# Appendix 2

Food Allergy & Intolerance Research Study

Study No. \_\_\_\_\_



Please complete this form when you are 36 WEEKS PREGNANT by ticking the appropriate boxes and send back to the David Hide Asthma and Allergy Centre in the enclosed pre-paid envelope. <u>Please answer every question</u>. If you have any queries, please phone the Dietitian: Carina Venter on 534193

Name & Add	dress
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Date questionnaire completed / /
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Hospital Number	
Date of Birth	

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

# 1. How are you planning to feed your baby?

Breast <sup>1</sup>	Bottle <sup>2</sup>	Undecided <sup>3</sup>	$Both^4$	

### 2. Please tick all of the following statements that are applicable to you:

I am following a normal diet	Yes <sup>1</sup>	No <sup>2</sup>
I am following a vegetarian diet	Yes <sup>1</sup>	No <sup>2</sup>
I am following a vegan diet	Yes <sup>1</sup>	No <sup>2</sup>
I am excluding raw eggs, unpasteurised soft cheese, liver etc. due to my pregnancy	Yes <sup>1</sup>	No <sup>2</sup>
I am excluding peanuts due to my pregnancy	Yes <sup>1</sup>	No <sup>2</sup>
I am following a special diet due to medical reasons (please state medical condition)	Yes <sup>1</sup>	No <sup>2</sup>
I am excluding certain foods due to personal choice (please list foods)	Yes <sup>1</sup>	No <sup>2</sup>

# Have you taken any medication during pregnancy e.g. antibiotics, aspirin, paracetamol etc. IF 'NO' GO TO Q. 5

- 4. If yes, what?
- 5. Have you taken any of the following supplements during this pregnancy?

Multivitamin Multi mineral Calcium Iron Folic acid Other

Yes <sup>1</sup>	No <sup>2</sup>	
		What?

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#### 6. On average, how often have you eaten these foods during pregnancy?

	Never <sup>1</sup>	Rarely $(1-2)$ per month or less) <sup>2</sup>	Occasionally (1-3 per week) <sup>3</sup>	4 times per week or more <sup>4</sup>	Uncertain <sup>5</sup>
Milk and milk products (e.g. custard, yoghurt, ice cream,					
chocolate, butter, margarines, cheese – pizza, cheese sauce,					
lasagne, cheezy biscuits)					
Egg (e.g. omelettes, flans, meringues, cakes, cookies, batter					
mixes, egg pasta, quorn, mayonnaise, quiches)					
Wheat (e.g. bread, cereals, pasta, pizza, cakes, pies, pastry)					
White fish (e.g. tuna, fish cakes, battered fish, fish fingers)					
Shellfish (e.g. crab, prawns, shrimps, lobster, crayfish)					
Oily fish (e.g. mackerel, salmon, sardines, pilchards,					
herring, kipper, white bait, trout, crab, FRESH tuna)					
Peanuts (e.g. Bombay mix, peanut butter, peanut brittle,					
peanut cookies, sate, some vegetarian meals)					
Tree nuts - almonds, brazil nuts, pecan nuts, hazel nuts,					
walnuts etc. (e.g. in chocolate, crunchy nut cornflakes,					
stuffing mix, sweet mincemeat, choc chip cookies, almond					
slice, marzipan, pesto sauce. vegetarian meals, Greek					
desserts like bakklava)					
Seeds e.g. sesame, poppy, sunflower (on bread rolls, tahini					
paste)				<u> </u>	
<b>Citrus fruits</b> (eg orange, tangerine, grapefruit, lemon, lime)					

7. How many helpings/portions of fruit and vegetables do you eat daily? (1 portion is: 1 fruit, 1 bowl of salad, 2-3 tablespoons of vegetables, 1 bowl of fruit salad, large slice of melon or other large fruit, a handful of dried fruit or a cupful of berries or grapes)

1 portion <sup>1</sup>		2 portions <sup>2</sup>	3 portions <sup>3</sup>	4 portions <sup>4</sup>	5 portions <sup>5</sup>	More than 5 portions <sup>6</sup>	
Less than 1 p	port	ion <sup>7</sup>					L

Yes<sup>1</sup>

Thank you for taking the time to complete this questionnaire

- 8. Have you deliberately excluded soya from your diet during pregnancy?
- Have you deliberately excluded any additives from your diet during pregnancy? 9.
- 10. Do you normally smoke? IF 'NO' GO TO Q.12
- 11. If yes:

Have you cut down during this pregnancy? Have you stopped smoking during this pregnancy? How many cigarettes do you smoke daily on average?

Yes <sup>1</sup>	No <sup>2</sup>	
Yes <sup>1</sup>	No <sup>2</sup>	

No<sup>2</sup>

12. Have you regularly been exposed to cigarette smoke elsewhere?

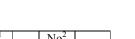
At home	Yes <sup>1</sup>	No <sup>2</sup>		
At work	Yes <sup>1</sup>	No <sup>2</sup>	$N/A^3$	

Comments

No<sup>2</sup>

Yes<sup>1</sup> No<sup>2</sup>

Yes<sup>1</sup>



Study No.