

Wave 1: Parent/guardian Survey

14 March 2019

Introduction

On behalf of the Anaphylaxis Campaign, BresMed Health Solutions Limited*, the School of Health and Related Research (ScHARR, the University of Sheffield) and DBV Technologies**, thank you for participating in this online survey. Through this survey we would like to gain insight into the experiences of children aged 0–18 years with a peanut allergy who are not participating in a clinical trial, and their parents or guardians. The anonymised results of this survey may generate new evidence about what it is like to live with a peanut allergy. This may be considered by health authorities, such as the National Institute of Health and Care Excellence (NICE) and similar bodies in other countries, when considering approval of new medicines for peanut allergy. In addition, the findings may be published to improve the medical and wider health community's understanding of peanut allergy. However, your individual personal information will remain anonymous.

** BresMed is an independent, global consultancy in health economics and outcomes research. BresMed has been commissioned by DBV Technologies to conduct this survey to gain a better understanding of what it is like to live with peanut allergy from the perspective of the children as well as their parents or guardians.*

*** DBV Technologies is the sponsor of this study. They commissioned BresMed to conduct the study on their behalf. However, they are not involved in the data collection or analysis, nor will they have access to your individual responses.*

This survey is voluntary and should take approximately 20 minutes to complete. The questions will mainly focus on your child's diagnosis, management of the allergy and impact on different areas of your and your child's life (as perceived by you as a parent/guardian), such as work and education, social life and overall quality of life. If you have more children with a peanut allergy, please report on the experiences of one of your children throughout the survey. Your individual responses will be analysed and summarised by BresMed. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign via their website, social media and/or the newsletter.

Please note that data obtained through this survey will be handled in accordance with applicable data protection and pharmacovigilance legislation.

Are you happy to proceed with the survey on this basis?

☐ Yes

☐ No

- If respondents answer 'no' they will be redirected to the end of the survey (not able to participate), thanked for their time and excluded from further participation in the survey.

About you and your child

We would like to know a little bit more about you and your child, as well as your child's diagnosis with peanut allergy; this will help us put your answers into context and better understand the current diagnostic process in UK. If you have more than one child with a peanut allergy, please report on the experiences of one of your children throughout the survey.

1. Do you and your child live in the UK?

☐ Yes

☐ No

- Respondents who do not live in the UK will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

2. What is your gender?

☐ Female

☐ Male

3. What is your age?

Choose an item.

- Respondents aged under 18 will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

4. What is your relationship to the child with a peanut allergy?

☐ I am the parent or guardian living with the child (i.e. primary carer)

☐ I am not the parent or guardian living with the child (i.e. not the primary carer). Please specify:

Click or tap here to enter text.

- Respondents that indicate they are not the parent/guardian (primary carer) of a child with peanut allergy will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

5. What is your child's gender?

☐ Female

☐ Male

6. What is your child's age?

Choose an item.

7. Is your child currently participating in a clinical trial?

☐ Yes

☐ No

- Respondents whose child is not aged 0-18 years will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey
- Respondents whose child is participating in a clinical trial will be excluded from the survey

8. Does your child have any other allergy? Please specify here what applies. My child has:

No other allergy, apart from peanut allergy: Click or tap here to enter text.

Tree nut allergy (e.g. almonds, cashews, hazelnuts, walnuts): Click or tap here to enter text.

Other food allergy, please specify: Click or tap here to enter text.

Pollen allergy: please specify: Click or tap here to enter text.

Animal allergy, please specify: Click or tap here to enter text.

Other, please specify: Click or tap here to enter text.

9. Does your child have any other health conditions? Please tick the boxes that apply, my child has:

☐ No other health conditions, apart from peanut allergy

☐ Asthma

- ☐ Severe asthma ('asthma where symptoms do not get better even when you take the usual medicines regularly and correctly'¹)
- ☐ Eczema
- ☐ Diabetes
- ☐ Allergic rhinitis
- ☐ Other, please specify: Click or tap here to enter text.
- ☐ Prefer not to say

Diagnosis

10. At what age was your child diagnosed with peanut allergy?

Choose an item.

11. Who diagnosed your child with peanut allergy? Please tick the box that applies:

- ☐ General practitioner
- ☐ Paediatrician at the local hospital
- ☐ Allergist at the local hospital
- ☐ Paediatrician at specialist centre
- ☐ Allergist at a specialist centre
- ☐ Private healthcare provider
- ☐ Other, please specify: Click or tap here to enter text.

12. What primarily led you to getting your child tested for peanut allergy?

- ☐ My child had a reaction to eating peanut

¹ Definition from Asthma UK, available at: <https://www.asthma.org.uk/advice/severe-asthma/what-is-severe-asthma/>

- ☐ My child had a reaction through contact of peanut with the skin
- ☐ My child had a reaction to being around peanut (e.g. indirect exposure through the air) without consuming or touching it
- ☐ My child was tested for other food allergies and learned he/she was allergic to peanut too
- ☐ Someone in our family is allergic to peanut
- ☐ My child was referred to an allergist because of other health conditions (e.g. asthma, eczema)
- ☐ Other, please specify: [Click or tap here to enter text.](#)

13. How was your child diagnosed? Please tick all boxes that apply:

- ☐ Blood test that checks if your body has an allergic response to peanuts (i.e. Immunoglobulin E [IgE] test for peanut allergy)
- ☐ Skin prick test, where the doctor pricks the skin with a little bit of peanut and sees if there is an allergic reaction
- ☐ Oral food challenge test for peanut allergy, where a trained specialist gives a patient increasing doses of peanut (hidden in a food mix) over the course of 3–6 hours to determine the dose at which allergic symptoms occur
- ☐ Consultation with medical specialist and/or allergy focused history
- ☐ Other, please specify: [Click or tap here to enter text.](#)

- Results from respondents who answer 'other' or who only ticked the 'consultation with medical specialist and/or allergy focused history' box, will be analysed separately from those who have been diagnosed through a medical test, to investigate potential differences and ensure the robustness of the results

14. What is your child's reactive dose (i.e. the lowest amount of peanut that causes an allergic reaction) in **peanut**?

- ☐ Less than half a peanut
- ☐ Half a peanut
- ☐ One whole peanut
- ☐ More than one peanut

☐ I don't know

☐ Other, please specify: Click or tap here to enter text.

15. What is your child's reactive dose (i.e. the lowest amount of peanut that causes an allergic reaction) in **milligrams (mg) of peanut protein**? If you do not know this, please specify this is the text box.

My child's reactive dose in milligrams peanut protein is: Click or tap here to enter text.

Please specify how this was confirmed (e.g. oral food challenge or exposure to peanut) and in what year: Click or tap here to enter text.

Symptoms and management of peanut allergy

16. How do you currently manage your child's peanut allergy? Please tick all boxes that apply:

☐ Avoid eating peanuts/food containing peanuts

☐ Check food labelling, ingredients and packaging

☐ Assign storage of food at home in a safe place

☐ Individual food preparation in the kitchen

☐ Precaution in cooking of foods (e.g. wash hands more often, use a different set of utensils/kitchen tools and clean countertops and other surfaces)

☐ Carry an adrenaline auto-injector

☐ Undergo immunotherapy treatments

☐ Symptomatic treatment (e.g antihistamines)

☐ Education/training on how manage his/her allergic reaction

☐ Other, please specify: Click or tap here to enter text.

17. Has your child ever had an allergic reaction to peanut?

☐ Yes

☐ No

- Respondents who answer 'yes' will move on to Question 18
- Respondents who answer 'no' will be redirected to Question 25

18. Please state the number of allergic reactions your child has experienced after being exposed to peanut, the number of visits to the accident and emergency department or the intensive care unit, or hospitalisation.

	How many allergic reactions did your child experience after being exposed to peanut?	How many reactions required use of an adrenaline auto-injector?	How many reactions required a visit at the accident and emergency department (A&E) ¹ ?	How many reactions required a visit to the intensive care unit (ICU) ² ?	How many reactions required hospitalisation ³ ?
In the year leading up to diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
In the year after diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
In the last 3 years from today:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

¹. A&E department deals with genuine life-threatening emergencies such as: loss of consciousness, acute confused state and fits that are not stopping, chest pain, breathing difficulties, severe allergic reactions or stroke.

². ICU is a specialist hospital ward that provides treatment and monitoring for people who are very ill. It may also be known as the critical care unit (CCU) or intensive therapy unit (ITU).

³. Hospitalisation: you will stay in hospital for 1 night or more for tests, medical treatment.

19. Has your child ever had to visit the accident and emergency department because of his/her peanut allergy?

☐ Yes

☐ No

20. Has your child ever had to visit to the intensive care unit (ICU – also known as the critical care unit or intensive therapy unit)?

☐ Yes

☐ No

21. Has your child ever had to be hospitalised because of his/her peanut allergy?

☐ Yes

☐ No

- Respondents who answer “yes” to Question 21 will move on to Question 22
- Respondents who answer “no” to Question 21 will be redirected to Question 25

22. On average, how long did your child have to stay in the hospital after an allergic reaction?

☐ A couple of hours

☐ Around half a day

☐ A full day (24 hours)

☐ More than 1 day, please specify: [Click or tap here to enter text.](#)

23. If your child received emergency treatment **during** his/her hospital stay, please specify what treatment(s) were administered and how many? If you do not know, please make a note of this in the text box.

[Click or tap here to enter text.](#)

24. What kind of care did your child receive to manage his/her allergic reaction **during** the hospital stay? Please tick all boxes that apply:

☐ My child received emergency treatment(s) for his/her allergic reaction (e.g. adrenaline auto-injection)

☐ My child received symptomatic treatment (e.g. antihistamines)

☐ Education/training on how to manage his/her allergic reaction

☐ Monitoring

☐ Other, please specify: Click or tap here to enter text.

25. Please specify **how often** your child experienced the following symptoms during the allergic reactions he/she had in the past 3 years?

	Never	Rarely	Sometimes	Very often	Always
Nausea or vomiting	☐	☐	☐	☐	☐
Collapse	☐	☐	☐	☐	☐
Skin reactions (e.g. hives, itch, redness)	☐	☐	☐	☐	☐
Digestive problems (e.g. diarrhoea, stomach cramps)	☐	☐	☐	☐	☐
Wheezing	☐	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐	☐
Severe difficulty breathing (respiratory impairment)	☐	☐	☐	☐	☐
Coughing	☐	☐	☐	☐	☐
Itching or tingling in or around the mouth or throat	☐	☐	☐	☐	☐
Swelling of the face, lips, tongue or throat	☐	☐	☐	☐	☐
Pale skin, faintness, dizziness	☐	☐	☐	☐	☐
Itchy, running nose and sneezing	☐	☐	☐	☐	☐
Anxiety or confusion	☐	☐	☐	☐	☐

Other, please specify:

26. Please rate the severity of the symptoms your child experienced during the allergic reactions he/she has had in the past 3 years from the perspective of your child?

[illegible]

Feeling tired	☐	☐	☐	☐	☐	☐
Feeling sad	☐	☐	☐	☐	☐	☐
Feeling annoyed or frustrated	☐	☐	☐	☐	☐	☐
Sleeping poorly	☐	☐	☐	☐	☐	☐
Having pain (when having a reaction)	☐	☐	☐	☐	☐	☐
Missing days at school	☐	☐	☐	☐	☐	☐
Having problems with schoolwork/homework (e.g. reading, writing, doing lessons)	☐	☐	☐	☐	☐	☐
Missing out on social activities (e.g. playing with friends, doing sports, joining in things)	☐	☐	☐	☐	☐	☐
Fear of food	☐	☐	☐	☐	☐	☐
Checking food labels	☐	☐	☐	☐	☐	☐
Helping parents/ guardians in the kitchen preparing family foods						
Feeling restricted in what he/she can eat	☐	☐	☐	☐	☐	☐
Being more cautious/aware of risk than other children of his/her age	☐	☐	☐	☐	☐	☐
Feeling different from other children in food-related situations	☐	☐	☐	☐	☐	☐

If you would like to share any additional information in relation to this question, please use the text box: [Click or tap here to enter text.](#)

29. If your child did not have a peanut allergy at all, what impact do you think this would have on your daily life?

- ☐ No impact at all
- ☐ Small impact
- ☐ Moderate impact
- ☐ Large impact
- ☐ Significant impact

30. If your child did not have a peanut allergy at all, what impact do you think this would have on your child's life?

- ☐ No impact at all
- ☐ Small impact
- ☐ Moderate impact
- ☐ Large impact
- ☐ Significant impact

31. Please explain your answer to questions 29 and 30:

[Click or tap here to enter text.](#)

Follow-up interviews

We are looking for adults who are the parent or guardian (i.e. primary caregiver) of a child:

- Aged 4–11 years of age
- With peanut allergy as confirmed through a skin prick test, blood (IgE) test, oral food challenge test or consultation with a doctor
- Not enrolled in a clinical trial
- Who would like to share their experiences of living with peanut allergy in more depth, either from the perspective of the child or the parent/guardian.

Please note that you will be compensated with £38 as an acknowledgment of your time and effort in taking part of the interview.

32. Would you be willing to participate in a voluntary telephone interview (taking a maximum of 75 minutes) with a BresMed researcher?

☐ Yes

☐ No

☐ I would like to have more information before making a decision

- Respondents who answer “no” will be redirected to the end of the survey (general end page) and thanked for their time
- Respondents who answer “yes” or indicate they would like more information will move on to Question 33 and redirected to a new page

33. Please provide your preferred contact details so we can call or email you about the interview.

Name: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

End

Depending on why the respondents reach the survey end page (because of exclusion from the survey, exclusion from the follow-up interviews or because they completed the full survey), respondents will see one of the three below survey ends.

Not able to participate

You have indicated that you do not want to proceed with the survey. We would kindly ask you to state the reason(s) that led you to decline participation in the text box below:

Click or tap here to enter text.

Thank you for your time.

Exclusion from survey:

You have indicated that you (1) do not live in the UK, (2) are not the primary caregiver of a child aged 0–18 years with a peanut allergy or (3) that you are younger than 18 years old. Therefore, unfortunately, you are not our target person for the survey. Thank you for your interest in participating in this survey.

Exclusion from follow-up interviews:

This is the end of the survey. Thank you for sharing your experiences with us.

For the follow-up interviews, we are searching for adults who are the parent/guardian of a child aged 4–11 years with a confirmed diagnosis of peanut allergy, who know their child's reactive dose or have a good understanding of the level of sensitivity of their child. Unfortunately, you indicated that you do not meet these criteria.

We would like to thank you for taking the time to complete this survey and your interest in this study. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign via their website, social media and/or the newsletter.

General end page (all remaining respondents):

This is the end of the survey. Thank you for taking the time to complete this survey and sharing your experiences with us. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign via their website, social media and/or the newsletter.

Contact for further information

Should you have any queries or require further information about this research, please do not hesitate to contact the principal investigator or researcher of this project:

[redacted]

Wave 2: Parent/guardian Survey

16 October 2019

Introduction

On behalf of the Anaphylaxis Campaign, Allergy UK, BresMed Health Solutions Limited*, the School of Health and Related Research (ScHARR, the University of Sheffield) and DBV Technologies**, thank you for participating in this online survey. Through this survey we would like to gain insight into the experiences of children aged 0–18 years with a peanut allergy who are not participating in a clinical trial, and their parents or guardians. The anonymised results of this survey may generate new evidence about what it is like to live with a peanut allergy. This may be considered by health authorities, such as the National Institute of Health and Care Excellence (NICE) and similar bodies in other countries, when considering approval of new medicines for peanut allergy. In addition, the findings may be published to improve the medical and wider health community's understanding of peanut allergy. However, your individual personal information will remain anonymous.

** BresMed is an independent, global consultancy in health economics and outcomes research. BresMed has been commissioned by DBV Technologies to conduct this survey to gain a better understanding of what it is like to live with peanut allergy from the perspective of the children as well as their parents or guardians.*

*** DBV Technologies is the sponsor of this study. They commissioned BresMed to conduct the study on their behalf. However, they are not involved in the data collection or analysis, nor will they have access to your individual responses.*

This survey is voluntary and should take approximately 20 minutes to complete. The questions will mainly focus on your child's diagnosis, management of the allergy and impact on different areas of your and your child's life (as perceived by you as a parent/guardian), such as work and education, social life and overall quality of life. If you have more children with a peanut allergy, please report on the experiences of one of your children throughout the survey. Your individual responses will be analysed and summarised by BresMed. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign and Allergy UK via their website, social media and/or the newsletter.

Please note that data obtained through this survey will be handled in accordance with applicable data protection and pharmacovigilance legislation.

Please note: We would like to ask you NOT to complete this survey if your child has been diagnosed or is showing symptoms of **COVID-19**. This is because infectious diseases potentially impact sensitivity to allergic reactions.

Are you happy to proceed with the survey on this basis?

☐ Yes

☐ No

- If respondents answer 'no' they will be redirected to the end of the survey (not able to participate), thanked for their time and excluded from further participation in the survey.

Please note that this is the same survey that was shared by the Anaphylaxis Campaign between 25 April and 18 May 2019 on the impact of peanut allergy on the lives of children and their parents/guardians. As we are interested in collecting new responses, we would like to double-check that you have not completed this survey before:

☐ I have not completed this survey before

☐ I have already completed this survey in April/May

- If respondents answer 'I have already completed this survey' they will be redirected to the end of the survey (not able to participate), thanked for their time and excluded from further participation in the survey.

About you and your child

We would like to know a little bit more about you and your child, as well as your child's diagnosis with peanut allergy; this will help us put your answers into context and better understand the current diagnostic process in UK. If you have more than one child with a peanut allergy, please report on the experiences of one of your children throughout the survey.

26. Do you and your child live in the UK?

☐ Yes

☐ No

- Respondents who do not live in the UK will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

27. What is your gender?

☐ Female

☐ Male

28. What is your age?

Choose an item.

- Respondents aged under 18 will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

29. What is your relationship to the child with a peanut allergy?

☐ I am the parent or guardian living with the child (i.e. primary carer)

☐ I am not the parent or guardian living with the child (i.e. not the primary carer). Please specify:

Click or tap here to enter text.

- Respondents that indicate they are not the parent/guardian (primary carer) of a child with peanut allergy will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey

30. What is your child's gender?

☐ Female

☐ Male

31. What is your child's age?

Choose an item.

32. Is your child currently participating in a clinical trial?

☐ Yes

☐ No

- Respondents whose child is not aged 0-18 years will be redirected to the end of the survey (exclusion from survey), thanked for their time and excluded from further participation in the survey
- Respondents whose child is participating in a clinical trial will be excluded from the survey

33. Does your child have any other allergy? Please specify here what applies. My child has:

No other allergy, apart from peanut allergy: Click or tap here to enter text.

Tree nut allergy (e.g. almonds, cashews, hazelnuts, walnuts): Click or tap here to enter text.

Other food allergy, please specify: Click or tap here to enter text.

Pollen allergy: please specify: Click or tap here to enter text.

Animal allergy, please specify: Click or tap here to enter text.

Other, please specify: Click or tap here to enter text.

34. Does your child have any other health conditions? Please tick the boxes that apply, my child has:

☐ No other health conditions, apart from peanut allergy

☐ Asthma

☐ Severe asthma ('asthma where symptoms do not get better even when you take the usual medicines regularly and correctly'²)

☐ Eczema

☐ Diabetes

☐ Allergic rhinitis

☐ Other, please specify: Click or tap here to enter text.

☐ Prefer not to say

Diagnosis

35. At what age was your child diagnosed with peanut allergy?

Choose an item.

36. Who diagnosed your child with peanut allergy? Please tick the box that applies:

☐ General practitioner

☐ Paediatrician at the local hospital

² Definition from Asthma UK, available at: <https://www.asthma.org.uk/advice/severe-asthma/what-is-severe-asthma/>

- ☐ Allergist at the local hospital
- ☐ Paediatrician at specialist centre
- ☐ Allergist at a specialist centre
- ☐ Private healthcare provider
- ☐ Other, please specify: Click or tap here to enter text.

37. What primarily led you to getting your child tested for peanut allergy?

- ☐ My child had a reaction to eating peanut
- ☐ My child had a reaction through contact of peanut with the skin
- ☐ My child had a reaction to being around peanut (e.g. indirect exposure through the air) without consuming or touching it
- ☐ My child was tested for other food allergies and learned he/she was allergic to peanut too
- ☐ Someone in our family is allergic to peanut
- ☐ My child was referred to an allergist because of other health conditions (e.g. asthma, eczema)
- ☐ Other, please specify: Click or tap here to enter text.

38. How was your child diagnosed? Please tick all boxes that apply:

- ☐ Blood test that checks if your body has an allergic response to peanuts (i.e. Immunoglobulin E [IgE] test for peanut allergy)
- ☐ Skin prick test, where the doctor pricks the skin with a little bit of peanut and sees if there is an allergic reaction
- ☐ Oral food challenge test for peanut allergy, where a trained specialist gives a patient increasing doses of peanut (hidden in a food mix) over the course of 3–6 hours to determine the dose at which allergic symptoms occur
- ☐ Consultation with medical specialist and/or allergy focused history
- ☐ Other, please specify: Click or tap here to enter text.

- Results from respondents who answer 'other' or who only ticked the 'consultation with medical specialist and/or allergy focused history' box, will be analysed separately from those who have been

diagnosed through a medical test, to investigate potential differences and ensure the robustness of the results

39. What is the lowest amount of peanut that would cause your child to have an allergic reaction (i.e. the reactive dose)? Please tick the box that best describes your child's sensitivity to peanut:

- ☐ A trace, for example, foodstuff which 'may contain traces of peanut' or being in the same room as someone who eats peanut
- ☐ Half a peanut
- ☐ One whole peanut, for example, one peanut M&M
- ☐ Three peanuts, for example, three peanut M&Ms or a bite of a Snickers bar
- ☐ More than three peanuts
- ☐ Other, please specify [Click or tap here to enter text.](#)

40. What is your child's reactive dose (i.e. the lowest amount of peanut that causes an allergic reaction) in **milligrams (mg) of peanut protein**? If you do not know this, please specify this in the text box.

My child's reactive dose in milligrams peanut protein is: [Click or tap here to enter text.](#)

Please specify how this was confirmed (e.g. oral food challenge or exposure to peanut) and in what year: [Click or tap here to enter text.](#)

Symptoms and management of peanut allergy

41. How do you currently manage your child's peanut allergy? Please tick all boxes that apply:

- ☐ Avoid eating peanuts/food containing peanuts
- ☐ Check food labelling, ingredients and packaging
- ☐ Assign storage of food at home in a safe place
- ☐ Individual food preparation in the kitchen

- ☐ Precaution in cooking of foods (e.g. wash hands more often, use a different set of utensils/kitchen tools and clean countertops and other surfaces)
- ☐ Carry an adrenaline auto-injector
- ☐ Undergo immunotherapy treatments
- ☐ Symptomatic treatment (e.g antihistamines)
- ☐ Education/training on how manage his/her allergic reaction
- ☐ Other, please specify: [Click or tap here to enter text.](#)

42. Has your child ever had an allergic reaction to peanut?

- ☐ Yes
- ☐ No

- Respondents who answer 'yes' will move on to Question 18
- Respondents who answer 'no' will be redirected to Question 27

43. Please state the number of allergic reactions your child has experienced after being exposed to peanut, the number of visits to the accident and emergency department or the intensive care unit, or hospitalisation.

	How many allergic reactions did your child experience after being exposed to peanut?	How many reactions required use of an adrenaline auto-injector?	How many reactions required a visit at the accident and emergency department (A&E) ¹ ?	How many reactions required a visit to the intensive care unit (ICU) ² ?	How many reactions required hospitalisation ³ ?
In the year leading up to diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
In the year after diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
In the last 3 years from today:	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

¹. A&E department deals with genuine life-threatening emergencies such as: loss of consciousness, acute confused state and fits that are not stopping, chest pain, breathing difficulties, severe allergic reactions or stroke.

². ICU is a specialist hospital ward that provides treatment and monitoring for people who are very ill. It may also be known as the critical care unit (CCU) or intensive therapy unit (ITU).

³. Hospitalisation: you will stay in hospital for 1 night or more for tests, medical treatment.

44. Has your child ever had to visit the accident and emergency department because of his/her peanut allergy?

☐ Yes

☐ No

45. Has your child ever had to visit to the intensive care unit (ICU – also known as the critical care unit or intensive therapy unit)?

☐ Yes

☐ No

46. Has your child ever had to be hospitalised because of his/her peanut allergy?

☐ Yes

☐ No

- Respondents who answer “yes” to Question 21 will move on to Question 22
- Respondents who answer “no” to Question 21 will be redirected to Question 25

47. On average, how long did your child have to stay in the hospital after an allergic reaction?

☐ A couple of hours

☐ Around half a day

☐ A full day (24 hours)

☐ More than 1 day, please specify: [Click or tap here to enter text.](#)

48. If your child received emergency treatment **during** his/her hospital stay, please specify what treatment(s) were administered and how many? If you do not know, please make a note of this in the text box.

Click or tap here to enter text.

49. What kind of care did your child receive to manage his/her allergic reaction **during** the hospital stay? Please tick all boxes that apply:

- ☐ My child received emergency treatment(s) for his/her allergic reaction (e.g. adrenaline auto-injection)
- ☐ My child received symptomatic treatment (e.g. antihistamines)
- ☐ Education/training on how to manage his/her allergic reaction
- ☐ Monitoring
- ☐ Other, please specify: Click or tap here to enter text.

50. Please specify **how often** your child experienced the following symptoms during the allergic reactions he/she had in the past 3 years?

	Never	Rarely	Sometimes	Very often	Always
Nausea or vomiting	☐	☐	☐	☐	☐
Collapse	☐	☐	☐	☐	☐
Skin reactions (e.g. hives, itch, redness)	☐	☐	☐	☐	☐
Digestive problems (e.g. diarrhoea, stomach cramps)	☐	☐	☐	☐	☐
Wheezing	☐	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐	☐
Severe difficulty breathing (respiratory impairment)	☐	☐	☐	☐	☐
Coughing	☐	☐	☐	☐	☐
Itching or tingling in or around the mouth or throat	☐	☐	☐	☐	☐
Swelling of the face, lips, tongue or throat	☐	☐	☐	☐	☐
Pale skin, faintness, dizziness	☐	☐	☐	☐	☐
Itchy, running nose and sneezing	☐	☐	☐	☐	☐
Anxiety or confusion	☐	☐	☐	☐	☐

Other, please specify:

27. Please rate the severity of the symptoms your child experienced during the allergic reactions he/she has had in the past 3 years from the perspective of your child?

[illegible]

Feeling tired	☐	☐	☐	☐	☐	☐
Feeling sad	☐	☐	☐	☐	☐	☐
Feeling annoyed or frustrated	☐	☐	☐	☐	☐	☐
Sleeping poorly	☐	☐	☐	☐	☐	☐
Having pain (when having a reaction)	☐	☐	☐	☐	☐	☐
Missing days at school	☐	☐	☐	☐	☐	☐
Having problems with schoolwork/homework (e.g. reading, writing, doing lessons)	☐	☐	☐	☐	☐	☐
Missing out on social activities (e.g. playing with friends, doing sports, joining in things)	☐	☐	☐	☐	☐	☐
Fear of food	☐	☐	☐	☐	☐	☐
Checking food labels	☐	☐	☐	☐	☐	☐
Helping parents/ guardians in the kitchen preparing family foods						
Feeling restricted in what he/she can eat	☐	☐	☐	☐	☐	☐
Being more cautious/aware of risk than other children of his/her age	☐	☐	☐	☐	☐	☐
Feeling different from other children in food-related situations	☐	☐	☐	☐	☐	☐

If you would like to share any additional information in relation to this question, please use the text box: [Click or tap here to enter text.](#)

32. If your child did not have a peanut allergy at all, what impact do you think this would have on your daily life?

- ☐ No impact at all
- ☐ Small impact
- ☐ Moderate impact
- ☐ Large impact
- ☐ Significant impact

33. If your child did not have a peanut allergy at all, what impact do you think this would have on your child's life?

- ☐ No impact at all
- ☐ Small impact
- ☐ Moderate impact
- ☐ Large impact
- ☐ Significant impact

34. Please explain your answer to questions 29 and 30:

Click or tap here to enter text.

35. Please reconfirm if this is the first time that you have completed this survey:

- ☐ This is the first time I have completed this survey
- ☐ I have completed this survey before

Follow-up interviews

We are looking for adults who are the parent or guardian (i.e. primary caregiver) of a child:

- Aged 4–11 years of age
- With peanut allergy as confirmed through a skin prick test, blood (IgE) test, oral food challenge test or consultation with a doctor
- Not enrolled in a clinical trial
- Who would like to share their experiences of living with peanut allergy in more depth, either from the perspective of the child or the parent/guardian.

Please note that you will be compensated with £38 as an acknowledgment of your time and effort in taking part of the interview.

34. Would you be willing to participate in a voluntary telephone interview (taking a maximum of 75 minutes) with a BresMed researcher?

☐ Yes

☐ No

☐ I would like to have more information before making a decision

- Respondents who answer “no” will be redirected to the end of the survey (general end page) and thanked for their time
- Respondents who answer “yes” or indicate they would like more information will move on to Question 33 and redirected to a new page

35. Please provide your preferred contact details so we can call or email you about the interview.

Name: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

End

Depending on why the respondents reach the survey end page (because of exclusion from the survey, exclusion from the follow-up interviews or because they completed the full survey), respondents will see one of the three below survey ends.

Not able to participate

You have indicated that you do not want to proceed with the survey. We would kindly ask you to state the reason(s) that led you to decline participation in the text box below:

Click or tap here to enter text.

Thank you for your time.

Exclusion from survey:

You have indicated that you (1) do not live in the UK, (2) are not the primary caregiver of a child aged 0–18 years with a peanut allergy or (3) that you are younger than 18 years old. Therefore, unfortunately, you are not our target person for the survey. Thank you for your interest in participating in this survey.

Exclusion from follow-up interviews:

This is the end of the survey. Thank you for sharing your experiences with us.

For the follow-up interviews, we are searching for adults who are the parent/guardian of a child aged 4–11 years with a confirmed diagnosis of peanut allergy, who know their child's reactive dose or have a good understanding of the level of sensitivity of their child. Unfortunately, you indicated that you do not meet these criteria.

We would like to thank you for taking the time to complete this survey and your interest in this study. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign **and Allergy UK** via their website, social media and/or the newsletter.

General end page (all remaining respondents):

This is the end of the survey. Thank you for taking the time to complete this survey and sharing your experiences with us. The anonymised results of this survey will be communicated by the Anaphylaxis Campaign **and Allergy UK** via their website, social media and/or the newsletter.

Contact for further information

Should you have any queries or require further information about this research, please do not hesitate to contact a BresMed researcher involved in this project via research@bresmed.com