with ingredients of all dishes
- ☐ Printed menu
- ☐ Email response to your query
- ☐ Conversation with serving staff
- ☐ Conversation with chef
- ☐ Conversation with the manager
- ☐ Information on blackboard menu
- ☐ The advice of support groups

## Parent Part G

**We would like to know more about the ways that you would like to get information when you are eating out with your child.**

**Please mark each of the following statements to reflect how much you agree/ disagree with the statement.**

**GQ1. Ingredients List information:**

Please choose the appropriate response for each item:





### GQ3. Allergen Menu:

**Not applicable**

## Parent Part H

Earlier in the survey, you told us about some of the resources that you use to help you manage your child's food allergy, food intolerance, or coeliac disease. In this section, we would like to know more about these resources, their availability, and how they help you in ensuring that your child avoids food allergens and manages their diet in his/her everyday life.

**HQ1i.** You told us that you are a member of a charity or support group relating to your child's food allergy/intolerance.

Please choose the appropriate response for each item:

	Not at all	Rarely	Sometimes	Frequently	Very frequently
<b>I attend face-to-face meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I contribute to online forums/discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I read, but do not contribute to, online forums/discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I receive regular mailings and updates online</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I receive regular mailings and updates by post</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I contact a telephone helpline</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HQ1ib** How long have you been a member of this charity or support group?

Please choose **only one** of the following:

- ☐ Less than 6 months ago
- ☐ Between 6 months and a year ago
- ☐ Between 1 and 3 years ago
- ☐ Between 3 and 5 years ago
- ☐ Over 5 years ago

**HR1ic** Do you pay a fee or make a regular donation relating to your membership of this charity or support group?

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**HR1(d). Are you a member of:**

Please choose **all** that apply:

- ☐ Allergy UK
- ☐ Coeliac UK
- ☐ Anaphylaxis Campaign
- ☐ Other (please specify)

**HR1(d). You answered 'Other', please specify**

Please write your answer here:

**HQ1ii. Membership of a charity or support group relating to food allergy or intolerance would do/does the following:**

Please choose the appropriate response for each item:

	<b>Strongly disagree</b>	<b>Slightly disagree</b>	<b>Neither agree nor disagree</b>	<b>Slightly agree</b>	<b>Strongly agree</b>
<b>Provides me with information and guidance that would help me to manage my child's adverse food reactions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Keeps me up-to-date with issues surrounding food allergy/intolerance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Provides me with too much information about adverse reactions to food</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Conveys a negative picture of having an allergy/food intolerance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Allows me to communicate with</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
other people in similar situations					
Reduces my concerns about managing my child's adverse food reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides easy 24 hours a day access to online information about my child's allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps me realise that others face the same challenges managing their child's allergy/intolerance as I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives me the opportunity to help others in the same situation as me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides me with different perspectives about my child's allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides me with emotional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gives me the confidence to be clear with other people about my child's allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes me worry more about the consequences of my child having an allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your use of social media

**We are interested in learning about your use of social media, and how this might relate to your child's food allergy/intolerance.**

**HQ2i. Which social media platforms do you use in relation to your child's food allergy/intolerance?**

Please choose **all** that apply:

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Pinterest
- ☐ Snapchat
- ☐ Support forums (e.g., food allergy/intolerance charity or organisation forums)
- ☐ Comments forums (e.g., comments platforms on news websites, chat rooms)
- ☐ I don't use social media in relation to my food allergy/intolerance
- ☐ Other:

## HQ2ii. Your use of social media

**How much do you agree or disagree with each of the following statements about your social media use? These statements refer to your use of social media as a whole, not just your use of specific platforms. (If you don't use social media in relation to your child's food allergy/intolerance, please select 'N/A')**

**For reasons relating to my child's food allergy/intolerance:**

Please choose the appropriate response for each item:

[illegible]

[illegible]



	Not applicable	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree
information relating to food allergy/intolerance						
To present myself to others as carer of a child with food allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To connect with other users that are concerned with food allergy/intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get support from other people who are carers of children with food allergies/intolerances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To feel like I belong to a community of carers of children with food allergies/intolerances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To talk about my child's food allergy/intolerance with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### HQ3. Your day-to-day social resources

Think about your day-to-day social contacts: people with whom you have frequent contact and are likely to socialise with regularly (including your family, friends and/or colleagues).

How 'true' is each of the following statements in relation to at least one or more of these social contacts?

Please choose the appropriate response for each item:

	Definitely false	Probably false	Probably true	Definitely true
Are available for me to call on for help if my child experiences an adverse food reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Definitely false	Probably false	Probably true	Definitely true
jokes about my child's adverse food reactions (They don't understand how severe food allergy/intolerance can be)				
Worry too much about my child's adverse food reactions (This can limit my child's food choices when he/she is in their company)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that my child feels included in social events by checking that his/her food allergy/intolerance will be catered for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer me advice and support relating to my child's adverse food reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not understand the importance of my child avoiding certain food allergens. (I have to be careful when my child socialises with them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### HQ4. Coping with stressful situations in day-to-day life

We're interested in how you cope with stressful situations in your day-to-day life (By stressful, we mean any situation that is difficult or troubling for you) Now think about a stressful situation that you've experienced recently. How did you attempt to deal with it?

(It doesn't matter whether your attempts were successful or not, just that you used the method to try and deal with it)

Please choose the appropriate response for each item:

	<b>I didn't do this at all</b>	<b>I did this a little bit</b>	<b>I did this a medium amount</b>	<b>I did this a lot</b>
<b>I concentrated my efforts on doing something about the situation.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I turned to work or other activities to take my mind off things</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I got emotional support from others.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I tried to come up with a strategy about what to do.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I got help and advice from other people.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I did something to think about it less, such watching TV, reading, sleeping, or shopping.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I thought hard about what steps to take.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I got comfort and understanding from someone.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I took action to try to make the situation better.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I tried to get advice or help from other people about what to do.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HQ5. Please indicate the degree to which you agree or disagree with this statement:**

**‘I have a strong need to belong’**

Please choose **only one** of the following:

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Neither agree nor disagree,
- ☐ Moderately agree
- ☐ Strongly agree

## **Parent Part I**

**IQ1i Have you recently (summer 2016) taken part in a face-to-face interview as part of the ‘Food allergy and intolerance’ project?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**IQ1ii. Please tell us your participant code for the interview (you will find your participant code in the email that we sent to you inviting you to take part in this survey)**

Please write your answer(s) here:

- Letter
- Number

**IQ1iii. Where do you currently live?**

Please choose **only one** of the following:

- ☐ East Midlands
- ☐ East of England
- ☐ London
- ☐ North East
- ☐ North West
- ☐ N Ireland
- ☐ Scotland
- ☐ South East
- ☐ South West
- ☐ Wales
- ☐ West Midlands

- ☐ Yorkshire & Humber

**IQ2. How long have you been a resident of the UK?**

Please choose **only one** of the following:

- ☐ 0 - 3 years
- ☐ 4 - 6 years
- ☐ 7 - 9 years
- ☐ 10+ years

**IQ3. How would you describe your ethnicity?**

Please choose **only one** of the following:

- ☐ African
- ☐ American/Canadian
- ☐ Asian - Bangladeshi
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Sri Lankan
- ☐ British Asian
- ☐ Caribbean
- ☐ Chinese
- ☐ Mixed White & Asian
- ☐ Mixed White & Black African
- ☐ Mixed White & Black Caribbean
- ☐ Other Asian Background
- ☐ Other Black Background
- ☐ Other Ethnic Background
- ☐ Other Ethnic Group
- ☐ Other Mixed background
- ☐ Other White background
- ☐ White British
- ☐ White Irish

**IQ4. What is your current marital status?**

Please choose **only one** of the following:

- ☐ Cohabiting
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

**IQ5. Please enter your age**

Please write your answer here:

- 

**IQ6. Are you male or female?**

Please choose **only one** of the following:

- ☐ Male
- ☐ Female

**IQ7. What level of education did you complete?**

Please choose the appropriate response for each item:

	Yes	No
Have you completed primary education	<input type="radio"/>	<input type="radio"/>
Have you completed secondary education	<input type="radio"/>	<input type="radio"/>
Have you been awarded a commercial or technical education diploma	<input type="radio"/>	<input type="radio"/>
Have you been awarded a university degree	<input type="radio"/>	<input type="radio"/>

**IQ8. Which of the categories best describes your current working status?**

Please choose **only one** of the following:

- ☐ Not applicable
- ☐ Employed - part-time
- ☐ Employed - full-time
- ☐ Self employed with employees
- ☐ Self-employed without employees
- ☐ Unemployed and seeking work
- ☐ Unemployed and not seeking work
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ On disability allowance
- ☐ Other

**IQ9a. If you are in paid employment approximately how many hours do you work per week?**

Please write your answer here:

**IQ9b. Which of these phrases would you say comes closest to your feelings about your household's income these days?**

Please choose **only one** of the following:

- ☐ Living really comfortably on present income
- ☐ Living comfortably on present income
- ☐ Neither comfortable nor struggling on present income
- ☐ Struggling on present income
- ☐ Really struggling on present income
- ☐ Other

**IQ9b. In the previous question about phrases you would say comes closest to your feelings about your household's income these days? You answered 'Other', please specify.**

Please write your answer here:

**IQ10i. If you are an employee please state how many people work for your employer at your place of work?**

Please choose **only one** of the following:

- ☐ 1 to 24
- ☐ 25 or more

**IQ10ii. If you are self-employed and employ others, please state how many people you employ?**

Please choose **only one** of the following:

- ☐ 1 to 24
- ☐ 25 or more

**IQ10iii. Do you supervise any other employees?**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**IQ11. Please select the statement that best describes the work you do. If you are not currently working please select an option that best describes what you did in your last job.**

Please choose **only one** of the following:

- ☐ Modern professional occupation (e.g., teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer, software designer)
- ☐ Clerical and intermediate occupation (e.g., secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse)
- ☐ Senior manager or administrator (responsible for planning, organising and co-ordinating work, and for finance, e.g., finance manager, chief executive)
- ☐ Technical/craft occupation (e.g., motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver)
- ☐ Semi-routine manual/service occupation (e.g., postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant)
- ☐ Routine manual and service occupation (e.g., HGV driver, van driver, cleaner, porter, packer, sewing machinist, labourer, waiter/waitress)
- ☐ Middle/junior manager (e.g., office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican)
- ☐ Traditional professional occupation (e.g., accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer)
- ☐ Student
- ☐ No previous employment

**Thank you very much for your participation. We are very grateful for your time and the effort involved with completing this survey.**

## **Follow Up Research**

### **Taking part in follow up research**

**PCQ1. This study is being funded by the Food Standards Agency (FSA), a central government department. Would you be willing for us (the research team at the University of Bath, conducting this study on behalf of the FSA), to re-contact you to invite you to take part in follow up research in the future? There would be no obligation for you to take part.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ2. In order to carry out future research, your contact details may be linked to the answers you have given in this survey. Would you be willing for this information to be passed onto/retained by us (the research team at the University of Bath conducting this study on behalf of the FSA)?**

**(We would only use you contact details and survey information for legitimate research on behalf of the Agency, your data would never be passed to anyone else or used for commercial purposes)**

Please choose **only one** of the following:



- ☐ Yes
- ☐ No

**Please enter the following details**

- Name
- Address
- Email Address
- Landline Phone Number
- Mobile Number

**Taking part in *other* FSA research on food allergies and/or intolerance**

**The FSA carries out a range of important work in the area of food allergies and/or intolerance. In the future, the FSA, or an organisation working on their behalf, may wish to use your information for other important research on this topic. Please read the statements below and select a response. Your participation is entirely voluntary.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ4. Would you be willing for the FSA, or an organisation acting on their behalf, to re-contact you to invite you to take part in future research on this subject? There would be no obligation for you to take part.**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**PCQ5. Would you be willing for this information to be passed onto the FSA or an organisation acting on their behalf? (We would only pass your contact details and information onto the FSA or another research company doing legitimate research on behalf of the Agency; your data would never be passed to anyone else or used for commercial purposes.)**

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

**Please enter the following details**

- Name
- Address
- Email Address

- Landline Phone Number
- Mobile Phone Number

Submit your survey.

Thank you for completing this survey.

## Annex 12: Overview of Pre legislation responses to preference, practices and quality of life measures

Time 1 (All) Factors: Items, Response Options, Reliabilities and Means (R= Reverse scoring)

FACTOR & SURVEY SECTION	ITEMS	RESPONSE OPTIONS	CRONBACH'S ALPHA	ADULTS		PARENTS	
				ALLERGY MEAN & SD	INTOLERANCE MEAN & SD	ALLERGY MEAN & SD	INTOLERANCE MEAN & SD
<b>F1</b> MENU AS A RESOURCE FOR CONFIDENT FOOD CHOICES	F1: The menu displayed outside the place (R) F1: The menu displayed at the counter (R) F1: The menu at the table (R) F1: Menu information online (R)	F1, 1-5= Very satisfied→Very dissatisfied	.90	2.92 (1.12)	3.00 (1.14)	2.58 (1.11)	2.81 (1.20)
<b>E &amp; F3</b> CONFIDENCE IN ASKING STAFF	E: I don't like asking staff questions about allergens (R). E: I feel awkward and embarrassed to ask staff questions about the food they are serving (R). F3: I feel more confident asking about allergens when I eat out. E: I am happy to ask serving staff about allergens in the food they are serving.	E, 0→6= Never→Always  F3, 1-5= Strongly disagree→Strongly agree	.78	3.19 (1.17)	3.01 (1.33)	3.89 (1.29)	3.74 (1.27)
<b>E</b> PRIORITISING PLANNING	E: I ring ahead or email if I am going to be eating in a place I am not familiar with. E: I do research online if I am going to a place I have never been to before. E: I use information provided by support groups to help me make better decisions about eating out. E: I ask to speak to the manager if I want more information about allergens in the dishes. E: I ask to speak to the chef if I want more information about the meal being cooked for me.	E, 0→6= Never→Always	.82	3.15 (1.47)	3.04 (1.47)	3.51 (1.46)	3.73 (1.42)

	E: I usually decide what to have beforehand and check it will be ok						
<b>G ADEQUACY OF MENU INFORMATION</b>	G: Menus should give more information about ingredients that are contained in each dish G: I would like to see more information about the exact ingredients provided in menus G: More information about ingredients in menus would be confusing (R)	G, 1-5 Strongly agree→Strongly disagree	.73	1.59 (0.77)	1.51 (0.71)	1.46 (0.73)	1.42 (0.78)
<b>FQ1 &amp; FQ3 STAFF AS A RESOURCE FOR CONFIDENT FOOD CHOICES</b>	F1: The serving staff (R) F1: The counter staff (R) F1: Staff you speak to on the phone (R) F1: Staff preparing or cooking the food (R) F3: I feel more confident that the information that staff give me is reliable	F1, 1-5= Very satisfied→Very dissatisfied  F3, 1-5= Strongly disagree→Strongly agree	.86	3.26 (0.91)	3.20 (1.00)	3.34 (0.86)	3.36 (0.82)
<b>E ADVENTUROUSNESS</b>	E: I tend to pick the same things to eat when I am eating out (R). E: I tend to eat out in the same places (R). E: I try and eat out at new places whenever possible.	E, 0→6= Never→Always	.69	1.40 (0.96)	1.68 (0.93)	1.23 (0.84)	1.66 (0.86)
<b>B HEALTH RELATED QUALITY OF LIFE (HRQL)</b>	FAQLQ-AF  FIQLQ-AF  FAQLQ-PF  FIQLQ-PF	7 POINT SCALE (1) NOT AT ALL – (7) EXTREMELY	.96  .94  .97  .95	5.37 (1.16)  ---  ---  ---	---  5.41 (1.12)  ---  ---	---  ---  4.76 (1.30)  ---	---  ---  ---  4.60 (1.26)

## Annex 13: Overview of Post legislation responses to preference, practices and quality of life measures

Time 2 (Returners & New) Factors: Items, Response Options, Reliabilities and Means (R= Reverse scoring)

FACTOR & SURVEY SECTION	ITEMS	RESPONSE OPTIONS	CRONBACH'S ALPHA	ADULTS		PARENTS	
				ALLERGY MEAN & SD	INTOLERANCE MEAN & SD	ALLERGY MEAN & SD	INTOLERANCE MEAN & SD
<b>F1</b> MENU AS A RESOURCE FOR CONFIDENT FOOD CHOICES	F1: The menu displayed outside the place (R) F1: The menu displayed at the counter (R) F1: The menu at the table (R) F1: Menu information online (R)	F1, 1-5= Very satisfied→Very dissatisfied	.89	3.25 (0.87)	3.18 (1.09)	3.18 (1.07)	3.23 (0.95)
<b>E &amp; F3</b> CONFIDENCE IN ASKING STAFF	E: I don't like asking staff questions about allergens (R). E: I feel awkward and embarrassed to ask staff questions about the food they are serving (R). F3: I feel more confident asking about allergens when I eat out. E: I am happy to ask serving staff about allergens in the food they are serving.	E, 0→6= Never→Always  F3, 1-5= Strongly disagree→Strongly agree	.74	3.76 (1.40)	3.52 (1.29)	4.37 (1.24)	4.24 (1.25)
<b>E</b> PRIORITISING PLANNING	E: I ring ahead or email if I am going to be eating in a place I am not familiar with. E: I do research online if I am going to a place I have never been to before. E: I use information provided by support groups to help me make better decisions about eating out. E: I ask to speak to the manager if I want more information about allergens in the dishes. E: I ask to speak to the chef if I want more information about the meal being cooked for me.	E, 0→6= Never→Always	.82	2.62 (1.46)	2.85 (1.42)	3.29 (1.50)	3.33 (1.46)

	E: I usually decide what to have beforehand and check it will be ok						
<b>G ADEQUACY OF MENU INFORMATION</b>	G: Menus should give more information about ingredients that are contained in each dish G: I would like to see more information about the exact ingredients provided in menus G: More information about ingredients in menus would be confusing (R)	G, 1-5 Strongly agree→Strongly disagree	.76	1.77 (0.84)	1.88 (0.88)	1.70 (0.86)	1.87 (0.81)
<b>FQ1 &amp; FQ3 STAFF AS A RESOURCE FOR CONFIDENT FOOD CHOICES</b>	F1: The serving staff (R) F1: The counter staff (R) F1: Staff you speak to on the phone (R) F1: Staff preparing or cooking the food (R) F3: I feel more confident that the information that staff give me is reliable	F1, 1-5= Very satisfied→Very dissatisfied  F3, 1-5= Strongly disagree→Strongly agree	.86	3.57 (0.81)	3.38 (0.88)	3.62 (0.88)	3.56 (0.74)
<b>E ADVENTUROUSNESS</b>	E: I tend to pick the same things to eat when I am eating out (R). E: I tend to eat out in the same places (R). E: I try and eat out at new places whenever possible.	E, 0→6= Never→Always	.67	1.87 (1.07)	1.92 (0.88)	1.41 (0.88)	1.71 (0.88)
<b>B HEALTH RELATED QUALITY OF LIFE (HRQL)</b>	FAQLQ-AF  FIQLQ-AF  FAQLQ-PF  FIQLQ-PF	7 POINT SCALE (1) NOT AT ALL – (7) EXTREMELY	.95  .95  .96  .98	4.87 (1.13)  ---  ---  ---	---  5.14 (1.26)  ---  ---	---  ---  4.26 (1.32)  ---	---  ---  ---  4.15 (1.37)

## Annex 14: Overview of Pre legislation measures used for allergen comparisons

Time 1 (All) Composite Measures: Items, Response Options, Reliabilities and Means (R= Reverse scoring)

CONSTRUCT	ITEMS	RESPONSE OPTIONS	CRONBACH'S ALPHA	ADULTS		PARENTS	
				ALLERGY MEAN & SD	INTOLERANCE MEAN & SD	ALLERGY MEAN & SD	INTOLERANCE MEAN & SD
<b>DQ3 &amp; DQ4</b> POSITIVITY ABOUT EATING OUT	(R all) HOW ENJOYABLE IS EATING OUT/GETTING TAKE AWAY; HOW SAFE IS EATING OUT/GETTING TAKE AWAY	5 POINT SCALE (1) VERY ENJOYABLE/SAFE – (5) VERY UNENJOYABLE/UNSAFE	.68	2.91 (0.77)	2.89 (0.76)	2.86 (0.78)	3.00 (0.78)
<b>EQ1i</b> CURRENT ADVENTUROUSNESS IN EATING OUT	(R) TEND TO EAT OUT IN THE SAME PLACES; (R) TEND TO PICK THE SAME THINGS TO EACH WHEN EATING OUT; TRY AND EAT OUT IN NEW PLACES WHENEVER POSSIBLE	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.79	1.45 (1.00)	1.75 (0.95)	1.28 (0.86)	1.74 (0.90)
<b>EQ1ii</b> CURRENT PREPARATION FOR EATING OUT	USE INFORMATION FROM SUPPORT GROUPS TO MAKE BETTER DECISIONS ABOUT EATING OUT; DO RESEARCH ONLINE IF GOING TO A PLACE NEVER BEEN BEFORE; RING AHEAD OR EMAIL IF GOING TO BE EATING IN A PLACE NOT FAMILIAR WITH; PLAN AHEAD BY CALLING/EMAILING BEFORE GOING TO EAT OUT; USUALLY DECIDE WHAT TO HAVE BEFOREHAND AND CHECK IT WILL BE OKAY	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.84	3.22 (1.54)	3.33 (1.57)	3.47 (1.60)	3.97 (1.60)
<b>EQ1iii</b> CURRENT RELIANCE ON SPEAKING TO STAFF WHEN EATING OUT	HAPPY TO ASK SERVING STAFF ABOUT ALLERGENS IN THE FOOD THEY ARE SERVING; ASK TO SPEAK TO MANAGER IF I WANT MORE INFO ABOUT ALLERGENS IN DISHES; ASK TO SPEAK TO CHEF IF I WANT MORE INFO ABOUT THE MEAL BEING COOKED; (R) I DON'T LIKE ASKING STAFF QUESTIONS ABOUT ALLERGENS; (R) FEEL AWKWARD AND EMBARRASSED TO ASK STAFF QUESTIONS ABOUT THE FOOD THEY ARE SERVING	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.73	3.34 (1.40)	3.03 (1.45)	4.19 (1.21)	3.82 (1.33)
<b>FQ1</b> SATISFACTION WITH WRITTEN INFORMATION TO AID CONFIDENT CHOICES	(R all) MENU - INFORMATION ONLINE; DISPLAYED OUTSIDE THE PLACE; DISPLAYED AT THE COUNTER,	5 POINT SCALE (1) VERY SATISFIED– (5) VERY DISSATISFIED; MV – (6) DON'T	.85	3.09 (0.96)	3.15 (1.00)	2.89 (0.96)	3.08 (1.04)

	AT THE TABLE; PHONE APPS; INFORMATION FOLDER ABOUT INGREDIENTS	KNOW & (7) NOT APPLICABLE					
<b>FQ1 SATISFACTION WITH VERBAL INFORMATION</b>	(R all) THE SERVING STAFF; COUNTER STAFF; STAFF ON THE PHONE, STAFF PREPARING OR COOKING FOOD	5 POINT SCALE (1) VERY SATISFIED– (5) VERY DISSATISFIED; MV – (6) DON'T KNOW & (7) NOT APPLICABLE	.89	3.31 ((0.98)	3.23 (1.06)	3.45 (0.90)	3.45 (0.90)
<b>FQ3 CONFIDENCE IN VERBAL COMMUNICATION</b>	(R all) FEEL MORE CONFIDENT ASKING ABOUT ALLERGENS WHEN EATING OUT; FEEL MORE CONFIDENT THAT THE INFORMATION STAFF GIVE IS RELIABLE; ENJOY EATING OUT MORE	5 POINT SCALE (1) STRONGLY DISAGREE – (5) STRONGLY AGREE; MV NOT APPLICABLE; MV- (6) NOT APPLICABLE	.70	3.22 (0.92)	3.22 (1.01)	3.78 (0.88)	3.86 (0.73)
<b>GQ1 PREFERENCE FOR INGREDIENTS INFORMATION</b>	(R) WOULD LIKE MORE INFORMATION ABOUT INGREDIENTS ON MENUS; (R) MENUS SHOULD GIVE INFO ABOUT ALL INGREDIENTS IN THE DISH; (R) WANT TO FIND OUT HOW FOOD IS COOKED NOT JUST INGREDIENTS; MORE INFORMATION ABOUT INGREDIENTS IN MENUS WOULD BE CONFUSING.	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV NOT APPLICABLE; MV- (6) NOT APPLICABLE	.67	4.35 (0.71)	4.40 (0.64)	4.51 (0.67)	4.39 (0.73)
<b>GQ2 PREFERENCE FOR STAFF AS SOURCE OF INFORMATION</b>	EVEN IF THERE WAS INFO ABOUT ALLERGENS ON MENU WOULD LIKE TO ASK STAFF ABOUT THE DISH; NO MATTER HOW GOOD THE WRITTEN INFORMATION WOULD PREFER TO TALK TO STAFF	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV NOT APPLICABLE	.84	3.78 (1.10)	3.39 (1.25)	4.14 (0.96)	3.81 (1.12)
<b>GQ3 PREFERENCE FOR ALLERGEN MENU</b>	(R all) WOULD LIKE SEPARATE MENUS FOR PEOPLE WITH FOOD INTOLERANCE/ALLERGY; WANT TO KNOW FROM MENU HOW THE FOOD IS COOKED NOT JUST WHAT IS IN IT; REASONABLE TO EXPECT THERE ARE SEPARATE MENUS TO HELP PEOPLE AVOID PARTICULAR ALLERGENS	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV- (6) NOT APPLICABLE	.74	3.86 (1.08)	3.83 (1.04)	3.93 (1.00)	3.91 (0.93)
<b>GQ4 PREFERENCE FOR SIGNS AND SYMBOLS</b>	(R) LIKE WHEN THE MENU SAYS THEY WELCOME CUSTOMERS WITH ALLERGIES AND INTOLERANCES ASKING ABOUT DISHES	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV-(6) NOT APPLICABLE	Single item	4.72 (0.59)	4.58 (0.79)	4.79 (0.58)	4.82 (0.50)
	(R) WOULD LIKE THERE TO BE SYMBOLS ON THE MENUS THAT MAKE IT CLEAR WHICH ALLERGENS		Single item	4.38 (0.91)	4.49 (0.89)	4.28 (0.96)	4.48 (0.77)



	ARE PRESENT IN THE DISH  (R) I LIKE IT WHEN THERE IS A SIGN UP THAT SAYS THAT THEY WELCOME CUSTOMERS WITH ALLERGIES AND INTOLERANCES ASKINS ABOUT DISHES		Single item	---	---	---	---
HEALTH RELATED QUALITY OF LIFE (HRQL)	FAQLQ-AF	7 POINT SCALE (1) NOT AT ALL – (7) EXTREMELY	.96	5.37 (1.16)	---	---	---
	FIQLQ-AF		.94	---	5.41 (1.12)	---	---
	FAQLQ-PF		.97	---	---	4.76 (1.30)	---
	FIQLQ-PF		.95	---	---	---	4.60 (1.26)

## Annex 15: Overview of Post legislation measures used for allergen comparisons

Time 2 (Returners & New) Composite Measures: Items, Response Options, Reliabilities and Means (R= Reverse scoring)

CONSTRUCT	ITEMS	RESPONSE OPTIONS	CRONBACH'S ALPHA	ADULTS		PARENTS	
				ALLERGY MEAN & SD	INTOLERANCE MEAN & SD	ALLERGY MEAN & SD	INTOLERANCE MEAN & SD
<b>DQ3 &amp; DQ4</b> POSITIVITY ABOUT EATING OUT	(R all) HOW ENJOYABLE IS EATING OUT/GETTING TAKE AWAY; HOW SAFE IS EATING OUT/GETTING TAKE AWAY	5 POINT SCALE (1) VERY ENJOYABLE/SAFE – (5) VERY UNENJOYABLE/UNSAFE	.727	3.17 (0.75)	3.21 (0.78)	3.19 (0.74)	3.06 (0.80)
<b>EQ1i</b> CURRENT ADVENTUROUSNESS IN EATING OUT	(R) TEND TO EAT OUT IN THE SAME PLACES; (R) TEND TO PICK THE SAME THINGS TO EACH WHEN EATING OUT; TRY AND EAT OUT IN NEW PLACES WHENEVER POSSIBLE	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.666	1.87 (1.07)	1.92 (0.88)	1.41 (0.88)	1.71 (0.88)
<b>EQ1ii</b> CURRENT PREPARATION FOR EATING OUT	USE INFORMATION FROM SUPPORT GROUPS TO MAKE BETTER DECISIONS ABOUT EATING OUT; DO RESEARCH ONLINE IF GOING TO A PLACE NEVER BEEN BEFORE; RING AHEAD OR EMAIL IF GOING TO BE EATING IN A PLACE NOT FAMILIAR WITH; PLAN AHEAD BY CALLING/EMAILING BEFORE GOING TO EAT OUT; USUALLY DECIDE WHAT TO HAVE BEFOREHAND AND CHECK IT WILL BE OKAY	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.849	2.64 (1.67)	3.09 (1.55)	3.25 (1.63)	3.48 (1.53)
<b>EQ1iii</b> CURRENT RELIANCE ON SPEAKING TO STAFF WHEN EATING OUT	HAPPY TO ASK SERVING STAFF ABOUT ALLERGENS IN THE FOOD THEY ARE SERVING; ASK TO SPEAK TO MANAGER IF I WANT MORE INFO ABOUT ALLERGENS IN DISHES; ASK TO SPEAK TO CHEF IF I WANT MORE INFO ABOUT THE MEAL BEING COOKED; (R) I DON'T LIKE ASKING STAFF QUESTIONS ABOUT ALLERGENS; (R) FEEL AWKWARD AND EMBARRASSED TO ASK STAFF QUESTIONS ABOUT THE FOOD THEY	7 POINT SCALE (0) NEVER – (6) ALWAYS; MV – (7) NOT APPLICABLE	.685	3.27 (1.27)	3.00 (1.32)	3.97 (1.28)	3.74 (1.11)

	ARE SERVING						
<b>FQ1 SATISFACTION WITH WRITTEN INFORMATION TO AID CONFIDENT CHOICES</b>	(R all) MENU - INFORMATION ONLINE; DISPLAYED OUTSIDE THE PLACE; DISPLAYED AT THE COUNTER, AT THE TABLE; PHONE APPS; INFORMATION FOLDER ABOUT INGREDIENTS	5 POINT SCALE (1) VERY SATISFIED– (5) VERY DISSATISFIED; MV – (6) DON'T KNOW & (7) NOT APPLICABLE	.827	3.39 (0.72)	3.30 (0.92)	3.36 (0.86)	3.29 (0.77)
<b>FQ1 SATISFACTION WITH VERBAL INFORMATION</b>	(R all) THE SERVING STAFF; COUNTER STAFF; STAFF ON THE PHONE, STAFF PREPARING OR COOKING FOOD	5 POINT SCALE (1) VERY SATISFIED– (5) VERY DISSATISFIED; MV – (6) DON'T KNOW & (7) NOT APPLICABLE	.892	3.59 (0.89)	3.42 (0.94)	3.70 (0.88)	3.57 (0.77)
<b>FQ3 CONFIDENCE IN VERBAL COMMUNICATION</b>	(R all) FEEL MORE CONFIDENT ASKING ABOUT ALLERGENS WHEN EATING OUT; FEEL MORE CONFIDENT THAT THE INFORMATION STAFF GIVE IS RELIABLE; ENJOY EATING OUT MORE	5 POINT SCALE (1) STRONGLY DISAGREE – (5) STRONGLY AGREE; MV NOT APPLICABLE; MV- (6) NOT APPLICABLE	.692	3.59 (0.81)	3.36 (0.85)	3.95 (0.78)	3.99 (0.72)
<b>GQ1 PREFERENCE FOR INGREDIENTS INFORMATION</b>	(R) WOULD LIKE MORE INFORMATION ABOUT INGREDIENTS ON MENUS; (R) MENUS SHOULD GIVE INFO ABOUT ALL INGREDIENTS IN THE DISH; (R) WANT TO FIND OUT HOW FOOD IS COOKED NOT JUST INGREDIENTS; MORE INFORMATION ABOUT INGREDIENTS IN MENUS WOULD BE CONFUSING.	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV NOT APPLICABLE; MV- (6) NOT APPLICABLE	.725	4.14 (0.80)	4.01 (0.83)	4.27 (0.79)	4.09 (0.76)
<b>GQ2 PREFERENCE FOR STAFF AS SOURCE OF INFORMATION</b>	EVEN IF THERE WAS INFO ABOUT ALLERGENS ON MENU WOULD LIKE TO ASK STAFF ABOUT THE DISH; NO MATTER HOW GOOD THE WRITTEN INFORMATION WOULD PREFER TO TALK TO STAFF	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV NOT APPLICABLE	.834	3.57 (1.24)	3.16 (1.24)	4.06 (1.01)	3.64 (1.15)
<b>GQ3 PREFERENCE FOR ALLERGEN MENU</b>	(R all) WOULD LIKE SEPARATE MENUS FOR PEOPLE WITH FOOD INTOLERANCE/ALLERGY; WANT TO KNOW FROM MENU HOW THE FOOD IS COOKED NOT JUST WHAT IS IN IT; REASONABLE TO EXPECT THERE ARE SEPARATE MENUS TO HELP PEOPLE AVOID PARTICULAR ALLERGENS	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV- (6) NOT APPLICABLE	.730	3.81 (1.08)	3.82 (0.96)	3.90 (0.99)	3.83 (0.98)
<b>GQ4 PREFERENCE FOR SIGNS AND SYMBOLS</b>	(R) LIKE WHEN THE MENU SAYS THEY WELCOME CUSTOMERS WITH ALLERGIES AND INTOLERANCES	5 POINT SCALE (1) STRONGLY AGREE – (5) STRONGLY DISAGREE; MV-(6) NOT	Single item	4.46 (0.87)	4.47 (0.81)	4.60 (0.67)	4.40 (0.78)

	ASKING ABOUT DISHES  (R) WOULD LIKE THERE TO BE SYMBOLS ON THE MENUS THAT MAKE IT CLEAR WHICH ALLERGENS ARE PRESENT IN THE DISH	APPLICABLE	Single item	4.37 (0.94)	4.44 (0.83)	4.36 (0.84)	4.46 (0.74)
	(R) I LIKE IT WHEN THERE IS A SIGN UP THAT SAYS THAT THEY WELCOME CUSTOMERS WITH ALLERGIES AND INTOLERANCES ASKINS ABOUT DISHES		Single item	4.37 (1.03)	4.45 (0.83)	4.64 (0.70)	4.29 (0.96)
HEALTH RELATED QUALITY OF LIFE (HRQL)	FAQLQ-AF	7 POINT SCALE (1) NOT AT ALL – (7) EXTREMELY	.950	4.87 (1.13)	---	---	---
	FIQLQ-AF		.951	---	5.14 (1.26)	---	---
	FAQLQ-PF		.956	---	---	4.26 (1.32)	---
	FIQLQ-PF		.975	---	---	---	4.15 (1.37)

## Annex 16: Results tables from Pre and Post legislation survey

**Table 1: Factor analysis of Pre legislation eating out behaviours, and preferences for allergen information provision**  
(Based on analysis on Pre legislation population)

Survey section & item	Factor						Pre legislation	Post legislation	Post legislation
	Menu as resource	Confidence asking staff	Planning	Adequacy of menu	Staff as resource	Adventure	(All) Cronbach's $\alpha$	(Returners) Cronbach's $\alpha$	(All) Cronbach's $\alpha$
F1: The menu displayed outside the place (R)	.916						.90	.91	.89
F1: The menu displayed at the counter (R)	.889								
F1: The menu at the table (R)	.860								
F1: Menu information online (R)	.794								
E: I don't like asking staff questions about allergens (R).		.873					.78	.70	.74
E: I feel awkward and embarrassed to ask staff questions about the food they are serving (R).		.858							
F3: I feel more confident asking about allergens when I eat out.		.652							
E: I am happy to ask serving staff about allergens in the food they are serving.		.526							
E: I ring ahead or email if I am going to be eating in a place I am not familiar with.			.769				.82	.77	.82

Survey section & item	Factor						Pre legislation (All) Cronbach's $\alpha$	Post legislation (Returners) Cronbach's $\alpha$	Post legislation (All) Cronbach's $\alpha$
	Menu as resource	Confidence asking staff	Planning	Adequacy of menu	Staff as resource	Adventure			
E: I do research online if I am going to a place I have never been to before.			.722						
E: I use information provided by support groups to help me make better decisions about eating out.			.721						
E: I ask to speak to the manager if I want more information about allergens in the dishes.			.646						
E: I ask to speak to the chef if I want more information about the meal being cooked for me.			.646						
E: I usually decide what to have beforehand and check it will be ok			.576						
G: Menus should give more information about ingredients that are contained in each dish				.869			.73	.81	.76
G: I would like to see more information about the exact ingredients provided in menus				.792					
G: More information about ingredients in menus would be confusing (R)				.775					
F1: The serving staff (R)					-.904		.86	.87	.86
F1: The counter staff (R)					-.872				

Survey section & item	Factor						Pre legislation (All) Cronbach's $\alpha$	Post legislation (Returners) Cronbach's $\alpha$	Post legislation (All) Cronbach's $\alpha$
	Menu as resource	Confidence asking staff	Planning	Adequacy of menu	Staff as resource	Adventure			
F1: Staff you speak to on the phone (R)					-.860				
F1: Staff preparing or cooking the food (R)					-.749				
F3: I feel more confident that the information that staff give me is reliable					-.522				
E: I tend to pick the same things to eat when I am eating out (R).						.885	.69	.71	.67
E: I tend to eat out in the same places (R).						.821			
E: I try and eat out at new places whenever possible.						.613			

(R)= reverse coded. Response scales by survey section: E, 0→6= Never→Always; F1, 1-5= Very satisfied→Very dissatisfied; F3, 1-5= Strongly disagree→Strongly agree; G, 1-5 Strongly agree→Strongly disagree.

**Table 2: Demographic details of Pre and Post legislation populations**

	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
Gender			
Male	111 (12.7)	51 (13.0)	27 (14.4)
Female	751 (85.9)	337 (86.0)	161 (85.6)
Not reported	12 (1.4)	4 (1.0)	0
Age			
18-24 yrs	76 (8.7)	14 (3.6)	5 (2.7)
25-34 yrs	210 (24.0)	105 (26.8)	42 (22.3)
35-44 yrs	299 (34.2)	148 (37.8)	52 (27.7)
45-54 yrs	188 (21.5)	80 (20.4)	57 (30.3)
55+yrs	95 (10.9)	40 (10.2)	28 (14.9)
Not reported	6 (0.7)	5 (1.3)	4 (2.1)
Education completed			
Secondary only	149 (17.0)	149 (38.0)	74 (39.4)
Further/Higher	723 (83.0)	243 (62.0)	114 (60.6)
Employment status			
Employed (PT)	249 (28.5)	114 (29.1)	49 (26.1)
Employed (FT)	286 (32.7)	135 (34.4)	62 (33.0)
Self-employed (with employees)	22 (2.5)	4 (1.0)	1 (0.5)
Self-employed (without employees)	73 (8.4)	41 (10.5)	17 (9.0)
Unemployed & seeking work	7 (0.8)	4 (1.0)	1 (0.5)
Unemployed & not seeking work	2 (0.2)	3 (0.8)	2 (1.1)
Retired	49 (5.6)	19 (4.8)	16 (8.5)
Student	56 (6.4)	13 (3.3)	9 (4.8)
Homemaker	91 (10.4)	44 (11.2)	22 (11.7)
Disability allowance	17 (1.9)	5 (1.3)	3 (1.6)
Other	10 (1.1)	4 (1.0)	1 (0.5)
Not applicable	4 (0.5)	1 (0.3)	1 (0.5)
Not reported	8 (0.9)	5 (1.3)	4 (2.1)
Occupation			
Modern professional	317 (36.3)	140 (35.7)	75 (39.9)
Clerical & intermediate	169 (19.2)	82 (20.9)	30 (16.0)
Manager or administrator	122 (14.0)	57 (14.5)	26 (13.8)
Technical/craft	22 (2.5)	11 (2.8)	7 (3.7)
Semi-routine manual/service	33 (3.8)	17 (4.3)	4 (2.1)
Routine manual & service	15 (1.7)	10 (2.6)	5 (2.7)
Middle/junior manager	32 (3.7)	28 (7.1)	13 (6.9)
Traditional professional	79 (9.0)	27 (6.9)	15 (8.0)
Student	52 (5.9)	9 (2.3)	6 (3.2)
No previous employment	6 (0.7)	2 (0.5)	0
Not reported	28 (3.2)	9 (2.3)	7 (3.7)



**Table 3: UK region of residence of Pre and Post legislation populations**

UK region	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
East Midlands	62 (7.1)	22 (5.8)	11 (5.9)
East of England	62 (7.1)	30 (7.7)	16 (8.5)
London	94 (10.8)	49 (12.5)	26 (13.8)
North East	37 (4.2)	25 (6.4)	8 (4.3)
North West	96 (11.0)	71 (18.1)	23 (12.2)
Northern Ireland	19 (2.2)	5 (1.3)	4 (2.1)
Scotland	59 (6.8)	18 (4.6)	13 (6.9)
South East	161 (18.4)	52 (13.3)	28 (14.9)
South West	71 (8.1)	23 (5.9)	13 (6.8)
Wales	29 (3.3)	12 (3.1)	6 (3.2)
West Midlands	77 (8.8)	27 (6.9)	17 (9.0)
Yorkshire & Humber	107 (12.2)	55 (14.0)	21 (11.2)
Not reported	0	3 (0.8)	2 (1.1)

**Table 4: Length of UK residency of Pre and Post legislation populations**

Years	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
0-3	8 (0.9)	2 (0.5)	0
4-6	8 (0.9)	5 (1.3)	3 (1.6)
7-9	7 (0.8)	2 (0.5)	0
10+	840 (96.1)	378 (96.4)	182 (96.8)
Not reported	11 (1.3)	5 (1.3)	3 (1.6)

**Table 5: Age of child in Pre and Post legislation 'Parent' populations**

Age range (years)	Pre legislation (All) N= 356 Total (%)	Post legislation (All) N= 180 Total (%)	Post legislation (Returning) N= 80 Total (%)
≤ 3	56 (15.7)	33 (18.3)	4 (5.0)
4 - 6	82 (23.0)	33 (18.3)	14 (17.5)
7 - 12	102 (28.7)	73 (40.6)	38 (47.5)
> 12	63 (17.7)	41 (22.8)	24 (30.0)
Not reported	53 (14.9)	0	0

**Table 6: Ethnicity of Pre and Post legislation populations**

	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
African	3 (0.3)	1 (0.3)	0
American/Canadian	7 (0.8)	2 (0.5)	2 (1.1)
Asian-Bangladeshi	2 (0.2)	1 (0.3)	0
Asian-Indian	9 (1.0)	6 (1.5)	3 (1.8)
Asian-Pakistani	3 (0.3)	3 (0.6)	0
British Asian	4 (0.5)	1 (0.3)	0
Caribbean	5 (0.6)	5 (1.3)	1 (0.5)
Chinese	10 (1.1)	1 (0.3)	0
Mixed White & Asian	4 (0.5)	3 (0.8)	0
Mixed White & Black African	2 (0.2)	0	0
Mixed White & Black Caribbean	4 (0.5)	4 (1.0)	2 (1.1)
Other Asian background	1 (0.1)	0	0
Other Black background	1 (0.1)	1 (0.5)	0
Other Ethnic background	3 (0.3)	4 (1.0)	1 (0.5)
Other Mixed background	0	4 (1.0)	0
Other White background	18 (2.1)	14 (3.6)	2 (1.1)
White British	776 (88.8)	331 (84.4)	172 (91.5)
White Irish	19 (2.2)	7 (8.1)	4 (2.1)
Not reported	3 (0.3)	4 (1.0)	1 (0.5)

**Table 7: Pre and Post legislation populations' susceptibility to food allergens**

	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
Adult	518 (59.3)	212 (54.1)	108 (57.4)
Parent	356 (40.7)	180 (45.9)	80 (42.6)
Food allergic	601 (68.8)	246 (62.8)	129 (68.6)
Food intolerant	273 (31.2)	146 (37.2)	59 (31.4)
Allergen			
Peanuts	374 (45.1)	152 (38.8)	88 (46.8)
Tree nuts	372 (42.6)	131 (33.4)	85 (45.2)
Milk	324 (37.1)	159 (40.6)	71 (37.8)
Cereals containing gluten	308 (35.2)	121 (30.9)	55 (29.3)
Eggs	218 (24.9)	86 (21.9)	51 (27.1)
Fish	66 (7.6)	33 (8.4)	13 (6.9)
Crustaceans	91 (10.4)	39 (9.9)	19 (10.1)
Molluscs	65 (7.4)	32 (8.2)	11 (5.9)
Soya	97 (11.1)	33 (8.4)	22 (11.7)
Celery	21 (2.4)	7 (1.8)	5 (2.7)
Mustard	30 (3.4)	11 (2.8)	8 (4.3)
Lupin	24 (2.7)	9 (2.3)	6 (3.2)
Sesame	97 (11.1)	37 (9.4)	29 (15.4)
Sulphur dioxide	30 (3.4)	8 (2.0)	3 (1.6)
Number of allergens			
2 or less	573 (65.6)	273 (69.6)	114 (60.6)
More than 2	301 (34.4)	119 (30.4)	74 (39.4)
Allergy severity			
Mild	95 (15.8)	52 (21.1)	18 (14.0)
Moderate	96 (16.0)	63 (25.6)	29 (22.5)
Severe	410 (68.2)	131 (53.3)	82 (63.5)

**Table 8: Pre and Post legislation populations' food allergy and/or intolerance symptoms**

Symptoms	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
Stinging nettle rash, urticaria,hives	436 (49.9)	182 (46.4)	99 (52.7)
Itching/swelling of lips, tongue or mouth	489 (55.9)	172 (43.9)	106 (56.2)
Asthma, wheezing	323 (37.0)	128 (32.7)	82 (43.6)
Facial swelling	344 (39.4)	130 (33.2)	75 (39.9)
Breathing difficulties	364 (41.6)	127 (32.4)	76 (40.4)
Anaphylaxis, collapse	285 (32.6)	83 (21.2)	58 (30.9)
Vomiting	386 (44.3)	156 (39.8)	88 (46.8)
Diarrhoea	397 (45.4)	198 (50.5)	93 (49.5)
Sneezing	140 (16.0)	43 (11.0)	34 (18.1)
Catarrh	82 (9.4)	29 (7.4)	18 (9.6)
Hyperactivity	29 (3.3)	9 (2.3)	3 (1.6)
Tiredness	280 (32.0)	110 (28.1)	57 (30.3)
Stomach cramps	445 (50.9)	223 (56.9)	102 (54.3)
Other digestive	317 (36.3)	164 (41.8)	71 (37.8)
Eczema flare	223 (25.5)	85 (21.7)	36 (24.5)
Migraines/headaches	134 (15.3)	44 (11.4)	16 (8.5)
Aching joints/muscles	110 (12.6)	41 (10.5)	20 (10.6)
Behavioural/mood changes	152 (17.4)	60 (15.3)	28 (14.9)

**Table 9: Pre and Post legislation populations' diagnosis and treatment of food allergy / intolerance**

	Pre legislation (All) N= 874	Post legislation (All) N= 392	Post legislation (Returning) N= 188
	Total (%)	Total (%)	Total (%)
Diagnosed by:			
NHS/private medical practitioner	725 (83.0)	298 (76.0)	159 (84.6)
Alternative/complementary therapist	39 (4.5)	20 (5.1)	7 (3.7)
Self-diagnosis	92 (10.5)	63 (16.1)	17 (9.0)
Other	14 (1.6)	11 (2.8)	5 (2.7)
Not reported	4 (0.5)	0	0
Diagnostic testing:			
Skin prick	451 (51.6)	160 (40.8)	96 (51.1)
Blood test	535 (61.2)	192 (49.0)	109 (58.0)
Oral challenge	135 (15.4)	56 (14.3)	29 (15.4)
Elimination diet	268 (30.7)	168 (42.9)	64 (34.0)
Other	163 (18.6)	55 (14.0)	35 (18.6)
None	28 (3.2)	25 (6.4)	4 (2.1)
Don't know	14 (1.6)	11 (2.8)	7 (3.7)
Time since diagnosis (yrs):			
<2	---	48 (12.2)	0
2-4	---	95 (24.2)	50 (26.6)
5-9	---	118 (30.1)	57 (30.3)
≥10	---	127 (32.4)	78 (41.5)
Not reported	---	4 (1.0)	3 (1.6)
Treatment:			
Inhaler	262 (30.0)	102 (26.0)	67 (35.6)
Antihistamines	486 (55.6)	181 (46.2)	109 (58.0)
Injectable adrenaline	452 (51.7)	141 (36.0)	99 (52.7)
Special diet	292 (33.4)	122 (31.1)	61 (32.4)
Food/product avoidance	616 (70.5)	297 (75.8)	143 (76.1)
Other	27 (3.1)	8 (2.0)	4 (2.1)

**Table 10: Pre and Post legislation populations' speed and frequency of reactions to allergen(s)**

	Pre legislation (All) N= 874 Total (%)	Post legislation (All) N= 392 Total (%)	Post legislation (Returning) N= 188 Total (%)
Speed of reaction			
Immediately	426 (48.7)	165 (42.1)	94 (50.0)
Within 1 hour	231 (26.4)	127 (32.2)	47 (25.0)
1-24 hours	193 (22.1)	91 (23.2)	42 (22.3)
After 24 hours	19 (2.2)	9 (2.3)	5 (2.5)
Not reported	5 (0.6)	0	0
Frequency of reaction			
Always	686 (78.5)	289 (73.7)	143 (76.1)
Mostly	145 (16.6)	83 (21.2)	30 (16.0)
Sometimes	17 (1.9)	14 (3.6)	11 (5.9)
Rarely	15 (1.7)	4 (1.0)	3 (1.6)
Not reported	11 (1.3)	2 (0.5)	1 (0.5)

**Table 11: Pre and Post legislation populations' frequency of food consumption from venues / food providers**

Venue & food type	Pre legislation (All) N= 874 Mean (SD)	Post legislation (All) N= 392 Mean (SD)	Post legislation (Returning) N= 188 Mean (SD)
'International': (Indian/Chinese/Thai/Mexican/Italian)	1.17 (1.03)	1.37 (1.00)	1.14 (1.02)
'National': Pubs & bars/Fish & chips/chicken or burger joint/British food (non-pub)	1.72 (0.83)	1.82 (0.81)	1.76 (0.86)
Convenience/corner shop/petrol station	1.04 (1.00)	1.29 (1.04)	1.09 (1.06)
Deli counter/self-service salad bar in supermarket/bakery	0.71 (0.95)	1.07 (1.07)	0.72 (1.00)
Café	1.48 (0.73)	1.63 (0.84)	1.51 (0.82)
Street food (stalls at events)	0.44 (0.64)	0.70 (0.83)	0.55 (0.81)
Canteen/work café food/hospital food/airline food	0.90 (0.90)	1.10 (0.95)	0.93 (0.97)

Scale: 0=Never → 3=Regularly

**Table 12: Pre and Post legislation populations' perceptions of information provision for those avoiding Gluten, Nuts, & Milk**

	Gluten		Nuts		Milk	
CONSTRUCT	Pre (n=149)	Post (n=66)	Pre (n=272)	Post (n=94)	Pre (n=77)	Post (n=72)
Current reliance on speaking to staff when eating out	3.22 (1.48)	3.26 (1.25) <sup>a</sup>	3.75 (1.34)	3.79 (1.27) <sup>a</sup>	3.25 (1.38)	3.15 (1.22) <sup>a</sup>
Satisfaction with written information to aid confident choices	3.07 (0.97)	3.30 (0.91) <sup>b</sup>	3.14 (0.96)	3.59 (0.73) <sup>b</sup>	3.02 (1.07)	3.41 (0.73)
Preference for staff as source of information	3.66 (1.21)	3.48 (1.29) <sup>a</sup>	3.90 (1.02)	4.00 (1.02) <sup>a</sup>	3.44 (1.18)	3.10 (1.23) <sup>a</sup>
Potential for allergen menu use	3.98 (0.98)	4.11 (0.87) <sup>a</sup>	3.88 (1.04)	3.93 (0.97) <sup>a</sup>	3.63 (1.04)	3.49 (0.99) <sup>a</sup>
Menu invites you to ask staff about allergens	4.71 (0.69)	4.55 (0.79)	4.76 (0.57)	4.67 (0.67) <sup>a</sup>	4.56 (0.73)	4.33 (0.87) <sup>a</sup>
Sign invites you to ask staff about allergens	----	4.59 (0.78)	----	4.60 (0.81) <sup>b</sup>	----	4.29 (0.94) <sup>b</sup>

Pre= all pre legislation participants reporting avoidance of specified allergens. Post= all post legislation participants reporting avoidance of specified allergens. <sup>a</sup> p<.05; <sup>b</sup> p<.06