FAIR Study

Recruitment Questionnaire: Family history of atopy

Name & Address	Date seen	/ /
	Expected date of delivery	/ /
	Is this pregnancy Single	Multiple
	NHS Number	
Hognital Number	_	
Hospital Number		
Date of Birth		

Tel No: (Home)	Other contact:
(Work)	
(Mobile)	

Consultant	
Community Midwife	Clinic
Health Visitor	Clinic
GP	Surgery

Family history of atopy

1. Has any of the following persons ever had asthma?

Mother	[Father			Any	sibling		
Yes ¹ No ²	D/K ³	Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰	

2. Has any of the following persons ever had hayfever?

Mother			Father			An	y sibling		
Yes ¹ No ²	D/K ³	Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰	

3. Has any of the following persons ever had an itchy rash which was coming and going for at least six months?

	r		Fath	er		Any	sibling		
Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰

4. Has any of the following persons ever had wheezing or whistling in the chest at any time in the past?

Mothe			Fathe	21		An	y sibling		
Yes ¹ No ²	D/K ³	Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰	

5. Has any of the following persons ever suffered from an itchy, stuffy or runny nose and/or swollen, itchy eyes when they did not have a cold?

Mot	her		Fath	CI		An	y sibling		
Yes ¹ No ²	D/K ³	Yes ¹	No ²	D/K ³	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰	

D/K³

Yes1

No²

Food Allergy or intolerance

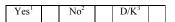
- 6. Has **Mother** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 9
- 7. Did you identify the offending food or component? IF 'NO' GO TO Q. 9
- 8. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only $\underline{2}$ major symptoms per food)	code	Temporal relationship	code	

- 9. Has **Father** ever suffered from symptoms of food allergy or intolerance? Yes¹ No² D/K³ IF 'NO' or 'D/K' GO TO Q. 12
- 10. Did you identify the offending food or component? IF 'NO' GO TO Q. 12
- 11. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only <u>2</u> major symptoms per food)	code	Temporal relationship	code
L					1

- 12. How many children do you have? IF 'NONE' GO TO Q. 23
- 13. Has **any child** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 23



Study No.

Yes ¹	No ²	

Yes.	No	



No²

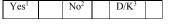
- 14. Has **sibling 1** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 17
- 15. Did you identify the offending food or component? IF 'NO' GO TO Q. 17
- 16. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only <u>2</u> major symptoms per food)	code	Temporal relationship	code

- 17. Has **sibling 2** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 20
- 18. Did you identify the offending food or component? IF 'NO' GO TO Q. 20
- 19. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

code	Symptom (only <u>2</u> major symptoms per food)	code	Temporal relationship	code
		code Symptom (only <u>2</u> major symptoms per food)	code Symptom (only <u>2</u> major symptoms per food) code	code Symptom (only 2 major symptoms per food) code Temporal relationship

- 20. Has **sibling 3** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 23
- 21. Did you identify the offending food or component? IF 'NO' GO TO Q. 23



Yes¹

Yes ¹	No ²	D/K ³	

Study No. _____

Yes¹ No²

No²

Yes1

Yes ¹	No ²	

D/K²

Study No. _____

22. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only $\underline{2}$ major symptoms per food)	code	Temporal relationship	code

Pets

23. In house during pregnancy

Cat	Yes ¹	No ²	
Dog	Yes ¹	No ²	
Other	Yes ¹	No ²	What?

24. Regular exposure elsewhere

Cat	Yes ¹	No ²	
Dog	Yes ¹	No ²	
Other	Yes ¹	No ²	What?

Social History

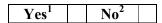
- 25. Father/Partner's occupation
- 26. Mother's occupation or usual occupation
- 27. Mother's highest level of education
- 28. Father's highest level of education

CONSENT FOR CORD BLOOD

SchoolFurther2Higher3Did not finish school D/K^5 Still at school

D/K⁵

Further²



School

Did not finish school⁴

Comments:

66

Higher³

Still at school⁶

20. Has **sibling** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 17

- 21. Did you identify the offending food or component? IF 'NO' GO TO Q. 17
- 22. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only $\underline{2}$ major symptoms per food)	code	Temporal relationship	code

- 20. Has **sibling** ever suffered from symptoms of food allergy or intolerance? IF 'NO' GO TO Q. 20
- 21. Did you identify the offending food or component? IF 'NO' GO TO Q. 20
- 22. If yes, which food caused the problem, what were the major symptoms experienced and how soon after eating/drinking the food did the symptoms appear?

Food	code	Symptom (only $\underline{2}$ major symptoms per food)	code	l'emporal relationship	code

Yes¹ No² D/K³

Study No.

Yes ¹ N	o^2

Yes ¹	No ²	D/K ³	