

FAIR Study

Recruitment Questionnaire: Family history of atopy

Name & Address	Date seen	/ /	
	Expected date of delivery	/ /	
	Is this pregnancy	Single	Multiple
	NHS 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			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

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

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

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

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

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?

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

Food Allergy or intolerance

6. Has **Mother** ever suffered from symptoms of food allergy or intolerance?

Yes ¹		No ²		D/K ³	
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IF 'NO' GO TO Q. 9

7. Did you identify the offending food or component?

Yes ¹		No ²	
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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 <u>2</u> major symptoms per food)	code	Temporal relationship	code

9. Has **Father** ever suffered from symptoms of food allergy or intolerance?

Yes ¹		No ²		D/K ³	
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IF 'NO' or 'D/K' GO TO Q. 12

10. Did you identify the offending food or component?

Yes ¹		No ²	
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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

12. How many children do you have?

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IF 'NONE' GO TO Q. 23

13. Has **any child** ever suffered from symptoms of food allergy or intolerance?

Yes ¹		No ²		D/K ³	
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IF 'NO' GO TO Q. 23

14. Has **sibling 1** ever suffered from symptoms of food allergy or intolerance?
IF 'NO' GO TO Q. 17

Yes ¹		No ²		D/K ³	
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15. Did you identify the offending food or component?
IF 'NO' GO TO Q. 17

Yes ¹		No ²	
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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

Yes ¹		No ²		D/K ³	
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18. Did you identify the offending food or component?
IF 'NO' GO TO Q. 20

Yes ¹		No ²	
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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?

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

20. Has **sibling 3** ever suffered from symptoms of food allergy or intolerance?
IF 'NO' GO TO Q. 23

Yes ¹		No ²		D/K ³	
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21. Did you identify the offending food or component?
IF 'NO' GO TO Q. 23

Yes ¹		No ²	
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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 <u>2</u> 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

School ¹		Further ²		Higher ³	
Did not finish school ⁴		D/K ⁵		Still at school ⁶	

28. Father's highest level of education

School ¹		Further ²		Higher ³	
Did not finish school ⁴		D/K ⁵		Still at school ⁶	

CONSENT FOR CORD BLOOD

Yes ¹		No ²	
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Comments:

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

Yes ¹		No ²		D/K ³	
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21. Did you identify the offending food or component?
IF 'NO' GO TO Q. 17

Yes ¹		No ²	
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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 <u>2</u> 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

Yes ¹		No ²		D/K ³	
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21. Did you identify the offending food or component?
IF 'NO' GO TO Q. 20

Yes ¹		No ²	
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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 <u>2</u> major symptoms per food)	code	Temporal relationship	code