

Anaphylaxis in America: The prevalence and characteristics of anaphylaxis in the United States

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Background: Although anaphylaxis is recognized as an important life-threatening condition, data are limited regarding its prevalence and characteristics in the general population.

Objective: We sought to estimate the lifetime prevalence and overall characteristics of anaphylaxis.

Methods: Two nationwide, cross-sectional random-digit-dial surveys were conducted. The public survey included unselected adults, whereas the patient survey captured information from household members reporting a prior reaction to medications, foods, insect stings, or latex and idiopathic reactions in the previous 10 years. In both surveys standardized questionnaires queried anaphylaxis symptoms, treatments, knowledge, and behaviors.

Results: The public survey included 1,000 adults, of whom 7.7% (95% CI, 5.7% to 9.7%) reported a prior anaphylactic reaction. Using increasingly stringent criteria, we estimate that 5.1% (95% CI, 3.4% to 6.8%) and 1.6% (95% CI, 0.8% to 2.4%) had probable and very likely anaphylaxis, respectively. The patient survey included 1,059 respondents, of whom 344 reported a history of anaphylaxis. The most common triggers reported were medications (34%), foods (31%), and insect stings (20%). Forty-two percent sought treatment within 15 minutes of onset, 34% went to the hospital, 27% self-treated with antihistamines, 10% called 911, 11% self-administered epinephrine, and 6.4%

received no treatment. Although most respondents with anaphylaxis reported 2 or more prior episodes (19% reporting ≥ 5 episodes), 52% had never received a self-injectable epinephrine prescription, and 60% did not currently have epinephrine available.

Conclusions: The prevalence of anaphylaxis in the general population is at least 1.6% and probably higher. Patients do not appear adequately equipped to deal with future episodes, indicating the need for public health initiatives to improve anaphylaxis recognition and treatment. (*J Allergy Clin Immunol* 2013;■■■:■■■-■■■.)

Key words: Anaphylaxis, prevalence, epinephrine

Anaphylaxis is an acute, life-threatening systemic allergic reaction associated with different mechanisms, triggers, clinical presentations, and severity.¹⁻⁴ Estimates of anaphylaxis prevalence vary widely, and many studies suggest that the prevalence is increasing, particularly in developed countries.⁵⁻²¹ The different estimates might be due to differences in the populations studied, as well as the many different study designs used, including retrospective reviews of medical records of allergy clinic visits, emergency department visits, hospital admissions, critical

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Abbreviation used

RDD: Random-digit-dial

care unit admissions, and deaths in addition to reviews of medication-dispensing databases to ascertain dispensing rates for epinephrine autoinjectors. Studies that have focused on anaphylaxis related to specific triggers, such as foods, insect stings, and medications, have also yielded highly variable results. For example, in studies of food-induced anaphylaxis, rates ranging from as low as 1 per 100,000 to as high as 70 per 100,000 have been reported by using data from hospitalizations, emergency department visits, and medical records reviews, whereas the proportion of anaphylaxis cases determined to be due to foods also varied between 13% and 65%.¹¹⁻¹⁷

In this study we sought to assess the lifetime prevalence of anaphylaxis in the United States from the general adult population, as well as to gather data on the characteristics of anaphylactic reactions from the general adult population and a more focused population that included patients of all ages.

METHODS

Two independent, nationwide, cross-sectional random-digit-dial (RDD) landline telephone surveys were conducted between July and November 2011 by using screening questions and standardized questionnaires, including demographic data and detailed information regarding anaphylaxis symptoms, treatments, knowledge, awareness, perceptions, behaviors, and quality of life (see Supplemental documents 1 and 2 in this article's Online Repository at www.jacionline.org). The study and survey instruments were approved by the Institutional Review Board of Abt SRBI (New York, NY).

The first survey, which was referred to as the public survey, was primarily intended to capture the lifetime prevalence of anaphylaxis. Eight thousand five hundred fifteen telephone contacts were made from a total sample of 11,153 RDD numbers found to be associated with a household (Table 1). A total of 1,200 eligible respondents age 18 years and older were identified, among whom 1,000 interviews were completed (83% of screened eligible respondents). The survey included more than 75 questions, and the average interview duration was 14 minutes, with a range of 7 to 34 minutes. For analysis, these data were weighted by age and sex to be representative of the adult population of the United States.

The second survey, which was referred to as the patient survey, focused specifically on subjects who reported experiencing some type of generalized allergic reaction to a food, insect sting, medication, and/or latex and/or an exercise-induced or idiopathic reaction within the past 10 years. Household screening was conducted to identify all persons with an eligible history of an allergic reaction, and if more than 1 person was eligible, the respondent with a history of anaphylaxis or any reaction requiring immediate medical attention was chosen; otherwise, he or she was chosen at random. If the person with a history of an allergic reaction was less than 18 years old, the parent or most knowledgeable adult completed the proxy interview. Screening interviews were completed in 7,512 households from a total sample of 29,595 household contact numbers; 1,651 respondents were identified as eligible, among whom 1,059 interviews were completed (97% of screened eligible respondents, Table 1). The median respondent age was 52 years of age, 93% were high school graduates, and 44% had a 4-year college degree or greater. The average interview length for this more extensive interview, which included more than 100 questions, was 33 minutes, with a range of 14 to 107 minutes.

To define allergic reactions that might represent anaphylaxis, symptom reports from the questionnaires were categorized into 5 organ systems: (1) respiratory, defined as positive responses to questions about increased breathing rate, cough, wheeze, chest tightness, throat itching, and/or hoarse

voice; (2) skin and subcutaneous tissue, including itching, rash, hives, eye swelling, lip swelling, or tongue swelling; (3) gastrointestinal, including cramps, abdominal pain, vomiting, and/or diarrhea; (4) neurologic, including feelings of uneasiness and/or sudden behavioral change (in young children); and (5) cardiovascular, including dizziness, loss of consciousness, low blood pressure, and/or loss of bladder or bowel control. Reported reactions were then categorized as those involving 1, 2, 3, or more than 3 systems, and for the purposes of analysis, "confirmed" anaphylaxis in the patient survey was defined as those reactions that involved 2 or more systems with respiratory and/or cardiovascular symptoms or those leading to loss of consciousness, even if only that single system was involved.¹

Data were processed by using SPSS software (SPSS, Chicago, Ill), and descriptive statistics were generated. The weights for the public survey were calculated by using 2010 Census numbers with adjustments of the sample by sex and age by using poststratification. CIs were calculated with the SAS system (SAS Institute, Cary, NC) and the Surveyfreq procedure because of the use of weighted percentages in the public data file.

RESULTS

Public survey

Overall characteristics of the 1,000 respondents are presented in Tables I and II. The median respondent age was 45 years, 93% were high school graduates, and 38% had a 4-year college degree or greater. Of note, 8.6% of respondents who had visited the emergency department in the past 12 months (1.9% of the total surveyed population) did so for allergy-related reasons (which could include environmental allergens), and 5.6% of those hospitalized in the past 12 months (0.7% of the total population) were hospitalized for allergy-related reasons. A history of asthma was reported by 17% of respondents. There were reports of a history of allergies to medications by 33%, to foods by 15%, to insect stings by 19%, and to latex by 6.2%. Nearly 3 in 5 American adults (59%) reported that they had heard the term anaphylaxis, with 41% reporting that they were somewhat or very familiar with the term.

Before asking specific questions about anaphylaxis, a definition and a general question were presented to the respondents as follows: "Anaphylaxis is a severe, sudden allergic reaction that typically involves two or more organs, such as the skin, airways, lungs, stomach, heart or blood pressure. Have you ever had an anaphylactic or a severe, sudden, multi-system allergic reaction within minutes to a few hours after being exposed to something?" Of the 1,000 respondents, the answer was yes in 7.7% (weighted percentile, actual $n = 87$; 95% CI, 5.7% to 9.7%), no in 91%, and do not know in 0.9%. For the 87 answering yes, the most recent reaction occurred within the past year in 17%, 1 to 2 years ago in 10%, and 3 or more years ago in 72%; 1.5% did not know or refused to answer. The symptoms reported in their most recent reaction are summarized in Fig 1, A, whereas Fig 2, A, categorizes these symptoms into the 5 predefined organ systems. Respiratory symptoms were most common (73%), followed by skin (61%), cardiovascular (24%), neurologic (15%), and gastrointestinal (7%) symptoms. Although 30% of reactions involved only a single organ system, most respondents reported multisystem reactions, including 2 or more systems in 67% and 3 or more systems in 16%.

Several definitions with increasingly stringent criteria were used to define anaphylaxis prevalence (Fig 3). Although any history of anaphylaxis was reported in 7.7%, probable anaphylaxis, which was defined as 2 or more systems with respiratory and/or cardiovascular symptoms, was reported in 5.1% (95% CI, 3.4%

TABLE I. Survey methods and results

	Public survey	Patient survey
Total sample size of telephone numbers in study	35,079	104,084
Total sample size of household telephone numbers	11,153	29,595
Total contacts	8,515	25,866
No. of households screened	1,244	7,512
Identified eligible respondent in household screen	1,200	1,651
Reasons not eligible		
Callback or refusal after identification	75	36
Partial interview	125	
Respondent not eligible after initial screen		424
Reported reaction >10 y ago		132
Total no. of completed interviews	1,000	1,059
Response rate for screened eligible respondents	83%	97%
Median age of respondents (completed interviews only)	45 years	52 years
Median age of persons with history of allergic reaction	47 years	51 years
Median age of persons reporting anaphylaxis (range)	51 years (26-88)	50 years (1-87)
Education level of respondents (completed interviews only)*		
High school graduate or above	93%	93%
College graduate or above	38%	44%
Annual household income of respondents (completed interviews only)		
<\$50,000	45%	41%
≥\$50,000	37%	44%
≥\$100,000	15%	18%
Do not know/refused	18%	15%

Public survey data are weighted, and patient survey data are unweighted.

*For comparison, in the 2012 Census, these numbers were 87% for high school graduate or above and 34.7% for college graduate or above.

to 6.8%), and very likely anaphylaxis, which was defined as 2 or more systems with respiratory and/or cardiovascular symptoms and a trip to the hospital and a feeling that the patient's life was in danger, was reported in 1.6% (95% CI, 0.8% to 2.4%).

Patient survey

As outlined in [Tables I and III](#), the patient survey was completed by 1,059 subjects with a history of allergic reactions in the previous 10 years. With regard to the subject in the household designated with a history of an allergic reaction, 70% were female, and the median age was 51 years, with 9.4% less than age 10 years, 9.0% ages 10 to 19 years, 5.6% ages 20 to 29 years, 8.2% ages 30 to 39 years, 14% ages 40 to 49 years, 35% ages 50 to 64 years, and 19% age 65 years or older. Approximately one third (38%) of respondents reported being very familiar with the term anaphylaxis, with 28% reporting being somewhat familiar. Among all respondents with a history of an allergic reaction, 16% spontaneously reported a history of anaphylaxis, and an additional 17% reported such a history after a definition of anaphylaxis was provided (n = 344).

TABLE II. Characteristics of the public survey population (n = 1,000)

Characteristic	Positive response
ED visit in last 12 mo	22%
Of those with ED visit, % for severe allergic reaction*	8.6%
Hospitalized in last 12 mo	13%
Of those hospitalized, % for severe allergic reaction	5.6%
Ever given diagnosis of asthma	17%
Ever given diagnosis of hay fever	19%
Ever given diagnosis of eczema or other skin allergy	12%
Ever had an allergic reaction to:	
Food	15%
Insect sting	19%
Medication	33%
Latex	6.2%
Ever heard of anaphylaxis	59%
Ever had an anaphylactic reaction (after definition provided)	7.7%
If yes, time since last reaction	
Within past year	17%
1-2 y ago	10%
≥3 y	72%
Do not know/refused to answer	1.5%
If yes, went to hospital or ED for treatment	52%
Hospitalized overnight	40%
If yes, felt life was in danger during anaphylactic reaction	45%
If yes, number of systems involved	
1	30%
2	51%
3	15%
≥4	0.7%
≥2 with respiratory and/or cardiovascular symptoms	66%

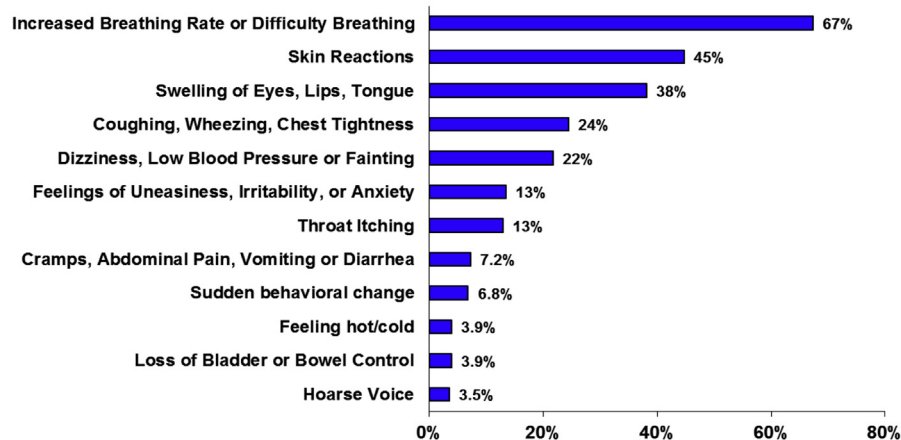
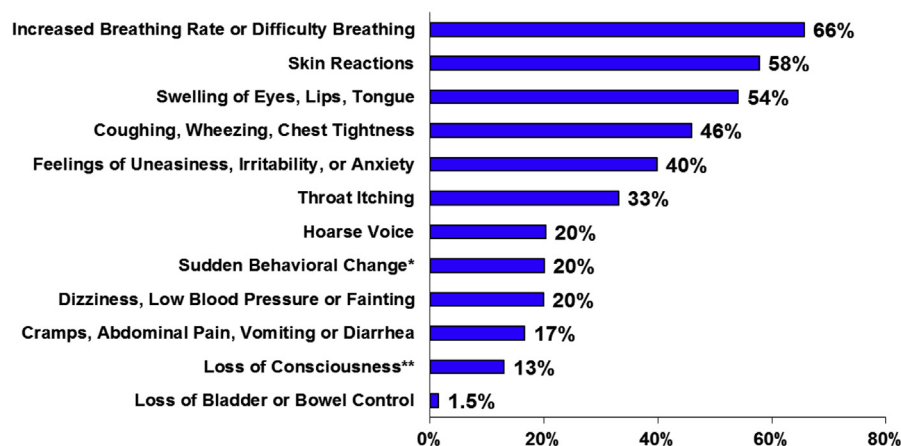
Public survey data are weighted.

ED, Emergency department.

*A severe allergic reaction could include environmental allergens, and in fact, reactions were reported to pollens in 30.6%, dust in 9.7%, and animals in 8.5%.

Responses from the 344 household members reporting a history of anaphylaxis are detailed in [Tables IV and V](#), as well as in [Figs 1, B, and 2, B](#). In addition, similar data are provided in the tables on a subset of 261 subjects with confirmed anaphylaxis, which was defined as episodes involving 2 or more organ systems, including the respiratory and/or cardiovascular systems, as well as all episodes with loss of consciousness, even if that was the only symptom involved. Although most reported symptoms were more common than in the public survey, aside from a higher proportion reporting neurologic symptoms, the overall patterns of symptom and organ system involvement were similar across the 2 surveys. In the patient survey the additional question on loss of consciousness revealed that this had occurred in 13% of subjects, with the most common reported triggers being medications (56.5%), foods (23.9%), and insect stings (10.9%).

As detailed in [Table IV](#), additional data were collected in the patient survey to better characterize anaphylactic reactions and their treatment. Medications, foods, and insect stings were the most common triggers. Reported episodes of anaphylaxis occurred most commonly at home. Treatment was sought in less than 30 minutes in most reactions, although 6.4% received no treatment. Responses to questions on behaviors and

A Public Survey (n=87)**B Patient Survey (n=344)**

Patient survey notes: *Applies only to children age 6 and younger (n=10)

**Loss of consciousness was only queried in the patient survey

FIG 1. Reported symptoms in the most recent anaphylactic reactions for the public (A) and patient (B) surveys.

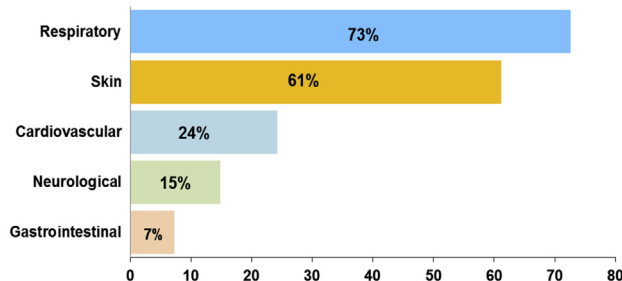
treatment of reactions included going to the hospital for 34% of respondents, self-administering an antihistamine for 27%, self-administering epinephrine for 11%, and calling 911 for 10%. Fifty percent of reported reactions had resolved within 2 hours, although 13% lasted more than 24 hours. Reported recurrence of symptoms in the absence of further exposure to the trigger, which is suggestive of biphasic anaphylaxis, was uncommon (4.7%).

Finally, data were gathered on a variety of attitudes and behaviors regarding anaphylaxis, including plans for coping with future episodes (Table V). A majority of respondents with anaphylaxis had 2 or more anaphylactic reactions in their lifetimes, with 19% reporting 5 or more reactions. However, most respondents with a history consistent with anaphylaxis had not been provided with an emergency care plan, only 32% reported that they planned to use epinephrine with future reactions, 52% had never received a prescription for self-injectable epinephrine, and 60% did not currently have self-injectable epinephrine available.

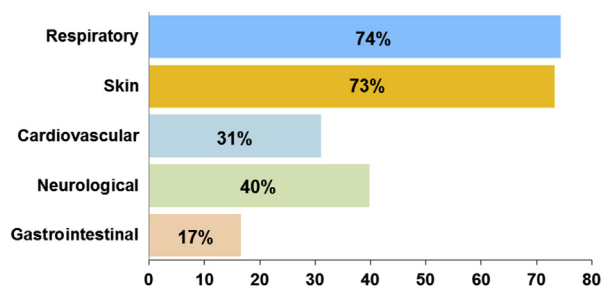
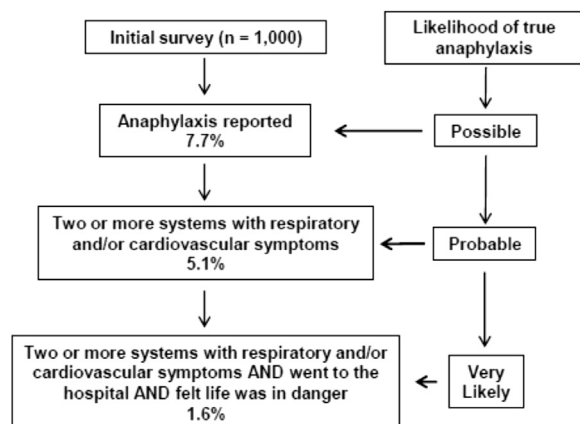
DISCUSSION

We performed 2 national RDD surveys to evaluate the prevalence and characteristics of anaphylaxis in the United States. In the public survey we sought to estimate the prevalence of anaphylaxis in subjects 18 years of age and older. Remarkably, 7.7% of respondents reported a history of anaphylaxis. By using increasingly stringent criteria, 5.1% were deemed to have a probable history of anaphylaxis, and 1.6% were deemed to have a very likely history of anaphylaxis. This final case definition required involvement of at least 2 organ systems, including respiratory systems, cardiovascular systems, or both, as well as seeking treatment in the emergency department and feeling their life was in danger. Even a prevalence estimate of 1.6% indicates that anaphylaxis is common, and these national data suggest that the true prevalence is probably higher.

Although these prevalence estimates are higher than those reported in most other studies, they are somewhat consistent with a working group estimate of a lifetime prevalence of anaphylaxis (from all triggers) between 0.05% and 2% of the general

A Public Survey (n=87)

Note: Public Survey data are weighted

B Patient Survey (n=344):**FIG 2.** Categorization of organ system involvement for the most recent anaphylactic reactions for the public (A) and patient (B) surveys.**FIG 3.** Flow chart for the public survey describing the overall report of anaphylaxis, followed by definitions of probable and very likely anaphylaxis. Ninety-five percent CIs were 5.7% to 9.7% for any report of anaphylaxis, 3.4% to 6.8% for probable anaphylaxis, and 0.8% to 2.4% for very likely anaphylaxis.

population.⁵ At best, community-based general population estimates of a specific disease are difficult to obtain and even more difficult to compare because of the different methods used for case ascertainment. Underdiagnosis, underreporting, and undercoding of anaphylaxis are also relevant issues.²² Many studies have focused on incidence estimates from emergency department populations^{6,12,16} or on anaphylaxis related only to specific triggers, such as foods¹¹⁻¹⁷ or insect stings.²³ Discrepancies among studies might also occur because there could truly be differences among different populations²⁴ and because

TABLE III. Characteristics of the patient survey population (n = 1,059)

Characteristic	Positive response
ED visit in last 12 mo	29%
For severe allergy symptoms	12%
For anaphylactic reaction	4.3%
Hospitalized in last 12 mo	19%
For severe allergy symptoms	6.8%
For anaphylactic reaction	4.4%
Ever given diagnosis of asthma	32%
Ever given diagnosis of hay fever	41%
Ever given diagnosis of eczema or other skin allergy	26%
Ever had an allergic reaction to:	
Food	38%
Insect sting	41%
Medication	61%
Latex	13%
Possible idiopathic reaction	39%
Familiarity with term anaphylaxis	
Very familiar	38%
Somewhat familiar	28%
Not too familiar	10%
Not at all familiar	23%
Ever had an anaphylactic reaction	
No	65%
Yes, spontaneous response	16%
Yes, after definition provided	17%
Do not know/refused to answer	3.0%

Patient survey data are unweighted.

ED, Emergency department.

the prevalence appears to be increasing.^{10,13,14,22,25} Therefore this study represents a major advance in defining the prevalence of anaphylaxis in a nationally representative sample.

In the patient survey we sought to capture additional details about anaphylaxis by targeting a higher-risk population of subjects with a history of allergic reactions. Overall, the reported symptoms and system involvement were similar in the public and patient surveys, lending additional credibility to the shorter public survey that was primarily intended to characterize the lifetime prevalence of anaphylaxis. Consistent with prior reports, medications, foods, and stinging insects were the most common reaction triggers, although we might have underestimated the proportion of anaphylaxis caused by foods by focusing on a predominantly adult population in which more than half the respondents were older than age 50 years. The survey data confirmed that most reactions began at home, that treatment was usually sought within 15 to 60 minutes, and that nearly half of the reactions led to a hospital visit, a call to 911, or both. Although these results regarding the care of anaphylactic reactions are somewhat reassuring, it is worrisome that far more respondents reported self-administration of an antihistamine (27%) than epinephrine (11%) and that 6.4% never sought any treatment. Although spontaneous recovery from an acute anaphylactic episode is common,²⁶ progression to life-threatening respiratory or cardiovascular symptoms cannot be accurately predicted. Respiratory or cardiac arrest can occur within 5 minutes in cases of iatrogenic anaphylaxis, 15 minutes in insect venom-triggered anaphylaxis, and 30 minutes in food-triggered anaphylaxis.²⁷

Concerning results also emerged when respondents were queried regarding their preparation and plans for dealing with

TABLE IV. Patient survey: characteristics of the most recent anaphylactic reaction

Characteristic	Reported anaphylaxis (n = 344)	Confirmed anaphylaxis* (n = 261)
Time since most recent reaction		
Within last 4 wk	8.1%	6.1%
Within past 6 mo	8.4%	8.8%
Within past y	10%	11%
1-2 y ago	11%	12%
≥3 y ago	61%	61%
Do not know/refused to answer	1.5%	0.8%
No. of systems involved		
1	22%	3.4%
2	31%	37%
3	27%	35%
≥4	17%	22%
≥2 with respiratory and/or cardiovascular symptoms	72%	94%
Lost consciousness	13%	18%
Reaction trigger		
Medication	34%	35%
Food	31%	32%
Insect sting	20%	19%
Latex	2.6%	3.1%
Exercise	1.2%	1.5%
Environmental allergen	7.5%	5.7%
Other/unknown	11%	11%
Location of reaction		
Home	54%	51%
Hospital/clinic	13%	14%
Family/friend's home	6.4%	7.3%
Work	6.1%	6.1%
Restaurant	6.1%	6.1%
Outdoors	4.4%	3.1%
Traveling	3.8%	4.6%
School	2.9%	3.4%
Time to treatment		
Within 15 min	42%	45%
15-29 min	14%	16%
30-59 min	14%	14%
1-2 h	9.3%	8.4%
>2 h	11%	9.6%
Never	6.4%	5.7%
Do not know/refused to answer	2.6%	1.5%
Treatment received		
Went to hospital	34%	36%
Self-administered antihistamine	27%	28%
Went to doctor's office/clinic	14%	13%
Call 911/ambulance	10%	12%
Self-administered epinephrine	11%	11%
Self-administered asthma inhaler	6.7%	7.3%
Other	27%	28%
Nothing	6.4%	5.7%
Do not know/refused to answer	3.8%	2.7%
Duration of reaction		
<1 h	32%	34%
1-2 h	18%	20%
3-5 h	16%	15%
6-12 h	7.3%	6.9%
12-24 h	4.1%	3.8%
>24 h	13%	12%
Do not know/refused to answer	10%	9%
Reaction recurrence within 72 h	4.7%	4.6%

*Confirmed anaphylaxis was defined as involving at least 2 systems, including the respiratory and/or cardiovascular systems, and/or loss of consciousness, even as a lone symptom.

TABLE V. Patient survey: anaphylaxis attitudes and behaviors

Characteristic	Reported anaphylaxis (n = 344)	Confirmed anaphylaxis* (n = 261)
No. of anaphylactic reactions in lifetime		
1	38%	38%
2	18%	20%
3	11%	13%
4	7.0%	6.9%
5-10	10%	11%
>10	9.0%	7.7%
Do not know/refused to answer	6.1%	3.4%
Plan for future anaphylactic reaction		
Use an antihistamine	36%	37%
Call 911/ambulance	44%	46%
Lay down	13%	14%
Use epinephrine autoinjector	32%	34%
Seek immediate medical attention	13%	13%
Go to doctor's office	11%	10%
Current epinephrine practices		
Carry but have never used	21%	22%
Carry and have previously used	20%	21%
Prescribed in the past but never used and do not currently carry	7.8%	7.7%
None of the above	52%	50%
Provided with an anaphylaxis emergency action plan (if prescribed epinephrine)		
Yes	43%	48%
No	46%	42%
Do not know/refused to answer	12%	10%

*Confirmed anaphylaxis was defined as involving at least 2 systems, including the respiratory and/or cardiovascular systems, and/or loss of consciousness, even as a lone symptom.

future anaphylactic episodes. Even though most reported having had multiple prior episodes, with a substantial minority of prior reactions even requiring a visit to the hospital, only a third reported that they planned to use epinephrine with future reactions. Even worse, more than half had never even received a prescription for self-injectable epinephrine or an emergency action plan, and almost two thirds did not have this potentially life-saving medication available at the time of the survey. Although we recognize that many of these patients, for example those with a history of isolated antibiotic allergy, did not require a prescription for epinephrine, these results still raise concerns about overall preparedness for future episodes.

This national study provides the best estimates to date of the prevalence of anaphylaxis in the general US population. Strengths include a high response rate among eligible participants in both surveys and the use of standardized questionnaires developed by experts in allergy/immunology and emergency medicine. The patient survey also succeeded in capturing a larger target population to provide a more complete picture of anaphylaxis.

Potential limitations of these surveys, as with most others, include an inability to describe the sensitivity and specificity of the questionnaire for identifying anaphylaxis (there are no prior similar surveys), recall bias of interviewees, and potential bias caused by using solely a landline sample with the exclusion of respondents using only cell phones. Specific limitations of the public survey include the lack of data on specific anaphylaxis triggers and the exclusion of children from the survey. The focus on adults might have led to an underestimation of the true prevalence, given that anaphylaxis could be more common in

children,⁵ as well as a slightly different percentage of symptoms than previously reported.⁴ For the patient survey, even though children were included, there was still a bias toward an older population, which might misrepresent the relative proportion of anaphylaxis triggers, potentially underestimating foods and overestimating medications. However, we believe that these limitations are outweighed by the novel information provided by these 2 national surveys.

In summary, this is the first study to define the prevalence, characteristics, and attitudes regarding anaphylaxis among a representative of the US general population. Most importantly, the study demonstrated that anaphylaxis is very common, occurring in at least 1 in 50 adults and more likely closer to 1 in 20 adults. Furthermore, especially given the recurrent nature of anaphylaxis and the substantial proportion of reactions that include potentially life-threatening symptoms, these surveys demonstrate likely deficiencies in anaphylaxis care, as exemplified not just by the treatment of past episodes but also by the lack of adequate preparation for future episodes. Taken together, the results of these surveys indicate a pressing need for improved public health initiatives regarding anaphylaxis recognition and treatment.

Clinical implications: Anaphylaxis is common, with an estimated prevalence in the general population of at least 1.6%. Educational efforts are needed to improve patient preparedness for future episodes of anaphylaxis.

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STUDY NUMBER 5290
August 18, 2011
VERSION #12_FINAL

AAFA's Anaphylaxis in America™: Patient Screener

State: _____ County: _____ Metro Status: _____

Date: _____ CATI ID: _____

Telephone Number: _____

INTRODUCTION

Hello, I'm _____ from Abt SRBI, the national research organization. We are conducting one of the largest surveys about ALLERGIES and ALLERGIC REACTIONS ever undertaken in the United States. I have a couple of questions which will help us understand how many people in the country have allergies or allergy-like reactions to foods, medication, or other triggers. (The study is being conducted for the Asthma and Allergy Foundation of America).

A1. First, how many adults, aged 18 and older, live in this household (even if not there right now)?

_____ NUMBER OF ADULTS IN HOUSEHOLD (RANGE 00 to 99)

None.....00 **SCREEN OUT**

A2. How many children, under the age of 18, live in this household?

_____ NUMBER OF CHILDREN IN HOUSEHOLD (RANGE 00 TO 99)

None.....00

GEN01: INTERVIEWER: PLEASE MARK THE GENDER OF THE PERSON ON THE PHONE:

Male.....1

SKIP TO B1

Female.....2

CATI: A1 = 2 OR MORE, ASK:

A3: Can I speak with a male adult?

Yes	1	CONTINUE WITH B1
No adult male.....	3	CONTINUE WITH B1
No.....	2	OFFER TO RESCHEDULE AT A BETTER TIME
Callback.....	3	THANK AND SCHEDULE
Refused.....	4	REFUSAL

HOUSEHOLD SCREENER

B1. Does anyone in the household have any kind of food or digestive allergy?

Yes.....1
No.....2
DK.....3
Refused.....4

B2. Does anyone in the household have allergic-like reactions to insect stings or bites?

Yes.....1
No.....2
DK.....3
Refused..... 4

B3. Does anyone in the household have allergic-like reactions to latex or rubber products?

Yes.....1
No.....2
DK.....3
Refused..... 4

B4. Has anyone in the household ever had an allergic-like reaction to prescription medicines, anesthesia, or other medical tests or treatments?

Yes.....1
No.....2
DK.....3
Refused..... 4

B5. Does anyone in the household have allergic-like reactions after exercise or exertion?

Yes.....1
No.....2
DK.....3
Refused..... 4

B6. Has anyone in the household ever had sudden allergic-like symptoms, such as itching, rash, or hives; swelling of eyes, lips or tongue; chest tightness or difficulty breathing; heart palpitations, chest pain, feeling faint, or other allergic symptoms **WITH NO KNOWN CAUSE?**

Yes.....1
No.....2
DK.....3
Refused..... 4

Informant gender: Please fill in the gender of the person providing the household information. If unknown, please say: “What is your gender?”

Male.....1
Female.....2
Refused.....3

COMPUTER CHECKPOINT

B7. Someone in household has

Food or digestive allergies 1
Allergies to Insect stings or bites 2
Latex allergies.....3
Allergies to Medications or medical products 4
Allergic reactions after exercise.....5
Allergic reactions of unknown origin.....6
None of these.....7 **THANK AND SCREEN OUT B7**

B8. How many persons in the household have allergic reactions to (**READ IN FROM B7** “food/insect stings or bites/latex /medications or medical products/exercise/or unknown reasons)?

_____ Number of household members who have had allergic reactions
(RANGE 00-99)

ENUMERATION OF ELIGIBLE HOUSEHOLD MEMBERS

IF ONLY ONE IN B8, ASK C1 ELSE SKIP TO C3

C1. What is the age of the person with allergic reactions to (READ IN ANSWERS FROM B7)? **IF UNDER 1, RECORD ‘00’.**

_____ age (RANGE 00 to 99)

C2. What is the gender of that (AGE)?

Male.....1 Female.....2

IF B8 GE 2, ASK C3 and C4 FOR EACH PERSON IN B8 ELSE SKIP TO C5

C3. What is the age of the (youngest/next youngest) person with allergic reactions to (READ IN ANSWERS FROM B7)? **IF UNDER 1, RECORD ‘00’.**

_____ age (RANGE 00 to 99)

C4. What is the gender of that (AGE)?

Male.....1 Female.....2

C5. (Has this/Have any of these) person(s) had an allergic reaction so bad that they needed immediate medical attention at a hospital, urgent care, doctor’s office or called 911 or an ambulance?

Yes.....1

No.....2 **SKIP TO C7**

DK.....3 **SKIP TO C7**

Refused..... 4 **SKIP TO C7**

C6. What is the age of the person(s) who needed immediate medical attention for an allergic reaction?

_____ age _____ age _____ age (RANGE: 00 to 99)

C7. (Has this/Have any of these) person(s) had an anaphylactic reaction --- that is a sudden severe allergic reaction that affects multiple parts of the body at the same time?

Yes.....1

No.....2 **SKIP TO C9**

DK.....3 **SKIP TO C9**

Refused..... 4 **SKIP TO C9**

C8. What is the age of the person(s) who have had an anaphylactic reaction?

_____ age _____ age _____ age (RANGE: 00 to 99)

SELECTION OF DESIGNATED RESPONDENT

C9. CATI PROGRAMMING INSTRUCTIONS:

IF B8 = 1, SELECT THAT (AGE/GENDER) IS THE DESIGNATED SUBJECT.

IF B8>1 AND C5 EQ 1, SELECT THAT (AGE) AS THE DESIGNATED SUBJECT.

IF B8>1 AND C5 NE 1 AND C7 EQ 1, SELECT THAT (AGE) AS THE DESIGNATED SUBJECT

IF B8>1 AND C5 NE 1 AND C7 NE 1, PROGRAM WILL RANDOMLY SELECT ONE (AGE/GENDER) AS THE DESIGNATED SUBJECT.

PROGRAM RECORD HERE

D1. DESIGNATED STUDY SUBJECT AGE

_____ age (RANGE: 00 to 99)

INTERVIEWER NOTE: IF D1 = 00, ASK: How old is the under 1 year old in months?

_____ Months

D2. DESIGNATED STUDY SUBJECT GENDER

Male.....1 Female.....2

D3. DESIGNATED RESPONDENT

IF D1 GE 18,.....(AGE/GENDER FROM D1/D2)

IF D1 LT 18 Adult most knowledgeable about the (AGE/GENDER FROM D1/D2)

IF D1 GE 18, ASK D4 ELSE SKIP TO D5

D4. I have some additional questions for (AGE/GENDER) concerning (his/her) allergies. Is that you or someone else in the household?

Current respondent.....1

SKIP TO E2

Someone else.....2

SKIP TO D6

IF D1 LT 18, ASK D5 ELSE SKIP TO D6

D5. I have some additional questions about the (AGE/GENDER) concerning (his/her) allergies. Are you the most knowledgeable adult in the household about (his/her) allergies or is that someone else?

Current respondent.....1

SKIP TO E2

Someone else.....2

CONTINUE WITH D6

D6. May I speak with that person?

Yes 1

CONTINUE WITH E1

No 2

OFFER TO RESCHEDULE AT A BETTER TIME

Callback.....3

THANK AND SCHEDULE

Refused.....4

REFUSAL

INTRODUCTION TO ELIGIBLE RESPONDENT

IF DIFFERENT RESPONDENT:

[E1. Hello, I'm_____ from Abt SRBI, the national research organization. We are conducting one of the largest surveys of Allergies and Allergic-like reactions ever undertaken in the United States on behalf of the Asthma and Allergy Foundation of America. We believe that the findings of the survey will be very important to persons with allergies, their families, and the doctors who treat them.]

E2. The survey will take approximately twenty minutes. It is completely voluntary. You don't have to answer any questions that you don't want to answer. But your participation will help us to complete one of the largest and most important surveys about food, insect, medication and other allergies in this country.

Could we begin now?

Yes 1 **SKIP TO SA1**
No 2 **OFFER TO RESCHEDULE AT A BETTER TIME**
Callback 3 **THANK AND SCHEDULE**
Refused..... 4 **REFUSAL**

Your identity and individual responses will be kept strictly confidential. Neither your phone number nor any other personal identification will be associated with your answers or disclosed to anyone outside of Abt SRBI. Responses will be presented in aggregate form only.

(IF CONCERNS ABOUT WHETHER IT IS A LEGITIMATE SURVEY SAY:)

If you would like to check on the survey I can give you our toll free number (1-800-649-9560) to call.
I could also arrange to have a letter sent to you, if you would like to give me your address.

E3. I am going to ask you some questions about your experience with allergies and allergic-like reactions. Before getting started, let me tell you what we mean by allergic reactions. By allergic reaction, I mean that (you get/he/she gets) symptoms like sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or collapsing within minutes or at most a few hours after being exposed to something (you are/he/she is) allergic to.

DESIGNATED RESPONDENT ALLERGY SCREENER AND CLASSIFICATION

SA1. (Have you/Has the child) ever had an allergic reaction to food? – (By allergic reaction, I mean that (you get/he/she gets) sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or other symptoms. (Have you/Has he/she) ever had these or other allergic reactions immediately after eating things, like eggs, milk, peanuts or other foods?)

Yes.....1
No.....2 **SKIP TO SB1**
Don't know.....3 **SKIP TO SB1**
Refused.....4 **SKIP TO SB1**

SA2. When was the most recent time (you/the child) experienced an allergic reaction to food?

_____ MONTHS AGO (RANGE: 0 to 12)

_____ YEARS AGO (RANGE: 00 TO 99)

CATI: IF MOST RECENT IS > 10 YEARS, SKIP TO SB1.

SA3. Which foods (do you/ does the child) have an allergic reaction to? **PROBE:** Anything else?
MULTIPLE RESPONSE.

Peanut.....	1	
Tree nuts (almonds, walnuts, pecans, cashews).....	2	
Shellfish (shrimp, lobster, crab).....	3	
Egg.....	4	
Wheat.....	5	
Milk.....	6	
Soy.....	7	
Fish.....	8	
Sesame.....	9	
Other (specify)	10	
None.....	11	SKIP TO SB1
Don't know.....	12	SKIP TO SB1
Refused.....	13	SKIP TO SB1

IF MORE THAN ONE FOOD IN SA3, ASK SA4, ELSE SKIP TO SA5

SA4. Which of these foods causes the strongest allergic reaction for (you/the child)? **LIST ONLY THOSE FROM SA3**

Peanut.....	1
Tree nuts (almonds, walnuts, pecans, cashews).....	2
Shellfish (shrimp, lobster, crab).....	3
Egg.....	4
Wheat.....	5
Milk.....	6
Soy.....	7
Fish.....	8
Sesame.....	9
Other (specify)	10
Don't know.....	11
Refused.....	12

SA5. (Have you/Has the child) ever had the following symptoms within minutes to a few hours after being exposed to [FROM SA4 IF ASKED, ELSE FROM SA3]? (Have you/Has the child) had sudden **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash, hives.....	1
Swelling of eyes, lips, tongue.....	2
Hoarse voice.....	3
Throat itching.....	4
Coughing, wheezing, chest tightness.....	5
Increased breathing rate or difficulty breathing.....	6
Dizziness, low blood pressure or fainting.....	7
Cramps, abdominal pain, vomiting or diarrhea.....	8
Loss of bladder or bowel control.....	9

Feelings of uneasiness, irritability, or anxiety 10
 (UNDER 6 ONLY) Sudden behavioral change.....11
 None of these.....12 **SKIP TO SB1**
 Don't know.....13 **SKIP TO SB1**
 Refused.....14 **SKIP TO SB1**

SA6. How soon after eating do these symptoms usually begin?

_____ MINUTES (RANGE: 000 to 997)
 Don't know.....998
 Refused.....999

INTERVIEWER NOTE: 1 HOUR = 60 MINUTES; 2 HOURS = 120 MINUTES; 3 HOURS = 180 MINUTES; 4 HOURS = 240 MINUTES; 5 HOURS = 300 MINUTES.

IF MORE THAN ONE CODE IN SA5 ASK SA7A, ELSE SKIP TO SA8.

SA7a. Thinking about the worst episode that you can remember (about your child) after being exposed to [FROM SA3]. Which of the following symptoms did (you/he/she) experience (**READ ONLY MENTIONS FROM SA5**)

Skin reactions, such as itching, rash, hives.....1
 Swelling of eyes, lips, tongue.....2
 Hoarse voice.....3
 Throat itching.....4
 Coughing, wheezing, chest tightness.....5
 Increased breathing rate or difficulty breathing.....6
 Dizziness, low blood pressure or fainting.....7
 Cramps, abdominal pain, vomiting or diarrhea.....8
 Loss of bladder or bowel control.....9
 Feelings of uneasiness, irritability, or anxiety 10
 (UNDER 6 ONLY) Sudden behavioral change.....11
 Don't know.....12
 Refused.....13

IF ONLY ONE SYMPTOM GROUP, SKIP TO SA8

SA7b. How many times (have you/has the child) had sudden reactions with multiple symptoms, like this, after being exposed to [FROM SA3]? (**Your best estimate is fine**)

_____ NUMBER OF EPISODES (RANGE: 00 TO 99)
 Don't know.....98
 Refused.....99

SA8. As a result of (your/his/her) food allergies, (have you/has he/she) ever**MULTIPLE RESPONSE.**

Called 911/an ambulance.....1
Gone to an emergency room for treatment.....2
Been hospitalized overnight or longer.....3
Sought medical treatment somewhere else right away...4
None of these.....5 **SKIP TO SA10a**
Don't know.....6 **SKIP TO SA10a**
Refused.....7 **SKIP TO SA10a**

SA9. How many times (have you/has your child) sought medical treatment for allergic-like reactions to foods?

_____ NUMBER OF TIMES (RANGE: 00 – 97)
Don't know.....98
Refused.....99

SA10a. Have you ever treated (yourself/your child) for these allergic-like reactions to food? **MULTIPLE RESPONSE.**

Yes.....1
No.....2 **SKIP TO SA11**
DK.....3 **SKIP TO SA11**
Refused.....4 **SKIP TO SA11**

SA10b. What have you treated (yourself/your child) with for these symptoms?

Antihistamine.....1
Used an epinephrine auto-injector (such as EpiPen, Twinject or Adrenaclick).....2
Used an asthma inhaler (such as albuterol, Xopenex or Ventolin).....3
Other (specify).....4
Don't know.....5
Refused.....6

SA11. At what age did (you/the child) first have an allergic reaction to food?

_____ AGE AT FIRST REACTION (RANGE: 00 TO 97)
Less than 1 year old 00
Don't know.....98
Refused.....99

SA12a. (Have you/Has the child) ever seen a doctor about these symptoms?

Yes.....1
No.....2 **SKIP TO SA13**

DK.....3 **SKIP TO SA13**
Refused.....4 **SKIP TO SA13**

SA12b. What did the doctor say was the matter? **MULTIPLE RESPONSE.**

Food allergies.....1
Lactose intolerance.....2
Celiac disease.....3
Gluten/wheat intolerance.....4
Other (specify).....5 _____
Doctor wasn't sure/didn't say.....6
Don't know.....7
Refused.....8

IF NO TO FOOD ALLERGIES IN SA12b, ASK SA13 ELSE SKIP TO SB1

SA13. Has a doctor ever diagnosed (you/the child) as having a food allergy?

Yes.....1
No.....2
Don't know.....3
Refused.....4

INSECT ALLERGIES

SB1. (Have you/Has the child) ever had an allergic reaction to an insect sting or bite? [By allergic reaction, I mean that (you get/he/she gets) a sudden reaction of itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden onset of throat itching, chest tightness, or difficulty breathing; or sudden onset of heart palpitations, chest pain, feeling faint or other symptoms. (Have you/has your child) had these or other reactions immediately after being stung or bitten by bees, yellow jackets, wasps or other insects?]

Yes.....1
No.....2 **SKIP TO SC1**
Don't know.....3 **SKIP TO SC1**
Refused.....4 **SKIP TO SC1**

SB2. When was the most recent time (you/the child) experienced an allergic reaction to insect sting or bite?

_____ MONTHS AGO (RANGE: 0 to 12)

_____ YEARS AGO (RANGE: 00 TO 99)

CATI: IF MOST RECENT IS > 10 YEARS, SKIP TO SC1.

SB3. Which insects (have you/has the child) had an allergic reaction to? **PROBE:** Anything else?
MULTIPLE RESPONSE.

Bees.....	1	
Wasps.....	2	
Hornets.....	3	
Yellow jackets.....	4	
Fire ants.....	5	
Other (specify) _____	6	
None.....	7	SKIP TO SC1
Don't know.....	8	SKIP TO SC1
Refused.....	9	SKIP TO SC1

SB4. (Have you/Has the child) ever had the following symptoms within minutes to a few hours after being stung or bitten by [FROM SB3]? (Have you/Has the child) had sudden **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash, hives,.....	1	
Swelling of eyes, lips, tongue.....	2	
Hoarse voice.....	3	
Throat itching.....	4	
Coughing, wheezing, chest tightness.....	5	
Increased breathing rate or difficulty breathing.....	6	
Dizziness, low blood pressure or fainting.....	7	
Cramps, abdominal pain, vomiting or diarrhea.....	8	
Loss of bladder or bowel control.....	9	
Feelings of uneasiness, irritability, or anxiety	10	
(UNDER 6 ONLY) Sudden behavioral change.....	11	
None of these.....	12	SKIP TO SC1
Don't know.....	13	SKIP TO SC1
Refused.....	14	SKIP TO SC1

SB5. How soon after being stung or bitten do these symptoms usually begin?

_____ MINUTES (RANGE: 000 to 997)
 Don't know.....998
 Refused.....999

INTERVIEWER NOTE: 1 HOUR = 60 MINUTES; 2 HOURS = 120 MINUTES; 3 HOURS = 180 MINUTES; 4 HOURS = 240 MINUTES; 5 HOURS = 300 MINUTES.

IF MORE THAN ONE CODE IN SB4 ASK SB6a, ELSE SKIP TO SB7.

SB6a. Thinking about the worst episode that you can remember (about your child) after being exposed to [FROM SB3]. Which of the following symptoms did (you/he/she) experience (**READ ONLY MENTIONS FROM SB4**)

- Skin reactions, such as itching, rash, hives.....1
- Swelling of eyes, lips, tongue.....2
- Hoarse voice.....3
- Throat itching.....4
- Coughing, wheezing, chest tightness.....5
- Increased breathing rate or difficulty breathing.....6
- Dizziness, low blood pressure or fainting.....7
- Cramps, abdominal pain, vomiting or diarrhea.....8
- Loss of bladder or bowel control.....9
- Feelings of uneasiness, irritability, or anxiety 10
- (UNDER 6 ONLY) Sudden behavioral change.....11
- Don't know.....12
- Refused.....13

IF ONLY ONE SYMPTOM GROUP, SKIP TO B7.

SB6b. How many times (have you/has the child) had reactions with multiple symptoms, like this, after being exposed to [FROM SB3]? (**Your best estimate is fine**)

- _____ NUMBER OF EPISODES (RANGE: 00 TO 99)
- Don't know.....98
 - Refused.....99

SB7. As a result of (your/his/her) reaction to insect stings or bites, (have you/has he/she) ever**MULTIPLE RESPONSE.**

- Called 911/an ambulance.....1
- Gone to an emergency room for treatment.....2
- Been hospitalized overnight or longer.....3
- Sought medical treatment somewhere else right away...4
- None of these.....5 **SKIP TO SB9a**
- Don't know.....6 **SKIP TO SB9a**
- Refused.....7 **SKIP TO SB9a**

SB8. How many times (have you/has your child) sought medical treatment for allergic-like reactions to stings?

- _____ NUMBER OF TIMES (RANGE: 00 – 97)
- Don't know.....98
 - Refused.....99

SB9a. Have you ever treated (yourself/your child) for these allergic-like reactions to insect stings or bites?

Yes.....1
No.....2 **SKIP TO SB10**
DK.....3 **SKIP TO SB10**
Refused.....4 **SKIP TO SB10**

SB9b. What have you treated (yourself/your child) with for these symptoms? **MULTIPLE RESPONSE.**

Antihistamine.....1
Used an epinephrine auto-injector (such as EpiPen, Twinject or Adrenaclick).....2
Used an asthma inhaler (such as albuterol, Xopenex or Ventolin).....3
Other (specify).....4
Don't know.....5
Refused.....6

SB10. At what age did (you/the child) first have an allergic reaction to an insect sting or bite?

_____ AGE AT FIRST REACTION (RANGE: 00 TO 97)
Less than 1 year old 00
Don't know.....98
Refused.....99

SB11. Has a doctor ever diagnosed (you/the child) as having a allergy to insect stings or bites?

Yes.....1 **SKIP TO SC1**
No.....2
DK.....3
Refused.....4

SB12. (Have you/Has the child) ever seen a doctor about these symptoms?

Yes.....1
No.....2 **SKIP TO SC1**
DK.....3 **SKIP TO SC1**
Refused.....4 **SKIP TO SC1**

SB13. What did they say was the matter?

LATEX ALLERGIES

SC1. (Have you/Has the child) ever had an allergic reaction immediately after contact with latex gloves or other latex or other rubber products? [READ IF NEEDED: By allergic reaction, I mean that (you get/he/she gets) a sudden reaction of itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden onset of throat itching, chest tightness, or difficulty breathing; or sudden onset of heart palpitations, chest pain, feeling faint or other symptoms.]

Yes.....1
No.....2 **SKIP TO SD1**
Don't know.....3 **SKIP TO SD1**
Refused.....4 **SKIP TO SD1**

SC2. When was the most recent time (you/the child) experienced an allergic reaction to latex or rubber products?

_____ MONTHS AGO (RANGE: 0 to 12)
_____ YEARS AGO (RANGE: 00 TO 99)

CATI: IF MOST RECENT IS > 10 YEARS, SKIP TO SD1.

SC3. Which latex or rubber products (have you/has the child) had an allergic reaction to? **PROBE:** Anything else? **DO NOT READ. MULTIPLE RESPONSE.**

Latex gloves.....1
Balloons.....2
Toys.....3
Sports equipment.....4
Condoms.....5
Other (specify) 6
Don't know.....7 **SKIP TO SD1**
Refused.....8 **SKIP TO SD1**

SC4. (Have you/Has the child) ever had the following symptoms within minutes to a few hours after contact with latex products like [FROM SC3]? (Have you/Has the child) had sudden... **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash, hives.....1
Swelling of eyes, lips, tongue.....2
Hoarse voice.....3
Throat itching.....4
Coughing, wheezing, chest tightness.....5
Increased breathing rate or difficulty breathing.....6
Dizziness, low blood pressure or fainting.....7
Cramps, abdominal pain, vomiting or diarrhea.....8
Loss of bladder or bowel control.....9

Feelings of uneasiness, irritability, or anxiety	10	
(UNDER 6 ONLY) Sudden behavioral change.....	11	
None of these.....	12	SKIP TO SD1
Don't know.....	13	SKIP TO SD1
Refused.....	14	SKIP TO SD1

SC5. How soon after contact with latex products do these symptoms usually begin?

_____ MINUTES (RANGE: 000 to 997)
 Don't know.....998
 Refused.....999

INTERVIEWER NOTE: 1 HOUR = 60 MINUTES; 2 HOURS = 120 MINUTES; 3 HOURS = 180 MINUTES; 4 HOURS = 240 MINUTES; 5 HOURS = 300 MINUTES.

IF MORE THAN ONE CODE IN SC4 ASK SC6a, ELSE SKIP TO SC7.

SC6a. Thinking about the worst episode that you can remember (about your child) after being exposed to [FROM SC3]. Which of the following symptoms did (you/he/she) experience (**READ ONLY MENTIONS FROM SC4**)

Skin reactions, such as itching, rash, hives.....	1
Swelling of eyes, lips, tongue.....	2
Hoarse voice.....	3
Throat itching.....	4
Coughing, wheezing, chest tightness.....	5
Increased breathing rate or difficulty breathing.....	6
Dizziness, low blood pressure or fainting.....	7
Cramps, abdominal pain, vomiting or diarrhea.....	8
Loss of bladder or bowel control.....	9
Feelings of uneasiness, irritability, or anxiety	10
(UNDER 6 ONLY) Sudden behavioral change.....	11
Don't know.....	12
Refused.....	13

IF ONLY ONE SYMPTOM GROUP, SKIP TO SC7.

SC6b. How many times (have you/has the child) had reactions with multiple symptoms, like this, after being exposed to [FROM SA3]? (**Your best estimate is fine**)

_____ NUMBER OF EPISODES (RANGE: 00 TO 99)
 Don't know.....98
 Refused.....99

SC7. As a result of (your/his/her) reaction to latex or rubber products, (have you/has he/she) ever
.....**MULTIPLE RESPONSE.**

Called 911/an ambulance.....1
Gone to an emergency room for treatment.....2
Been hospitalized overnight or longer.....3
Sought medical treatment somewhere else right away...4
None of these.....5 **SKIP TO SC9a**
Don't know.....6 **SKIP TO SC9a**
Refused.....7 **SKIP TO SC9a**

SC8. How many times (have you/has your child) sought medical treatment for allergic-like reactions to latex products?

_____ NUMBER OF TIMES (RANGE: 00 – 97)
Don't know.....98
Refused.....99

SC9a. Have you ever treated (yourself/your child) for these allergic-like reactions to latex products?

Yes.....1
No.....2 **SKIP TO SC10**
DK.....3 **SKIP TO SC10**
Refused.....4 **SKIP TO SC10**

SC9b. What have you treated (yourself/your child) with for these symptoms? **MULTIPLE RESPONSE.**

Antihistamine.....1
Used an epinephrine auto-injector (such as EpiPen, Twinject or Adrenaclick).....2
Used an asthma inhaler (such as albuterol, Xopenex or Ventolin).....3
Other (specify).....4
Don't know.....5
Refused.....6

SC10. At what age did (you/the child) first have an allergic reaction to latex or rubber products?

_____ AGE AT FIRST REACTION (RANGE: 00 TO 97)
Less than 1 year old 00
Don't know.....98
Refused.....99

SC11. Has a doctor ever diagnosed (you/the child) as having a allergy to latex or rubber products?

Yes.....1 **SKIP TO SD1**
No.....2

DK.....3
Refused.....4

SC12. (Have you/Has the child) ever seen a doctor about these symptoms?

Yes.....1
No.....2 **SKIP TO SD1**
DK.....3 **SKIP TO SD1**
Refused.....4 **SKIP TO SD1**

SC13. What did they say was the matter?

MEDICATION ALLERGIES

SD1. (Have you/Has the child) ever had an allergic reaction to a medication, anesthesia, or other medical test or treatment?

Yes.....1
No.....2 **SKIP TO SE1**
Don't know.....3 **SKIP TO SE1**
Refused.....4 **SKIP TO SE1**

SD2. When was the most recent time (you/the child) experienced an allergic reaction to medication?

_____ MONTHS AGO (RANGE: 0 to 12)

_____ YEARS AGO (RANGE: 00 TO 99)

CATI: IF MOST RECENT IS > 10 YEARS, SKIP TO SE1.

SD3. (Have you/has your child) had an allergic reaction to **READ LIST AND MULTIPLE RECORD**

Prescription medicines.....1
Over the counter medicines.....2
Anesthesia.....3
Surgery.....4
Medical tests.....5
Other medical products.....6
None of these.....7 **SKIP TO SE1**
Don't know.....8 **SKIP TO SE1**
Refused.....9 **SKIP TO SE1**

IF PRESCRIPTION OR OTC MEDICINES IN SD3, ASK SD3A ELSE SKIP TO SD4

SD3a. Which MEDICATIONS (have you/has the child) had an allergic reaction to? **MULTIPLE RESPONSE**

Penicillin.....1
Sulfa drugs.....2
Other antibiotics (e.g., cephalosporin).....3
Aspirin, Advil, Ibuprofen or Motrin 4
Other (specify) 5
None.....6
Don't know.....7
Refused.....8

SD4. (Have you/Has the child) ever had the following symptoms within minutes to a few hours after having [FROM SD3]? **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash, hives.....1
Swelling of eyes, lips, tongue.....2
Hoarse voice.....3
Throat itching.....4
Coughing, wheezing, chest tightness.....5
Increased breathing rate or difficulty breathing.....6
Dizziness, low blood pressure or fainting.....7
Cramps, abdominal pain, vomiting or diarrhea.....8
Loss of bladder or bowel control.....9
Feelings of uneasiness, irritability, or anxiety 10
(UNDER 6 ONLY) Sudden behavioral change.....11
None of these.....12 **SKIP TO SE1**
Don't know.....13 **SKIP TO SE1**
Refused.....14 **SKIP TO SE1**

SD5. How soon after contact with the medication do these symptoms usually begin?

_____ MINUTES (RANGE: 000 to 997)
Don't know.....998
Refused.....999

INTERVIEWER NOTE: 1 HOUR = 60 MINUTES; 2 HOURS = 120 MINUTES; 3 HOURS = 180 MINUTES; 4 HOURS = 240 MINUTES; 5 HOURS = 300 MINUTES.

IF MORE THAN ONE CODE IN SD4 ASK SD6a, ELSE SKIP TO SD7.

SD6a. Thinking about the worst episode that you can remember (about your child) after being exposed to [FROM SD3]. Which of the following symptoms did (you/he/she) experience (**READ ONLY MENTIONS FROM SD4**)

- Skin reactions, such as itching, rash, hives.....1
- Swelling of eyes, lips, tongue.....2
- Hoarse voice.....3
- Throat itching.....4
- Coughing, wheezing, chest tightness.....5
- Increased breathing rate or difficulty breathing.....6
- Dizziness, low blood pressure or fainting.....7
- Cramps, abdominal pain, vomiting or diarrhea.....8
- Loss of bladder or bowel control.....9
- Feelings of uneasiness, irritability, or anxiety 10
- (UNDER 6 ONLY) Sudden behavioral change.....11
- Don't know.....12
- Refused.....13

IF ONLY ONE SYMPTOM GROUP, SKIP TO SD7.

SD6b. How many times (have you/has the child) had reactions with multiple symptoms, like this, after being exposed to [FROM SD3]? (**Your best estimate is fine**)

- _____ NUMBER OF EPISODES (RANGE: 00 TO 99)
- Don't know.....98
 - Refused.....99

SD7. As a result of (your/his/her) reaction to medications, (have you/has he/she) ever
.....**MULTIPLE RESPONSE.**

- Called 911/an ambulance.....1
- Gone to an emergency room for treatment.....2
- Been hospitalized overnight or longer.....3
- Sought medical treatment somewhere else right away...4
- None of these.....5 **SKIP TO SD9a**
- Don't know.....6 **SKIP TO SD9a**
- Refused.....7 **SKIP TO SD9a**

SD8. How many times (have you/has your child) sought medical treatment for allergic-like reactions to medication?

- _____ NUMBER OF TIMES (RANGE: 00 – 97)
- Don't know.....98
 - Refused.....99

SD9a. Have you ever treated (yourself/your child) for these allergic-like reactions to medication?

Yes.....1
No.....2 **SKIP TO SD10**
DK.....3 **SKIP TO SD10**
Refused.....4 **SKIP TO SD10**

SD9b. What have you treated (yourself/your child) with for these symptoms? **MULTIPLE RESPONSE.**

Antihistamine.....1
Used an epinephrine auto-injector (such as EpiPen, Twinject or Adrenaclick).....2
Used an asthma inhaler (such as albuterol, Xopenex or Ventolin).....3
Other (specify).....4
Don't know.....5
Refused.....6

SD10. At what age did (you/the child) first have an allergic reaction to medicine?

_____ AGE AT FIRST REACTION (RANGE: 00 TO 97)
Less than 1 year old 00
Don't know.....98
Refused.....99

SD11. Has a doctor ever diagnosed (you/the child) as having an allergy to medications?

Yes.....1 **SKIP TO SE1**
No.....2
DK.....3
Refused.....4

SD12. (Have you/Has the child) ever seen a doctor about these symptoms?

Yes.....1
No.....2 **SKIP TO SE1**
DK.....3 **SKIP TO SE1**
Refused.....4 **SKIP TO SE1**

SD13. What did they say was the matter?

IDIOPATHIC REACTIONS

SE1. Not counting allergic reactions to **CATI: READIN FROM SA1 - food, SB1 – insect bites or stings, SC1 - latex, AND SD1 - medications**, (have you/has the child) ever had a sudden itching, rash, or hives on the skin; sudden swelling of eyes, lips or tongue; sudden throat itching, chest tightness, or difficulty breathing; sudden heart palpitations, chest pain, feeling faint or other allergic symptoms, when you did not know what triggered the reaction?

Yes.....1
No.....2 **SKIP TO SF1**
Don't know.....3 **SKIP TO SF1**
Refused.....4 **SKIP TO SF1**

SE2. How many times (have you/has the child) had allergy-like reactions that (you /he/she)did not know what triggered them?

Only once.....1
A few times.....2
Occasionally...3
Sometimes.....4
Often.....5
Don't know.....6
Refused.....7

SE3. When was the most recent time (you/the child) experienced an allergic reaction to no known cause?

_____ MONTHS AGO (RANGE: 0 to 12)
_____ YEARS AGO (RANGE: 00 TO 99)

CATI: IF MOST RECENT IS > 10 YEARS, SKIP TO SF1.

SE4a. When (you/he/she) had these allergic-like reactions from unknown causes, (have you/has the child) ever had the following symptoms? **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash, hives.....1
Swelling of eyes, lips, tongue.....2
Hoarse voice.....3
Throat itching.....4
Coughing, wheezing, chest tightness.....5
Increased breathing rate or difficulty breathing.....6
Dizziness, low blood pressure or fainting.....7
Cramps, abdominal pain, vomiting or diarrhea.....8
Loss of bladder or bowel control.....9
Feelings of uneasiness, irritability, or anxiety 10
(UNDER 6 ONLY) Sudden behavioral change.....11
None of these.....12 **SKIP TO SF1**

Don't know.....	13	SKIP TO SF1
Refused.....	14	SKIP TO SF1

IF MORE THAN ONE CODE IN SE4 ASK SE4A, ELSE SKIP TO SE6.

SE4b. Thinking about the worst episode that you can remember (about your child) after having an allergic-like reaction from unknown causes. Which of the following symptoms did (you/he/she) experience (**READ ONLY MENTIONS FROM SE4a**)

Skin reactions, such as itching, rash, hives.....	1
Swelling of eyes, lips, tongue.....	2
Hoarse voice.....	3
Throat itching.....	4
Coughing, wheezing, chest tightness.....	5
Increased breathing rate or difficulty breathing.....	6
Dizziness, low blood pressure or fainting.....	7
Cramps, abdominal pain, vomiting or diarrhea.....	8
Loss of bladder or bowel control.....	9
Feelings of uneasiness, irritability, or anxiety	10
(UNDER 6 ONLY) Sudden behavioral change.....	11
Don't know.....	12
Refused.....	13

IF ONLY ONE SYMPTOM GROUP, SKIP TO SE6

SE5. How many times (have you/has the child) had reactions with multiple symptoms, like this, from an unknown cause? (**Your best estimate is fine**)

_____ NUMBER OF EPISODES (RANGE: 00 TO 99)

Don't know.....	98
Refused.....	99

SE6. As a result of (your/his/her) reactions to an unknown causes, (have you/has he/she) ever
**MULTIPLE RESPONSE.**

Called 911/an ambulance.....	1
Gone to an emergency room for treatment.....	2
Been hospitalized overnight or longer.....	3
Sought medical treatment somewhere else right away...	4
None of these.....	5 SKIP TO SE8a
Don't know.....	6 SKIP TO SE8a
Refused.....	7 SKIP TO SE8a

SE7. How many times (have you/has your child) sought medical treatment for allergic-like reactions to an unknown cause?

_____ NUMBER OF TIMES (RANGE: 00 – 97)

Don't know.....98

Refused.....99

SE8a. Have you ever treated (yourself/your child) for these allergic-like reactions to no known cause?

Yes.....1

No.....2 **SKIP TO SE9**

DK.....3 **SKIP TO SE9**

Refused.....4 **SKIP TO SE9**

SE8b. What have you treated (yourself/your child) with for these symptoms? **MULTIPLE RESPONSE.**

Antihistamine.....1

Use epinephrine auto-injector (such as EpiPen, Twinject or Adrenaclick).....2

Other (specify).....3

Don't know.....4

Refused.....5

SE9. At what age did (you/the child) first have an allergic reaction to unknown causes?

_____ AGE AT FIRST REACTION (RANGE: 00 TO 97)

Less than 1 year old 00

Don't know.....98

Refused.....99

SE10. (Have you/Has the child) ever seen a doctor about these symptoms?

Yes.....1

No.....2 **SKIP TO SF1**

DK.....3 **SKIP TO SF1**

Refused.....4 **SKIP TO SF1**

SE11. What did they say was the matter?

ANAPHYLAXIS

Now I have some questions about severe allergic reactions.

SF1. How familiar are you with the term “anaphylaxis?”

- Very familiar.....1
- Somewhat familiar.....2
- Not too familiar.....3
- Not at all familiar.....4 **SKIP TO SF4**
- DK.....5 **SKIP TO SF4**
- Refused.....6 **SKIP TO SF4**

SF2. What does “anaphylaxis” mean? **DO NOT READ LIST. MULTIPLE RESPONSE.**

- A sudden severe allergic reaction.....1
- Any type of allergic reaction.....2
- Collapse, fainting, shock.....3
- Other definition.....4
- Don’t know.....5
- Refused.....6

SF3. (Have you/Has the child) ever had an anaphylactic reaction?

- Yes.....1 **SKIP TO SF5**
- No.....2
- DK.....3
- Refused.....4

SF4. Anaphylaxis is a severe, sudden allergic reaction that typically involves two or more organs, such as the skin, airways, lungs, stomach, heart or blood pressure. (Have you/Has the child) ever had an anaphylactic type reaction or a severe, sudden, multi-system allergic reaction within minutes or a few hours after being exposed to something?

- Yes.....1
- No.....2
- DK.....3
- Refused.....4

IF NO TO SF3 AND SF4, SKIP TO INSTRUCTION BEFORE SG

SF5. When was (your/your child’s) last anaphylactic reaction?

- Within the past four weeks.....1
- Within the past six months.....2
- Within the past year.....3
- 1-2 years ago.....4
- 3 or more years ago.....5
- Don’t know.....6
- Refused.....7

SF6. Where (were you/was your child) when (you/your child) had the last anaphylactic reaction?

- Home.....1
- Work.....2
- School.....3
- Restaurant.....4
- Hospital/clinic.....5
- Other (SPECIFY).....6
- Don't know.....7
- Refused.....8

SF7. What were (your/the child's) symptoms during this anaphylactic reaction? **MULTIPLE RESPONSE. PROBE:** Anything else?

- Skin reactions, such as itching, rash, hives.....1
- Swelling of eyes, lips, tongue.....2
- Hoarse voice.....3
- Throat itching.....4
- Coughing, wheezing, chest tightness.....5
- Increased breathing rate or difficulty breathing.....6
- Dizziness, low blood pressure or fainting.....7
- Cramps, abdominal pain, vomiting or diarrhea.....8
- Loss of bladder or bowel control.....9
- Feelings of uneasiness, irritability, or anxiety 10
- (UNDER 6 ONLY) Sudden behavioral change.....11
- None of these.....12
- Don't know.....13
- Refused.....14

SF8. What has caused these anaphylactic, whole body or multiple symptom reactions to (you/your child)? Was it**READ LIST AND MULTIPLE RECORD**

- Food 1
- Insect stings or bites.....2
- Latex.....3
- Medications or medical products.....4
- Exercise or physical exertion.....5
- Something else (specify).....6
- Unknown causes.....7
- Don't know.....8
- Refused.....9

SF9. How soon did (you/the child) get treatment after the anaphylactic reaction started?

- Within 15 minutes.....1
- 15 to 29 minutes.....2
- 30 to 59 minutes.....3
- Between 1 and 2 hours.....4
- Between 2 and 6 hours.....5
- Between 6 hours and 1 day.....6
- More than 1 day later.....7
- Never.....8
- Don't know.....9
- Refused.....10

SF10. What did (you/the child) do to treat the anaphylactic reaction? **MULTIPLE RESPONSE.**
PROBE: Anything else?

- Self-administer epinephrine (such as EpiPen, Twinject or Adrenaclick).....1
- Call 911/an ambulance.....2
- Go to the hospital.....3
- Go to a doctor's office/clinic.....4
- Self-administer antihistamine (such as Benadryl or Claritin) 5
- Self-administer asthma inhaler (such as albuterol, Xopenex or Ventolin) 6
- Other treatment.....7
- Nothing.....8
- Don't know.....9
- Refused.....10

SF11. How long did the anaphylactic reaction last?

- Under 1 hour.....1
- One to two hours.....2
- Two to five hours.....3
- Six to 12 hours.....4
- 12 to 24 hours.....5
- One to two days.....6
- Three or more days.....7
- Don't know.....8
- Refused.....9

SF12a. (Were you/Was the child) on a blood pressure medication at the time of an anaphylactic reaction?

- Yes.....1
- No.....2 **SKIP TO SF13**
- DK.....3 **SKIP TO SF13**
- Refused.....4 **SKIP TO SF13**

SF12b. What is the name of the blood pressure medication (you were/your child was) using at the time of the anaphylactic reaction? **SINGLE RESPONSE.**

[ACE INHIBITORS]

Benazepril (Lotensin, Lotrel).....	1
Captopril (Capoten).....	2
Enalapril (Vasotec)	3
Fosinopril (Monopril)	4
Imidapril (Tanatril)	5
Lisinopril (Zestril).....	6
Perindopril (Aceon).....	7
Quinapril (Accupril).....	8
Ramipril (Altace)	9
Zofenopril.....	10

[BETA BLOCKERS]

Acebutolol (Sectral)	11
Atenolol (Tenormin)	12
Betaxolol (Kerlone).....	13
Cervadelilol (Coreg)	14
Labetalol (Trandate).....	15
Metoprolol (Lopressor, Toprol XL)..	16
Nadolol (Corgard)	17
Penbutolol (Levatol)	18
Pindolol	19
Propranolol (Inderal).....	20
Timolol.....	21
Other (specify)	22
Don't know.....	23
Refused.....	24

SF13. Did (you/the child) ever lose consciousness during this anaphylactic reaction?

Yes.....	1
No.....	2
Don't know.....	3
Refused.....	4

SF14. Did you think (your/the child's) life was in danger during this anaphylactic reaction?

Yes.....	1
No.....	2
Don't know.....	3
Refused.....	4

SF15. How severe would you classify this anaphylactic reaction?

- Very severe.....1
- Moderately severe.....2
- Mild.....3
- Don't know.....4
- Refused.....5

SF16a Did (you/the child) have a recurrence of an anaphylactic reaction within 72 hours even without a second exposure?

- Yes.....1
- No.....2 **SKIP TO SF17**
- Don't know.....3 **SKIP TO SF17**
- Refused.....4 **SKIP TO SF17**

SF16b. How soon after the initial anaphylactic reaction did this recurrence happen?

- Less than 2 hours later.....1
- Between 2 and 4 hours later.....2
- Between 4 and 8 hours later.....3
- Between 8 and 24 hours later.....4
- More than 24 hours later.....5
- Don't know.....6
- Refused.....7

SF17. In total, how many anaphylactic reactions (have you/has the child) had in (your/his/her) lifetime?

- _____ NUMBER OF ANAPHYLACTIC REACTIONS (RANGE: 00-97)
- 98 Don't know
 - 99 Refused

IF ALL NOS IN SA1, SB1, SC1, SD1, SE1, SF3 AND SF4, OR IF SA2 > 10 YEARS AND ONLY ALLERGY, OR IF SB2 > 10 YEARS AND ONLY ALLERGY, OR IF SC2 > 10 YEARS AND ONLY ALLERGY, OR IF SD2 > 10 YEARS AND ONLY ALLERGY, OR SE3 > 10 YEARS AND ONLY ALLERGYASK SG; ELSE GO TO GENDER RECORD.

CATI CLARIFICATION – FOR ELIGIBILITY, MUST HAVE ONE OF THE TYPES OF ALLERGIES LESS THAN OR EQUAL TO 10 YEARS AGO.

SG. Is there any other person in the household who suffers from any of these types of allergies or allergic-like reactions?

- Yes.....1 **ASK TO SPEAK TO THAT PERSON**
- No.....2 **SCREEN OUT**
- Refused.....3 **SCREEN OUT**

SG1. Record person's sex. IF UNKNOWN, ASK: What is your gender?

Male.....1

Female.....2

SG2. What is your age?

_____ AGE

Go to SA1.

**CATI NOTE: IF A DIFFERENT ELIGIBLE PERSON IS IDENTIFIED AT SG, SG1 AND SG2
REPLACE D1, D2 AND D3.**

RECORD RESPONDENT GENDER:

Male 1

Female 2

**DUMMY VARIABLE: FINAL ALLERGY TYPE (FTYPE) = FOOD IF SA1 = 1; INSECT IF SB1
= 1; LATEX IF SC1 = 1; MEDICINE IF SD1 =1; NO KNOWN CAUSE IF SE1=1; AND
ANAPHYLACTIC IF SF3 OR SF4 EQ 1.**

END OF PATIENT SCREENER#####
See Patient Questionnaire Below

AAFA's Anaphylaxis in America™: Main Patient Questionnaire

1. In general, would you say (your/your child's) health is...(READ LIST)?

Excellent.....1
Very good.....2
Good.....3
Fair.....4
Poor.....5
Very poor.....6
Don't know.....7
Refused.....8

IF CHILD<6, SKIP TO Q2C

- 2a. Does (your/your child's) health keep (you/him/her) from going to school or working?

INTERVIEWER NOTE: IF DON'T WORK/GO TO SCHOOL, CODE AS NO

Yes.....1 **SKIP TO Q2D**
No.....2
Don't Know.....3
Refused.....4

- 2b. (Are you/Is your child) limited in the kind or amount of work (you/he/she) can do because of (your/his/her) health?

Yes.....1 **SKIP TO Q2D**
No.....2
Don't Know.....3
Refused.....4

- 2c. Are (your/your child's) activities limited in any way by (your/his/her) health?

Yes.....1
No.....2 **SKIP TO Q3a**
Don't Know.....3 **SKIP TO Q3a**
Refused.....4 **SKIP TO Q3a**

- 2d. What health condition or conditions limit (your/his/her) activities?
DO NOT READ LIST. MULTIPLE RECORD.

Arthritis.....1
Cancer.....2
Chronic bronchitis.....3
Chronic obstructive pulmonary disease (COPD).....4
Depression.....5
Diabetes.....6
Emphysema.....7
GERD or reflux.....8
Heart disease.....9
High blood pressure or hypertension.....10
Vocal cord dysfunction.....11
Other, specify.....12
None of these.....13
Don't Know.....14
Refused.....15

- 3a Has a doctor or health professional ever told you that (you have/your child has) asthma?

Yes.....1
No.....2 **SKIP TO Q4a**
Don't know.....3 **SKIP TO Q4a**
Refused.....4 **SKIP TO Q4a**

- 3b. (Have you/Has your child) had asthma in the past 12 months?

Yes.....1
No.....2 **SKIP TO Q4a**
Don't know.....3 **SKIP TO Q4a**
Refused.....4 **SKIP TO Q4a**

- 3c. In the past four weeks, (have you/has your child) had a cough, or wheezing, or shortness of breath, or chest tightness during the day?

Yes 1
No 2
Don't know....3
Refused.....4

- 3d. In the past four weeks, (have you/has your child) been awakened by a cough, or wheezing, or shortness of breath, or chest tightness during the night?

Yes 1
No 2
Don't know....3
Refused.....4

- 3e. In the past four weeks, (have you/has your child) had a cough, or wheezing, or shortness of breath, or chest tightness during exercise, play or physical exertion?

Yes 1
No 2
Don't know....3
Refused.....4

- 4a. (Have you/Has the child) ever been diagnosed with hay fever or any kind of respiratory allergy?

Yes.....1
No.....2 **SKIP TO Q5**
Don't know.....3 **SKIP TO Q5**
Refused.....4 **SKIP TO Q5**

- 4b. During the past 12 months (have you/has your child) had hay fever or any kind of respiratory allergy?

Yes.....1
No.....2
Don't know.....3
Refused.....4

5. During the past 12 months, (have you/has the child) had eczema or any kind of skin allergy?

Yes.....1
No.....2
Don't know.....3
Refused.....4

- 6a. (Do you/ Does your child) have any other health conditions?

Yes.....1
No.....2 **SKIP TO Q7a**
Don't know.....3 **SKIP TO Q7a**
Refused.....4 **SKIP TO Q7a**

6b. What are those other health conditions?
DO NOT READ LIST.MULTIPLE RESPONSE.

- Arthritis.....1
- Cancer.....2
- Chronic bronchitis.....3
- Chronic obstructive pulmonary disease (COPD).....4
- Depression.....5
- Diabetes.....6
- Emphysema.....7
- GERD or reflux.....8
- Heart disease.....9
- High blood pressure or hypertension.....10
- Vocal cord dysfunction.....11
- Other, specify.....12
- None of these.....13
- Don't Know.....14
- Refused.....15

ASK Q7a IF CHILD ≥ 6, ELSE SKIP TO Q14

7a. During the past month, other than (your regular job/your child's activities at school), did (you/your child) participate in any physical activities or exercises such as running, aerobics, team sports, golf, gardening, or walking for exercise?

- | | |
|------------------|-------------------|
| Yes.....1 | |
| No.....2 | SKIP TO Q8 |
| Don't Know.....3 | SKIP TO Q8 |
| Refused.....4 | SKIP TO Q8 |

8. Which of the following symptoms, if any, (do you/does your child) experience during or shortly after sports, exercise, play or other physical exertion? (Do you/Does your child) experience
 **READ LIST AND MULTIPLE RECORD**

Skin reactions, such as itching, rash or hives.....	1	
Swelling of eyes, lips, or tongue.....	2	
Hoarse voice.....	3	
Throat itching.....	4	
Coughing, wheezing or chest tightness.....	5	
Increased breathing rate or difficulty breathing.....	6	
Dizziness, feeling faint or low blood pressure.....	7	
Cramps, abdominal pain, vomiting or diarrhea.....	8	
Loss of bladder or bowel control.....	9	
Feelings of uneasiness, irritability, or anxiety	10	
Never play sports or exercise.....	11	SKIP TO Q13
None of these.....	12	SKIP TO Q13
Don't Know.....	13	SKIP TO Q13
Refused.....	14	SKIP TO Q13

9. How often (do you/does your child) experience skin reactions, swelling, hoarseness, coughing, breathing problems, dizziness or faintness, stomach problems, bowel problems or feelings of anxiety DURING exercise, play or physical exertion --- every time, most times, some times, only rarely or never?

Every time.....	1
Most times.....	2
Sometimes.....	3
Rarely.....	4
Never.....	5
Don't Know.....	6
Refused.....	7

10. How often (do you/does your child) experience skin reactions, swelling, hoarseness, coughing, breathing problems, dizziness or faintness, stomach problems, bowel problems or feelings of anxiety IMMEDIATELY OR SHORTLY AFTER exercise, play or physical exertion --- every time, most times, some times, only rarely or never?

Every time.....	1	
Most of the time.....	2	
Sometimes.....	3	
Rarely.....	4	
Never.....	5	SKIP TO INSTRUCTIONS BEFORE Q14
Don't Know.....	6	SKIP TO INSTRUCTIONS BEFORE Q14
Refused.....	7	SKIP TO INSTRUCTIONS BEFORE Q14

- 11a. How long after STARTING sports, exercise, play or physical exertion (do you/does the child) usually experience these symptoms?

_____ MINUTES (RANGE: 00 – 60)

_____ HOURS (RANGE: 00 – 97)

- 11b. How much time usually elapsed after STOPPING exercise before the symptoms occur?

_____ MINUTES (RANGE: 00 – 60)

_____ HOURS (RANGE: 00 – 97)

12. How long do these symptoms last? Would you say that they usually LAST?
READ LIST AND SINGLE RECORD.

Less than 5 minutes..... 1
 5-10 minutes..... 2
 11-20 minutes..... 3
 21-30 minutes..... 4
 Half an hour to an hour 5
 One to two hours 6
 Longer than two hours 7
 Until using rescue medication..... 8
 Don't Know..... 9
 Refused..... 10

13. If (you do/your child does) some type of intense physical activity, such as running for six minutes or more, how often would (you/your child) have skin reactions, swelling, hoarseness, coughing, breathing problems, dizziness or faintness, stomach problems, bowel problems or feelings of anxiety?

Every time.....1
 Most times.....2
 Sometimes.....3
 Rarely.....4
 Never.....5
 Don't Know.....6
 Refused.....7

CATI: IF YES TO SA13 = 1 OR SA12B = 1, ASK Q14 FOR FOOD; ELSE SKIP TO Q17 FOR FOOD. IF SB11 = 1, ASK Q14 FOR INSECT; ELSE SKIP TO Q17 FOR INSECT. IF SC11 = 1, ASK Q14 FOR LATEX; ELSE SKIP TO Q17 FOR LATEX. IF SD11= 1, ASK Q14 FOR MEDICATION; ELSE SKIP TO Q17 FOR MEDICATION
CATI NOTE: IF RESPONSE TO FTYPE IS NO KNOWN CAUSE OR ANAPHYLACTIC, IF QUESTION REQUIRES FTYPE FEED IN, SKIP QUESTION.

14. At what age (were you/was the child) first diagnosed with a [FTYPE] allergy? **MULTIPLE LOOP IF MORE THAN 1 FTYPE. [NOTE: ASKED FOR EACH OF THE 4 FTYPES IF APPLICABLE]**

_____ AGE AT DIAGNOSIS (RANGE: 00 – 99)

Less than 1 year old 00
 Don't know.....98
 Refused.....99

15. What was the medical specialty of the doctor who first diagnosed (you/the child) with a [FTYPE] allergy? **DO NOT READ LIST. SINGLE RECORD. MULTIPLE LOOP IF MORE THAN 1 FTYPE. [NOTE: ASKED FOR EACH OF THE 4 FTYPES IF APPLICABLE]**

Allergist.....1
 Emergency Room Doctor.....2
 Otolaryngologist/Ear, Nose and Throat (ENT).....3
 Family practice.....4
 General practice.....5
 Internal medicine.....6
 OB/GYN.....7
 Pediatrician.....8
 Other (specify).....9
 Self-diagnosed.....10
 Don't know.....11
 Refused.....11

16. (Were you/Was your child) given a skin test or blood test to see what (you were/your child was) allergic to? **NOTE: ONLY ASKED ONCE EVEN IF MULTIPLE FTYPE.**

Yes.....1
 No.....2
 Don't know.....3
 Refused.....4

17. (Has your/Has the child's) reaction to the [FTYPE] allergy gotten less severe, stayed the same or gotten more severe over time? **MULTIPLE LOOP IF MORE THAN 1 FTYPE. [NOTE: ASKED OF EACH OF THE 4 FTYPES IF APPLICABLE]**

Less severe.....1
 Stayed the same.....2
 More severe.....3
 No time to know.....4
 Don't know.....5
 Refused.....6

18. How would you classify the severity of (your/your child's) allergy? **NOTE: ONLY ASK ONCE EVEN IF MULTIPLE FTYPE.**

Very severe.....1
Severe.....2
Moderate.....3
Mild.....4
Very mild.....5
Don't know.....6
Refused.....7

HEALTH CARE TREATMENT

19. What is the medical specialty of the doctor that (you see /your child sees) most often for (your/his/her) [FTYPE] allergy? **DO NOT READ LIST. SINGLE RECORD. MULTIPLE LOOP IF MORE THAN 1 FTYPE. [NOTE: ASKED OF EACH OF THE 4 FTYPES IF APPLICABLE].**

Allergist.....1
Emergency Room Doctor.....2
Otolaryngologist/Ear, Nose and Throat (ENT).....3
Family practice.....4
General practice.....5
Internal medicine.....6
OB/GYN.....7
Pediatrician.....8
Other (specify).....9
None.....10
Don't know.....11
Refused.....12

- 20a. (Have you/Has your child) seen a health practitioner about (your/his/her) [FTYPE] allergy in the past 12 months? **MULTIPLE LOOP IF MORE THAN 1 FTYPE. [NOTE: ASKED OF EACH OF THE 4 FTYPES IF APPLICABLE].**

Yes.....1
No.....2 **SKIP TO Q21**
DK.....3 **SKIP TO Q21**
Refused.....4 **SKIP TO Q21**

- 20b. How many times (have you/has your child) seen a health practitioner primarily for this allergy in the past 12 months?

_____ NUMBER OF TIMES (1-97)

Don't know.....98
Refused.....99

20c. How would you characterize the support you receive from your health practitioner for (your/your child's) allergy – a lot of support, some support, limited support or no support?

A lot of support 1
 Some support.....2
 Limited support.....3
 No support 4
 Don't know.....5
 Refused.....6

21. Would you say that you follow your health practitioner's advice on the management and treatment of (your/your child's) allergies.....

All of the time 1
 Most of the time 2
 Some of the time 3
 Rarely 4
 Never..... 5
 Don't know 6
 Refused..... 7
 (VOL) Did not receive advice/see a health practitioner.....8

22. Overall, how satisfied are you with (your/your child's) health practitioner's management and treatment of (your/his/her) allergies? Would you say that you are?

Very satisfied.....1
 Somewhat satisfied.....2
 Somewhat dissatisfied.....3
 Very dissatisfied.....4
 Don't know.....5
 Refused.....6
 Have not seen a health practitioner.....7

IF DOCTOR IN Q19 IS AN ALLERGIST, SKIP TO Q24a

23a. (Have you/Has your child) seen an allergist about (your/his/her) allergy in the past 12 months?

Yes.....1
 No.....2 **SKIP TO Q24a**
 DK.....3 **SKIP TO Q24a**
 Refused.....4 **SKIP TO Q24a**

23b. How many times (have you/has your child) seen an allergist primarily for this allergy in the past 12 months?

_____ NUMBER OF TIMES (1-97)
 Don't know.....98
 Refused.....99

- 23c. How would you characterize the support you receive from your allergist for (your/your child's) allergy – a lot of support, some support, limited support or no support?

A lot of support.....1
 Some support.....2
 Limited support.....3
 No support 4
 Don't know.....5
 Refused.....6

- 23d. Overall, how satisfied are you with (your/your child's) allergist's management and treatment of (your/his/her) allergy? Would you say that you are

Very satisfied.....1
 Somewhat satisfied.....2
 Somewhat dissatisfied.....3
 Very dissatisfied.....4
 Don't know.....5
 Refused.....6

- 24a. (Were you/Was your child) ever hospitalized during the past 12 months for any reason?

Yes.....1
 No.....2 **SKIP TO Q25a**
 DK.....3 **SKIP TO Q25a**
 Refused.....4 **SKIP TO Q25a**

- 24b. (Were you/Was the child) hospitalized in the past 12 months for... ? **READ LIST. MULTIPLE RESPONSE.**

Severe allergy symptoms.....1
 Anaphylactic reaction.....2
 Was afraid having a reaction.....3
 None of these.....4 **SKIP TO Q25a**
 Don't Know.....5 **SKIP TO Q25a**
 Refused.....6 **SKIP TO Q25a**

- 24c. How many times (have you/has your child) been hospitalized in the past 12 months as a result of allergic reactions?

_____ NUMBER OF TIMES (1-97)
 Don't know.....98
 Refused.....99

25a. Did (you/your child) visit an emergency room during the past 12 months for any reason?

Yes.....1

No.....2 **SKIP TO Q26a**

DK.....3 **SKIP TO Q26a**

Refused.....4 **SKIP TO Q26a**

25b. Did (you/the child) visit the emergency room in the past 12 months for....? **READ LIST. MULTIPLE RESPONSE.**

Severe allergy symptoms.....1

Anaphylactic reaction.....2

Was afraid having a reaction.....3

None of these.....4 **SKIP TO Q26a**

Don't Know.....5 **SKIP TO Q26a**

Refused.....6 **SKIP TO Q26a**

25c. How many times (have you/has your child) visited an emergency room in the past 12 months as a result of allergic reactions?

_____ NUMBER OF TIMES (1-97)

Don't know.....98

Refused.....99

25d. Was epinephrine given to (you/your child) in the emergency room?

Yes.....1

No.....2

Don't Know.....3

Refused.....4

25e. (Were you/Were you or your child) given a prescription for an epinephrine auto injector in the emergency room?

Yes.....1

No.....2 **SKIP TO Q25g**

Don't Know.....3 **SKIP TO Q25g**

Refused.....4 **SKIP TO Q25g**

25f. Were you (or your child) given instructions on how to use the epinephrine auto injector?

Yes.....1

No.....2

Don't Know.....3

Refused.....4

25g. Did the medical staff in the emergency room try to determine the cause of the allergy symptoms or anaphylactic reaction?

Yes.....1
No.....2
Already known.....3
Don't Know.....4
Refused.....5

25h. (Were you/Was the child) given a referral to an allergist in the emergency room to confirm the cause of the reaction and to provide long term care for this condition?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

26a. (Not counting emergency room visits) Did (you/your child) have any OTHER unscheduled emergency doctor visits during the past 12 months for any reason?

Yes.....1
No.....2 **SKIP TO Q27**
DK.....3 **SKIP TO Q27**
Refused.....4 **SKIP TO Q27**

26b. Did (you/the child) have any of those unscheduled emergency doctor visit in the past 12 months for...? **READ LIST. MULTIPLE RESPONSE.**

Severe allergy symptoms.....1
Anaphylactic reaction.....2
Was afraid having a reaction.....3
None of these.....4 **SKIP TO Q27**
Don't Know.....5 **SKIP TO Q27**
Refused.....6 **SKIP TO Q27**

26c. How many times (have you/has your child) had an unscheduled emergency doctor visit in the past 12 months as a result of allergic reactions (not counting emergency room visits)?

_____ NUMBER OF TIMES (1-97)
Don't know.....98
Refused.....99

ALLERGY RISK FACTORS

27. Does a parent, sibling or other close relative have a similar allergy?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4
28. Does a parent, sibling or other close relative have eczema, hives, or hay fever?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4
29. (Were you/Was the child) born with urinary tract abnormalities?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4
30. (Have you/Has the child) undergone multiple surgeries or medical procedures?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4

ASK Q31 AND Q32, ONLY IF ADULT RESPONDENT.

31. Have you been diagnosed with high blood pressure?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4
32. Do you work in the health care field such as in a hospital or doctor's office?
- Yes.....1
No.....2
Don't Know.....3
Refused.....4

Now I have some questions about severe allergic reactions.

33. Has (your/your child's) doctor ever talked to you about anaphylaxis?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

34. How serious do you think "anaphylaxis" is: **READ LIST.**

Always an emergency.....1
Sometimes an emergency.....2
Can be an emergency.....3
Never an emergency.....4
Don't Know.....5
Refused.....6

CATI: SKIP Q35 IF SF3 OR SF4 = YES.

35. Do you know anyone who has experienced anaphylaxis?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

CATI: IF SF3 OR SF4 = YES, USE 'ANOTHER'; ELSE USE 'AN'.

36a. What are you currently doing so (you do/the child does) not have (an/another) anaphylactic reaction? **MULTIPLE RESPONSE. PROBE:** Anything else?

Avoiding allergen.....1	SKIP TO Q37
Carry epinephrine auto-injector.....2	SKIP TO Q37
Wear medical alert/ID bracelet.....3	SKIP TO Q37
Allergy shots.....4	
Other (SPECIFY).....5	SKIP TO Q37
Nothing.....6	SKIP TO Q37
Don't Know.....7	SKIP TO Q37
Refused.....8	SKIP TO Q37

36b. Were these shots for bee stings?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

37. If (you ever have/your child ever has) (an/another) anaphylactic reaction, what do you plan to do?
MULTIPLE RESPONSE.

Use an antihistamine.....1
Call 911/an ambulance.....2
Lay down.....3
Use epinephrine auto-injector.....4
Other (specify).....5
Nothing.....6
Don't Know.....7
Refused.....8

TREATMENT FOR ALLERGIES

CATI: IF Q36a = 2, GO TO Q39; ALL OTHERS ASK Q38.

38. (Do you/Does the child) carry an epinephrine auto-injector also known as EpiPen, Twinject or Adrenaclick?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

39. Where is the best place on the body to use an epinephrine auto-injector?

Upper arm.....1
Outer thigh.....2
Buttock.....3
Other place.....4
Don't Know.....5
Refused.....6

40. (Have you/Has the child) ever used an epinephrine auto-injector also known as EpiPen, Twinject or Adrenaclick?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

IF Q36a = 2 OR Q38 = 1 OR Q40 = 1, ASK Q42, ELSE ASK Q41.

41. (Have you/Has the child) ever been prescribed an epinephrine auto-injector?

Yes.....1
No.....2 **SKIP TO Q47**
Don't Know.....3 **SKIP TO Q47**
Refused.....4 **SKIP TO Q47**

42. Who prescribed the prescription for the epinephrine auto-injector? **[INTERVIEWER NOTE: IF MORE THAN ONE TIME, ASK ABOUT THE MOST RECENT PRESCRIPTION].**

Allergist.....1
Emergency Room Doctor.....2
Otolaryngologist/Ear, Nose and Throat (ENT).....3
Family practitioner.....4
General practitioner.....5
Internist.....6
OB/GYN.....7
Pediatrician.....8
Other (specify).....9
Don't Know.....10
Refused.....11

43a. (Were you/Were you or the child) instructed as to how to use the epinephrine auto-injector?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

43b. Did a healthcare professional such as a doctor, nurse or pharmacist teach (you/your or your child) how to use the epinephrine auto injector?

Yes.....1
No.....2
Don't know.....3
Refused.....4

43c. Were written instructions, a DVD or other teaching materials provided?

Yes.....1
No.....2
Don't know.....3
Refused.....4

43d. (Were you/Were you or your child) provided with an anaphylaxis emergency action plan?

Yes.....1
No.....2
Don't know.....3
Refused.....4

44a. Was this prescription for a single or two epinephrine auto-injectors?

Single.....1
Two or more.....2
Don't Know.....3
Refused.....4

44b. Did this prescription for epinephrine include any refills?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

45. Are you aware of the expiration date of the epinephrine auto-injector?

Yes.....1
No.....2
Don't Know.....3
Refused.....4

46a. Did you fill this prescription for the epinephrine auto-injector?

Yes.....1 **SKIP TO Q47**
No.....2
Don't Know.....3
Refused.....4

46b. What was the main reason you did not fill this prescription?

No time.....1
Cost.....2
Do not need it anymore.....3
Inconvenient.....4
Forgot.....5
Other (specify).....6
Don't Know.....7
Refused.....8

WORKING

CATI: ASK ONLY FOR ADULT RESPONDENTS; FOR CHILDREN, SKIP TO Q50.

47. Are you currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, a student, a homemaker or something else?

Employed full-time	1	SKIP TO Q50
Employed part-time.....	2	
In the military	3	SKIP TO Q50
Unemployed and looking for work	4	
Retired and not working.....	5	
Student	6	
Homemaker	7	
Something else	8	
Don't Know.....	9	
Refused.....	10	

48. Do your allergies keep you from working full time?

Yes.....	1
No.....	2
Retired (Vol).....	3
Don't Know.....	4
Refused.....	5

49. Are you limited in the kind or amount of work you can do because of your allergies?

Yes.....	1
No.....	2
Don't Know.....	3
Refused.....	4

50. Have you **missed work** in the past 12 months due to your allergies/**CATI: ASK IF CHILD IS OVER 5 YEARS:** Has your child missed school in past 12 months due to (his/her) allergies?
CATI: IF CHILD 5 AND UNDER, SKIP TO Q52a.

Yes.....	1	
No.....	2	
No employment in last 12 months.....	3	SKIP TO Q52
Don't Know.....	4	SKIP TO Q52
Refused.....	5	SKIP TO Q52

51. Are you exposed to anything at your workplace that affects your allergies/**CATI: ASK IF CHILD IS OVER 5 YEARS:** Is your child exposed to anything at school that affects (his/her) allergies?

Yes.....1
 No.....2
 Don't Know.....3
 Refused.....4

QUALITY OF LIFE

52. How much do you feel that (your/your child's) allergies limit what (you/he/she) can do in each of the following areas? Do you feel (your/your child's) allergies restrict (you/him/her) a lot, some, only a little or not at all in.....

ROTATE	A Lot	Some	Little	Not At All	Don't know	Refused
a. Diet.....	1	2	3	4	8	9
b. Physical activity/sports	1	2	3	4	8	9
c. Outdoor activities.....	1	2	3	4	8	9
d. Travel	1	2	3	4	8	9
e. School or work	1	2	3	4	8	9
f. Lifestyle	1	2	3	4	8	9

- 52s. Overall, would you say the condition impacts (your/your child's) daily life... READ LIST.

A lot.....1
 A moderate amount.....2
 Some.....3
 A little, or.....4
 Not at all.. 5
 (VOL) Not sure.....6
 (VOL) Refused.....7

- 53a. (Do you/Does your child) avoid any activities because of (your/his/her) allergies? **MULTIPLE RESPONSE.**

Yes.....1
 No.....2 **SKIP TO Q54**
 Don't Know.....3 **SKIP TO Q54**
 Refused.....4 **SKIP TO Q54**

53b. Do (you/you or your child) avoid any of the following due to (your/your child's) allergies?

MULTIPLE RESPONSE. READ LIST

- Eating at other people's homes.....1
- Outdoor activities.....2
- Going to restaurants.....3
- Taking trips/going on vacation.....4
- Or something else (specify).....5
- None of these.....8
- Don't Know.....6
- Refused.....7

54. As a result of living with allergies, how often (do you/does your child) feel **(READ ITEM)** – frequently, sometimes, rarely or never?

ROTATE	Frequently	Sometimes	Rarely	Never	Not Sure	Not Applicable
b. Alone or isolated.....	1	2	3	4	5	6
c. Worried or fearful.....	1	2	3	4	5	6
e. Frustrated.....	1	2	3	4	5	6
f. Angry.....	1	2	3	4	5	6

55. How often do you worry about (your/your child's) allergies? **READ RESPONSES.**

- Several times a day.....1
- About once a day.....2
- Once a week.....3
- Once a month.....4
- A few times a year.....5
- Never.....6
- Don't Know.....7
- Refused.....8

56. Do you worry about (your/your child's) allergies usually more, the same, or less during the following times:

ROTATE	More	Same	Less	DK	Ref
a. On holidays, like Thanksgiving or Christmas.....	1	2	3	4	5
b. When traveling....	1	2	3	4	5
d. When at work or school.....	1	2	3	4	5
f. When at home.....	1	2	3	4	5

57. When you think about (your/his/her) allergies, what are you most concerned about?

- Avoiding allergy triggers.....1
 Having a severe allergic emergency 2
 Dying from a severe allergic reaction.....3
 Other (specify).....4
 Don't Know.....5
 Refused.....6
 (VOL) Nothing/Don't think about allergies.....7

58. Now I'm going to read you a series of statements. As I read each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know	NA
ROTATE LIST						
c. I have relatives who do not accommodate (my/my child's) allergy.....1		2	3	4	5	
d. I have been frustrated because different doctors have told me different things about (my/my child's) allergy .1		2	3	4	5	
e. Fear of a severe allergic reaction keeps (me/my child) from being fully active..1		2	3	4	5	
f. (My child's teachers/My coworkers) are understanding about (my/my child's) allergies.....1		2	3	4	5	6
CATI: ASK g AND h IF FTYPE = FOOD.						
g. Most people know the symptoms of food allergies.....1		2	3	4	5	
h. Not enough people take food allergies seriously 1		2	3	4	5	

CATI: ASK i AND j IF CHILD <18.

- i. Having a child with an allergy affects my other children's daily lives.....1 2 3 4 5 6
- j. I am confident that the staff in my child's school/daycare is knowledgeable in the management of allergy emergencies.....1 2 3 4 5 6

CATI: TEXT SCREEN

CATI: ASK Q59 IF PERSON WITH ALLERGIES IS BETWEEN 5 AND 18.

59. Please let me know if your child has experienced any of the following due to (his/her) allergy.

ROTATE	Yes	No	Not Sure
a. Bullying?.....	1	2	3
b. Teasing?	1	2	3
c. Isolation?.....	1	2	3
d. Anxiety?	1	2	3

CATI: TEXT SCREEN

60. How bothersome do you consider each of the following for (your/your child's) allergies – extremely, moderately, slightly or not bothersome? **READ ITEMS IN LIST**

	Extremely Bother- some	Moderately Bother- some	Slightly Bother- some	Not Bother- some
a. Fear and worry	1	2	3	4
b. Avoiding triggers	1	2	3	4
c. Dealing with symptoms	1	2	3	4

61. Which is the most bothersome to you?

READ IN ALL EXTREMELY OR MODERATELY BOTHERSOME FROM Q60

Fear and worry.....1
 Avoiding triggers.....2
 Dealing with symptoms.....3

KNOWLEDGE OF ALLERGY ISSUES

62. Please let me know if you agree or disagree with the following statements. **CATI NOTE: ONLY ASK Q62a ONCE FOR FIRST FTYPE IF MULTIPLE.**

ROTATE LIST	Agree	Disagree	Not Sure
b. Asthma is an important risk factor for severe allergic reaction, also known as an anaphylactic reaction.....	1	2	3
c. All ambulances are required to carry epinephrine.....	1	2	3
d. Schools are required to have epinephrine auto-injectors available.	1	2	3
e. Restaurants are required to have epinephrine auto-injectors available.....	1	2	3

63. Now I'm going to read you a series of statements. As I read each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know
ROTATE LIST					
a. Severe allergic reactions are a serious health problem in the US	1	2	3	4	5
b. Allergic reactions tend to get worse, over time	1	2	3	4	5
c. Allergic reactions can be fatal.....	1	2	3	4	5
d. Severe allergic reactions need to be treated immediately	1	2	3	4	5
e. Schools should have epinephrine auto-injectors available	1	2	3	4	5
f. Persons with no history of allergies are unlikely to get anaphylaxis	1	2	3	4	5
g. Ambulances should carry epinephrine for allergic emergencies	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| i. Asthma can make severe allergic reactions worse..... | 1 | 2 | 3 | 4 | 5 |
| j. There is no truly effective treatment to prevent severe allergies..... | 1 | 2 | 3 | 4 | 5 |
| k. There is no truly effective treatment to stop allergic reactions | 1 | 2 | 3 | 4 | 5 |
| l. Restaurants should have epinephrine auto-injectors available | 1 | 2 | 3 | 4 | 5 |

HEALTH INSURANCE

64a. Do you have any sort of health insurance or health plan to cover (your/your child's) health care costs?

- Yes 1
 No 2 **SKIP TO Q65**
 DK.....3 **SKIP TO Q65**
 Refused.....4 **SKIP TO Q65**

64b. Are you covered through your own plan, another family member's plan or both?

- Own plan 1
 Other family member's plan 2
 Both 3
 Don't Know.....4
 Refused.....5

64c. Is your coverage under that/those plans from **READ LIST AND MULTIPLE RECORD.**

- Health insurance through work, school, or union 1
 Health insurance bought directly by yourself or family 2
 Medicare..... 3
 Medicaid or Medical Assistance 4
 Military, VA or Champus 5
 COBRA 6
 Other (SPECIFY: _____)..... 7
 Don't Know.....8
 Refused.....9

64d. How much of the costs of your prescription drugs is covered by your health plan?

- All..... 1
- Most 2
- Some..... 3
- Little 4
- None 5
- Don't Know.....6
- Refused.....7

IF ANSWERED 2, 3, OR 4 TO Q64d, THEN ASK Q64e.

64e. How much is the average co-pay for your prescriptions for allergies?

- \$5 or less.....1
- \$6 to \$10.....2
- \$11 to \$20.....3
- \$21 to \$30.....4
- \$30 to \$90.....5
- \$90 or more.....6
- Don't Know.....7
- Refused.....8

64f. Does your insurance restrict your doctor from prescribing specific medications for (your/your child's) allergies?

- Yes.....1
- No.....2
- DK.....3
- Refused.....4

PATIENT EDUCATION

65. How much need do you think there is for better education of PEOPLE WITH ALLERGIES about anaphylaxis? Do you think there is a

- Strong need 1
- Moderate need..... 2
- Not much of a need 3
- No need at all 4
- Don't Know.....5
- Refused.....6

66. How much need do you think there is for better education of THE GENERAL PUBLIC about anaphylaxis? Do you think there is a

Strong need 1
Moderate need..... 2
Not much of a need 3
No need at all 4
Don't Know.....5
Refused.....6

67a. Are you satisfied with the current treatments for allergic reactions or anaphylaxis?

Yes.....1 **SKIP TO Q68**
No.....2
Don't Know.....3
Refused.....4

67b. Why not?

68. Do any of the following relatives of yours have allergies?

READ LIST AND MULTIPLE RECORD

Father.....1
Mother.....2
Brothers or sisters.....3
Children.....4
Grandparents.....5
None of these.....6
Don't Know.....7
Refused.....8

DEMOGRAPHICS

Now, a few last questions for statistical purposes...

D1. How old are you? (RANGE: 00 TO 97)

_____ age
Don't know.....98
Refused.....99

D2. What is the last year or grade of school you completed?

No formal schooling..... 1
First through 7th grade 2
8th grade..... 3
Some high school 4
High school graduate 5
Some college 6
Four-year college graduate..... 7
Graduate degree 8
Don't know.....9
Refused.....10

D3. Are you of Hispanic origin or descent?

Yes, Hispanic 1
No, not Hispanic 2
Don't know.....3
Refused.....4

D4. In which of the following categories do you feel you belong? **MULTIPLE RESPONSE.**

Pacific Islander..... 1
American Indian or Alaskan native 2
Asian 3
Black or African-American..... 4
White..... 5
Mixed 6
(VOL) Hispanic..... 7
(VOL) Other..... 8
Don't know.....9
Refused.....10

D5. Which of the following categories best describes your 2010 household income before taxes?

\$5000 or less 1
\$5001 to \$10,000..... 2
\$10,001 to \$15,000..... 3
\$15,001 to \$25,000..... 4
\$25,001 to \$35,000..... 5
\$35,001 to \$50,000..... 6
\$50,001 to \$75,000..... 7
\$75,001 to \$100,000..... 8
Over \$100,000..... 9
Don't know.....10
Refused.....11

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Programmedv12_FINAL – Updated August 18, 2011)

That is my last question. Thank you very much for your time and assistance in this important study.
Good-bye.

END OF PATIENT QUESTIONNAIRE#####

Abt SRBI, INC.
275 Seventh Avenue
New York, New York 10001

STUDY NUMBER 5290g
October 14, 2011
Final Version #9

AAFA's Anaphylaxis in America™: Public Cross-Section

State: _____ County: _____ Metro Status: _____

Date _____ CATI ID: _____

Telephone Number: _____

INTRODUCTION

Hello, I'm _____ from Abt SRBI, a national health research organization. We are conducting a national survey.

READ ONLY IF ASKED: (on behalf of the Asthma and Allergy Foundation of America).

CATI: IF ONE ADULT, SKIP TO B3. IF MORE THAN ONE ADULT, SAY:

B1. May I please speak to the adult (male) in the household with the (most recent/next) birthday?

CATI: Need to specify either most recent/next randomly for interviewer.

- 1 Yes, respondent is adult (male) with most recent/next birthday **SKIP TO C**
- 2 Yes, need to get adult male with most recent/next birthday **CONTINUE**
- 3 Callback **THANK AND SCHEDULE CALLBACK**
- 4 Refused **THANK AND END**
- 5 No adult male in household, respondent is adult female **SKIP TO C**
- 6 No adult male in household, need to get adult female **CONTINUE**

B2. Hello, I'm _____ from Abt SRBI, a national health research organization. We are conducting a national telephone survey on health and important medical issues that have recently been in the news. The interview will only take ten minutes and is completely confidential. Your answers are very important to us.

C. **INTERVIEWER: RECORD SEX IF KNOWN. IF NOT KNOWN, ASK:** Are you...?

- 1 Male (QUAL)
- 2 Female (QUAL)

INTRO 2

We are seeking the opinions of people like you from around the country to better understand their health and what they know or have heard about allergies. Unless you have questions about the survey, we may begin now.

[IF ASKED: Your identity and individual responses will be kept strictly confidential. Neither your phone number nor any other personal identification will be associated with your answers or disclosed to anyone outside of Abt SRBI. Responses will be presented in aggregate form only.]

[IF ASKED for a copy of the information being recorded, say “We do not keep personal records in order to protect your identity.”]

[IF ASKED who is sponsoring the survey say: “The survey is being sponsored by the Asthma and Allergy Foundation of America”.]

1. In general, would you say your health is... (READ LIST)?

- Excellent.....1
- Very good.....2
- Good.....3
- Fair.....4
- Poor.....5
- Very poor.....6
- Don't know.....7
- Refused.....8

2. On average, how often do you visit your primary care physician? **READ RESPONSES.**

Once every six months or more.....1
Once a year.....2
Every two years.....3
Only when you're sick.....4
Not very often.....5
Never.....6
Don't know.....7
Refused.....8

3. What is the medical specialty of the doctor that you see most often? **READ LIST IF NECESSARY**

Allergist.....1
Emergency Room Doctor.....2
Otolaryngologist/ENT.....3
Family practice.....4
General practice.....5
Internal medicine.....6
OB/GYN.....7
Pediatrician.....8
Other (SPECIFY).....9
None.....10
Don't know.....11
Refused.....12

- 4a. Were you ever hospitalized during the past 12 months for any reason?

Yes.....1
No.....2 **SKIP TO Q5a**
Don't know..3 **SKIP TO Q5a**
Refused.....4 **SKIP TO Q5a**

- 4b. Were you hospitalized in the past 12 months for...? **READ LIST. MULTIPLE RESPONSE.**

Severe allergy symptoms.....1
Anaphylactic reaction.....2
Was afraid having a reaction.....3
Other 4
Don't Know.....5
Refused.....6

5a. Did you visit an emergency room during the past 12 months for any reason?

Yes.....1
No.....2 **SKIP TO Q6**
Don't know..3 **SKIP TO Q6**
Refused.....4 **SKIP TO Q6**

5b. How many times have you visited an emergency room in the past twelve months?

_____ TOTAL EMERGENCY ROOM VISITS
Don't know.....98
Refused.....99

5c. What was the reason for the/those emergency room visit(s)?

Severe allergy symptoms.....1
Anaphylactic reaction.....2
Was afraid having a reaction.....3
Other (specify).....4
Don't Know.....5
Refused.....6

6. Has a doctor or health professional ever told you that you have asthma?

Yes.....1
No 2
Don't know.....3
Refused.....4

7. Have you ever been diagnosed with hay fever or any kind of respiratory allergy?

Yes.....1
No.....2
Don't know.....3
Refused.....4

8. During the past 12 months, have you had eczema or any kind of skin allergy?

Yes.....1
No.....2
Don't know....3
Refused.....4

9. What things cause severe allergic reactions? PROBE: Anything else? **MULTIPLE RESPONSE. DO NOT READ.**

Food.....1
 Insects.....2
 Latex/rubber.....3
 Medications.....4
 Other (specify).....5
 Don't know.....6
 Refused.....7

10. How familiar are you with the following conditions or diseases – very familiar, somewhat familiar, not too familiar or not at all familiar?

ROTATE	Very Familiar	Somewhat Familiar	Not too Familiar	Not at all Familiar	DK	Ref
a. Food allergies	1	2	3	4	5	6
b. Food intolerance	1	2	3	4	5	6
c. Medication allergies	1	2	3	4	5	6
d. Latex allergies	1	2	3	4	5	6
e. Insect sting allergies	1	2	3	4	5	6

11. Based on what you know or have heard, what are symptoms of a severe allergic reaction? **MULTIPLE RESPONSE. DO NOT READ. PROBE: Anything else?**

Skin reactions, such as itching, rash or hives.....1
 Swelling of eyes, lips or tongue 2
 Hoarse voice.....3
 Itching throat.....4
 Coughing, wheezing or chest tightness.....5
 Increased breathing rate or difficulty breathing.....6
 Dizziness, feeling faint or low blood pressure 7
 Cramps, abdominal pain, vomiting or diarrhea... ..8
 Loss of bladder or bowel control.....9
 Feelings of uneasiness, irritability, or anxiety.....10
 Sudden behavioral change.....11
 None of these.....12
 Don't know.....13
 Refused.....14

12. Have you ever had an allergic reaction to food -- by allergic reaction, I mean that you get symptoms like sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or collapsing within minutes or at most a few hours after eating eggs, milk, peanuts or other foods?

Yes.....1
No.....2 **SKIP TO Q15**
Don't know.....3 **SKIP TO Q15**
Refused.....4 **SKIP TO Q15**

13. Which foods do you or did you have an allergic reaction to? **PROBE:** Anything else?
MULTIPLE RESPONSE.

Peanuts.....1
Tree nuts (almonds, walnuts, pecans, cashews, pistachios, hazelnuts,
Brazil nuts, pine nuts).....2
Shellfish (shrimp, lobster, crab, scallops, clams, oysters).....3
Eggs.....4
Wheat.....5
Milk.....6
Soy.....7
Fish.....8
Sesame.....9
Other (specify) 10
None.....11
Don't know.....12
Refused.....13

14. Has a doctor ever diagnosed you as having a food allergy?

Yes.....1
No.....2
Don't know.....3
Refused.....4

15. Have you ever had an allergic reaction to an insect sting or bite – by allergic reaction, I mean that you get symptoms like sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or collapsing with minutes or at most a few hours after being stung by bees, yellow jackets, wasps or other insects?

Yes.....1
No.....2 **SKIP TO Q18**
Don't know.....3 **SKIP TO Q18**
Refused.....4 **SKIP TO Q18**

16. Which insect stings have you had an allergic reaction to? **PROBE:** Anything else?
MULTIPLE RESPONSE.

Bees.....1
Wasps.....2
Hornets.....3
Yellow jackets.....4
Fire ants.....5
Other (specify) 6
None.....7
Don't know.....8
Refused.....9

17. Has a doctor ever diagnosed you as having an allergy to insect stings or bites?

Yes.....1
No.....2
Don't know.....3
Refused.....4

18. Have you ever had an allergic reaction immediately after contact with latex gloves or other latex or other rubber products – (by allergic reaction, I mean that you get symptoms like sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or collapsing with minutes or at most a few hours after contact)?

Yes.....1
No.....2 **SKIP TO Q21**
Don't know.....3 **SKIP TO Q21**
Refused.....4 **SKIP TO Q21**

19. Which latex or rubber products have you had an allergic reaction to? **PROBE:** Anything else?
MULTIPLE RESPONSE.

Latex gloves.....1
Balloons.....2
Toys.....3
Sports equipment.....4
Condoms.....5
Other (specify) 6
None.....7
Don't know.....8
Refused.....9

20. Has a doctor ever diagnosed you as having an allergy to latex or rubber products?
- Yes.....1
No.....2
Don't know.....3
Refused.....4
21. Have you ever had an allergic reaction to a medication, anesthesia, or other medical test or treatment – (by allergic reaction, I mean that you get symptoms like sudden itching, rash, or hives on the skin; or sudden swelling of eyes, lips or tongue; or sudden throat itching, chest tightness, or difficulty breathing; or sudden heart palpitations, chest pain, feeling faint or collapsing with minutes or at most a few hours after taking penicillin or other medicines)?
- Yes.....1
No.....2 **SKIP TO Q24**
Don't know.....3 **SKIP TO Q24**
Refused.....4 **SKIP TO Q24**
22. Which medications have you had an allergic reaction to? PROBE: Anything else?
MULTIPLE RESPONSE.
- Penicillin.....1
Sulfa drugs.....2
Other antibiotics (e.g., cephalosporin).....3
Aspirin, Advil, Ibuprofen or Motrin.....4
Other (specify) 5
None.....6
Don't know.....7
Refused.....8
23. Has a doctor ever diagnosed you as having an allergy to medications?
- Yes.....1
No.....2
Don't know.....3
Refused.....4
24. Have you ever heard of a condition or reaction called anaphylaxis?
- Yes.....1
No.....2 **SKIP TO Q29**
Don't know.....3 **SKIP TO Q29**
Refused.....4 **SKIP TO Q29**

25. Where have you heard about anaphylaxis? **PROBE:** Anywhere else? **DO NOT READ LIST. MULTIPLE RESPONSE.**

Doctor.....1
Other health professional.....2
Family or friend.....3
Newspaper.....4
Magazine.....5
Internet.....6
Radio.....7
Television or cable.....8
Other (specify).....9
Don't know.....10
Refused.....11

26. How familiar are you with the term “anaphylaxis”? **READ RESPONSES.**

Very familiar.....1
Somewhat familiar.....2
Not too familiar 3
Not at all familiar.....4 **SKIP TO Q29**
Don't know.....5 **SKIP TO Q29**
Refused.....6 **SKIP TO Q29**

27. What does “anaphylaxis” mean? **INTERVIEWER: IF NECESSARY, READ LIST.**

A sudden severe allergic reaction.....1
Any type of allergic reaction.....2
Collapse, fainting, shock.....3
Other definition (specify).....4
Don't know.....5
Refused.....6

28. How serious do you think “anaphylaxis” is: **READ LIST.**

Always an emergency.....1
Sometimes an emergency.....2
Can be an emergency.....3
Never an emergency.....4
Don't know.....5
Refused.....6

29. Anaphylaxis is a severe, sudden allergic reaction that typically involves two or more organs, such as the skin, airways, lungs, stomach, heart, or blood pressure. Have you ever had an anaphylactic or a severe, sudden, multi-system allergic reaction within minutes to a few hours after being exposed to something?

Yes.....1
No.....2 **IF Q25 = 1, GO TO Q36, ELSE ASK Q35**
Don't know.....3 **IF Q25 = 1, GO TO Q36, ELSE ASK Q35**
Refused.....4 **IF Q25 = 1, GO TO Q36, ELSE ASK Q35**

30. When was your last anaphylactic reaction?

Within the past four weeks.....1
Within the past six months.....2
Within the past year.....3
1-2 years ago.....4
3 or more years ago.....5
Don't know.....6
Refused.....7

31. What were your symptoms during your last anaphylactic reaction? **MULTIPLE RESPONSE.**

Skin reactions, such as itching, rash or hives 1
Swelling of eyes, lips or tongue 2
Hoarse voice.....3
Throat itching.....4
Coughing, wheezing or chest tightness.....5
Increased breathing rate or difficulty breathing.....6
Dizziness, low blood pressure or fainting.....7
Cramps, abdominal pain, vomiting or diarrhea.....8
Loss of bladder or bowel control.....9
Feelings of uneasiness, irritability, or anxiety.....10
Sudden behavioral change.....11
Other (SPECIFY).....12
None of these.....13
Don't know.....14
Refused.....15

- 32a. Did you go to a hospital?

Yes.....1
No.....2 **SKIP TO Q32d**
Don't know.....3 **SKIP TO Q32d**
Refused.....4 **SKIP TO Q32d**

32b. Were you treated in the emergency room or hospital outpatient department?

Yes.....1
No.....2
Don't know.....3
Refused.....4

32c. Were you hospitalized overnight or longer for this condition?

Yes.....1 **SKIP TO Q33**
No.....2 **SKIP TO Q33**
Don't know.....3 **SKIP TO Q33**
Refused.....4 **SKIP TO Q33**

32d. Where were you treated? **SINGLE RESPONSE.**

Doctor's office.....1
Urgent care office.....2
School nurse.....3
At home.....4
At work.....5
Other (specify).....6
Don't know.....7
Refused.....8

33. Who treated you? **SINGLE RESPONSE.**

Allergist.....1
Emergency Room Doctor.....2
Otolaryngologist/ENT.....3
Family practice.....4
General practice.....5
Internal medicine.....6
OB/GYN.....7
Pediatrician.....8
Other (SPECIFY).....9
No one.....10
Don't know.....11
Refused.....12

34. Did you think your life was in danger during this anaphylactic reaction?

Yes.....1
No.....2
Don't know.....3
Refused.....4

35. Has your doctor ever talked to you about anaphylaxis?

Yes.....1
No.....2
Don't know.....3
Refused.....4

IF Q29 = 1, GO TO Q37; ELSE ASK Q36.

36. Do you know anyone who has experienced anaphylaxis?

Yes.....1
No.....2
Don't know.....3
Refused.....4

37. Do you believe that you are at a higher risk than others for anaphylaxis?

Yes.....1
No.....2
Don't know.....3
Refused.....4

38. **IF Q37 = 1, SAY:** Why are you at risk for anaphylaxis? **ELSE READ:** Why are you not at risk for anaphylaxis?

39. Please let me know if you agree or disagree with the following statements.

ROTATE LIST

	Agree	Disagree	Don't know	Ref
a. Asthma is an important risk factor for severe allergic reaction, also known as an anaphylactic reaction.....	1	2	3	4
b. All ambulances are required to carry epinephrine.....	1	2	3	4
c. Schools are required to have epinephrine auto-injectors available.....	1	2	3	4
d. Restaurants are required to have epinephrine auto-injectors available.....	1	2	3	4

40. Now I'm going to read you a series of statements. As I read each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly?

	<u>Agree Strongly</u>	<u>Agree Somewhat</u>	<u>Disagree Somewhat</u>	<u>Disagree Strongly</u>	<u>Don't Know</u>	<u>Ref</u>
ROTATE LIST						
a. Severe allergic reactions are a serious health problem in the US.....1		2	3	4	5	6
b. Allergic reactions tend to get worse, over time.....1		2	3	4	5	6
c. Allergic reactions can be fatal.....1		2	3	4	5	6
d. Severe allergic reactions need to be treated immediately 1		2	3	4	5	6
e. Schools should have epinephrine auto-injectors available 1		2	3	4	5	6
f. Persons with no history of allergies are unlikely to get anaphylaxis.....1		2	3	4	5	6
g. Ambulances should carry epinephrine for allergic emergencies 1		2	3	4	5	6
i. Restaurants should have epinephrine available for allergic emergencies.....1		2	3	4	5	6
k. The numbers are overblown/ exaggerated for severe allergies in the U.S.....1		2	3	4	5	6
l. Asthma can make severe allergic reactions worse.....1		2	3	4	5	6
m. There is no truly effective treatment to prevent severe allergies.....1		2	3	4	5	6
n. There is no truly effective treatment to stop severe allergic reactions 1		2	3	4	5	6

41. Now I'm going to read you a series of statements about allergies in children. As I read each statement, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly with it?

	<u>Agree Strongly</u>	<u>Agree Somewhat</u>	<u>Disagree Somewhat</u>	<u>Disagree Strongly</u>	<u>Don't Know</u>	<u>Refused</u>
ROTATE LIST						
a. Children with severe allergies have overprotective parents 1		2	3	4	5	6
b. Children with severe allergies are teased or bullied at school...1		2	3	4	5	6
c. Schools should have plans for keeping children with severe allergies safe at school.....1		2	3	4	5	6
d. Children with severe allergies are given too much attention at school..... 1		2	3	4	5	6
e. Children with severe allergies are shunned or excluded by their classmates 1		2	3	4	5	6

42. Which of the following do you think is the most important to help people with severe allergies? **READ LIST.**

Develop a cure.....1
 Improve the treatment 2
 Find the causes.....3
 Promote public awareness campaigns.....4
 Don't know.....5
 Refused.....6

43. Are there any children under age 18 living in this household?

Yes.....1
 No.....2 **SKIP TO QD1**
 Don't know.....3 **SKIP TO QD1**
 Refused.....4 **SKIP TO QD1**

44. Are any of these children school age?

Yes.....1
No.....2 **SKIP TO QD1**
Don't know.....3 **SKIP TO QD1**
Refused.....4 **SKIP TO QD1**

45. Does the child or the children attend school with any classmates who have serious allergies such as to peanuts?

Yes.....1
No.....2
Don't know.....3
Refused.....4

We are almost done with the survey and I want to thank you for helping us out by answering our questions about you and your health. I have just a few more questions and we're done.

DEMOGRAPHICS

A. How many persons over age 18 live in this household?

_____ NUMBER OF ADULTS OVER 18
None.....00
Refused...99

D1. How old are you?

_____ age RANGE 18 - 99
98.....Don't know
99.....Refused

D2. What is the last year or grade of school you completed?

No formal schooling.....1
First through 7th grade.....2
8th grade.....3
Some high school.....4
High school graduate.....5
Some college.....6
Four-year college graduate.....7
Graduate degree.....8
Don't know.....9
Refused.....10

D3. Are you currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, a student, a homemaker or something else?

Employed full-time.....1
Employed part-time.....2
In the military.....3
Unemployed and looking for work.....4
Retired and not working.....5
Student.....6
Homemaker.....7
Something else.....8
Don't know.....9
Refused.....10_____

D4. Are you of Hispanic origin or descent?

Yes, Hispanic.....1
No, not Hispanic.....2
Don't know.....3
Refused.....4

D5. In which of the following categories do you feel you belong? **SINGLE RESPONSE.**

Pacific Islander.....1
American Indian or Alaskan native.....2
Asian.....3
Black or African American.....4
White.....5
Mixed.....6
(VOL) Hispanic.....7
(VOL) Other.....8
Don't know.....9
Refused.....10

D6. Which of the following categories best describes your 2010 household income before taxes?

- \$5,000 or less.....1
- \$5,001 to \$10,000.....2
- \$10,001 to \$15,000.....3
- \$15,001 to \$25,000.....4
- \$25,001 to \$35,000.....5
- \$35,001 to \$50,000.....6
- \$50,001 to \$75,000.....7
- \$75,001 to \$100,000.....8
- Over \$100,000.....9
- Don't know.....10
- Refused.....11

D7. That is my last question. Thank you very much for your time and assistance in this important study. Good-bye.

If you have any other questions about the survey later on, you can call us toll-free at 1-800-649-9560.