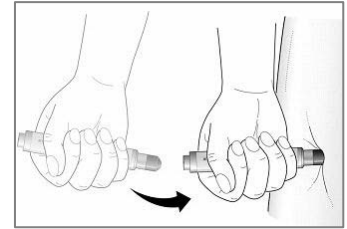


Survey

Behaviours and practices towards food allergies

Food-induced anaphylaxis is defined as a severe, life-threatening generalized or systemic hypersensitivity reaction. Although food-induced anaphylaxis is a medical emergency, significant gaps and controversies still exist in the literature regarding diagnosis and treatment. The goal of this survey is to compare opinions towards controversial issues related to food-induced anaphylaxis.



Your contribution is greatly appreciated.

1. Do you treat children (less than 18 years) or adults with food allergy?

Mainly children (>50% of patients)

Mainly adults (>50% of the patients)

Both children and adults (about 50% each)

I do not treat patients with food allergies

Other: _____

***If you do not treat patients with food allergies, thank you for completing this survey.
If you do, please proceed to question 2.***

2. **Demographics of reporting physician**

2.1 Year of birth (yyyy) _____ 2.2 Gender: Male Female

2.3 Province/territory of practice: _____

2.4 Trained in Canada? Yes No If no, indicate country of training for each of the following:

medical school _____ paediatric residency _____

paediatric subspecialty _____

2.5 Are you a paediatrician in active clinical practice? Yes No

2.6 Are you a paediatric subspecialist? Yes No If yes, specify subspecialty(ies) _____

2.7 Where do you treat individuals with a food allergy?

(Check all that apply.)

Hospital setting Private clinic Both hospital setting and private clinic

Other: _____

3. At what age would you recommend oral introduction of **egg white** for a child **with and without a personal or family history of atopy** (documented allergic diseases, such as asthma, eczema or hay fever, or other food allergy)?

(Check only one per column.)

Recommendation of egg white introduction	ABSENCE of atopy	PRESENCE of atopy
No specific recommendation necessary	___	___
Before 6 month of age	___	___
Between 6 and 12 months of age	___	___
Between 1 and 3 years of age	___	___
After 3 years of age	___	___
I do not know	___	___
Other: _____		

.../2

4. For a patient with a **confirmed IgE-mediated egg allergy**, would you recommend immunization for MMR and influenza?
(Check only one per column.)

Recommendation	MMR vaccine	Influenza vaccine
I would not recommend immunization	___	___
I would recommend immunization	___	___
• in community facilities/private office	___	___
• in community facilities/private office as long as a physician is present and epinephrine is available	___	___
• only in hospital setting	___	___
• only under supervision of an allergist	___	___
I do not know	___	___
Other: _____		

5. For a patient with a documented IgE-mediated food allergy, you would recommend **the use of an epinephrine auto-injector**:
(Check all that apply.)

___ immediately after an accidental exposure
 ___ if the patient has swelling or develops generalized hives
 ___ if the patient has breathing difficulties, feels weak or he/she is going to pass out
 ___ If the patient feels itchy and has few hives
 ___ if the patient starts to vomit or has abdominal pain
 ___ I do not know
 ___ Other: _____

6. At what age would you recommend that a child (less than 18 years) start self-carrying an epinephrine auto-injector, rather than leaving the responsibility to someone else?

___ A child should never self-carry an epinephrine auto-injector
 ___ Before the age of 5 years
 ___ At school entrance, between 5 to 7 years old
 ___ At high school entrance, between 12 and 14 years old
 ___ I leave this decision to the parents
 ___ I do not know
 ___ Other: _____

The next questions are related to the treatment of an allergic reaction IN A HOSPITAL SETTING.

If you do not practice in a hospital setting, thank you for completing this survey.

7. What would be your preferred route of epinephrine administration for a patient with an anaphylactic reaction to a food allergen?

___ Inhaled racemic epinephrine
 ___ Subcutaneous
 ___ Intramuscular
 ___ Intravenous
 ___ I do not know
 ___ Other: _____

8. To whom would you recommend the use of steroids in the treatment of an anaphylactic reaction?

___ Everybody
 ___ Only to patients who receive epinephrine for the present reaction
 ___ Only to those who have had a previous severe reaction
 ___ Only to patients with asthma and protracted reaction
 ___ No one
 ___ I do not know
 ___ Other: _____

9. For how long would you recommend observing a patient in the emergency department after a moderate to severe allergic reaction to a known allergen (assume that the patient is now with no symptoms although his reaction required administration of epinephrine)?

___ No observation
 ___ < 4 hours
 ___ 4 to 6 hours
 ___ 7 to 12 hours
 ___ 13 to 24 hours
 ___ More than 24 hours
 ___ Observation period should be individualized.
 Please indicate minimal observation time _____
 ___ I do not know
 ___ Other: _____

Please return this survey with your monthly reporting form.
Thank you for your participation.