

ALLERGIES and ASTHMA – Questions list

Introduction: Allergies and asthma are determined by both genetic and environmental influences. The number of people in the U.S. who have either allergy or asthma symptoms is approximately 1 in 5. There are many different types of allergies: food, insect, seasonal, drug allergies, to name a few. Symptoms can range from slight irritation (for example, itching, watery eyes, swelling of the tongue) to anaphylaxis (a life-threatening reaction). The cause of allergies is still not fully understood; however, studies show that having asthma puts you at higher risk for developing an allergy. You are also at increased risk of allergies if you have family members who have asthma or hay fever. Please fill out this survey to help us grasp this connection between allergies and asthma.

Question 1: Do you have any allergies?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->2 No->21 I do not know->21)

Question 2: Do you have a food allergy?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->3 No->6 I do not know->6)

Question 3: Please select all foods you are allergic to:

- Peanuts
- Tree nuts
- Wheat
- Soy
- Fish
- Shellfish
- Eggs

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- Milk
- Melon
- Bananas
- Tomatoes
- Not listed above

Gender specific: None

Routing rule: (Not listed above@4 SKIPTO->5)

Question 4: The food you are allergic to was not listed. Please type it in the text box below.

Gender specific: None

Routing rule: None

Question 5: Which symptoms do you have or did you have after eating the food you are allergic to?

Please select all that apply:

- Tingling mouth
- Swelling of the lips, tongue, face, or throat
- Hives
- Anaphylaxis (life-threatening reaction)
- Other

Gender specific: None

Routing rule: None

Question 6: Do you have hay fever (an allergic reaction to pollen)?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->7 No->9 I do not know->9)

Question 7: Which hay fever symptoms do you have?

Select all that apply:

- Sneezing
- Itching of the nose, eyes, or roof of the mouth
- Runny, stuffy nose
- Watery, or itchy eyes
- Eyelid swelling
- Sinus pressure and facial pain
- Decreased smell and/or taste
- Tiredness
- Other

Gender specific: None

Routing rule: None

Question 8: When do you usually have hay fever? Please select the months during which you suffer from hay fever:

- All year
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- I do not know

Gender specific: None

Routing rule: None

Question 9: Do you have allergic reactions to other airborne allergens than pollen, such as dust mites, pet dander, or mold?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->10 No->11 I do not know->11)

Question 10: Which symptoms do you have after contact with airborne allergens?

Select all that apply:

- Sneezing
- Itching of the nose, eyes, or roof of the mouth
- Runny, stuffy nose
- Watery, or itchy eyes
- Eyelid swelling
- Sinus pressure and facial pain
- Decreased smell and/or taste
- Tiredness
- Other

Gender specific: None

Routing rule: None

Question 11: Do you have allergic reactions to insect bites or stings?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->12 No->13 I do not know->13)

Question 12: Do you have any symptoms from the following insect sting or bite?

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- Bee
- Wasp
- Bumble bee
- Yellow Jacket
- Hornet
- Flea
- Other
- I do not know

Gender specific: None

Routing rule: None

Question 13: Do you have a drug allergy? (A drug allergy is an abnormal reaction of your immune system to a medication – over the counter, prescription or herbal. For example, to antibiotics, aspirin, or sulfa drugs.)

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->14 No->16 I do not know->16)

Question 14: Please list all medications you are allergic to.

Gender specific: None

Routing rule: None

Question 15: Which symptoms did you have after taking the drug(s)?

- Skin rash
- Hives
- Itching
- Fever
- Swelling of lips, tongue, or face

- Shortness of breath
- Wheezing
- Running nose
- Itchy, watery eyes
- Anaphylaxis (life-threatening reaction)
- Other

Gender specific: None

Routing rule: None

Question 16: Do you have allergic reactions to latex?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 17: Do you have skin rashes after contact with poison ivy, poison sumac, or poison oak?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 18: Do you break out after exposure to sunlight (solar urticaria, also known as sun allergy or photodermatitis)?

- Yes, always
- Yes, sometimes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 19: Do you have any other allergies besides the ones we asked about?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->20 No->21 I do not know->21)

Question 20: Please tell us the allergy or allergies you have.

Gender specific: None

Routing rule: None

Question 21: Have you ever had asthma?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->22 No->26 I do not know->26)

Question 22: Was your asthma ever confirmed by a physician?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 23: At what age did your asthma start?

Please select:

Gender specific: None

Routing rule: None

Question 24: Do you still have asthma?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->26 No->25 I do not know->26)

Question 25: At what age did your asthma stop?

Please select:

Gender specific: None

Routing rule: None

Question 26: Do you have family members (only blood relatives) with asthma, and/or hay fever?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 27: Which family members have asthma and/or hay fever?

Select all that apply:

- Mother
- Father
- Sibling(s)
- Child/children
- Grandparent(s)
- Aunt(s)/uncle(s)
- Half sibling(s)

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- Niece(s)/Nephew(s)
- Grandchild/Grandchildren
- Other

Gender specific: None

Routing rule: None

Question 28: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None

Routing rule: (END)