**Additional File**

**Validated Questionnaire used for assessing adverse food reactions in Portuguese adults**

**Table 1: Questionnaire**

| Question Number | Item |
|---|---|
| 1 | Identity Code of volunteer |
| 2 | Gender |
| 3 | Age in years |
| 4 | Do you want to answer this questionnaire? |
| 5 | Do you have any adverse food reaction? |
| 6 | What kind of food causes your reaction? |
| 7 | What kind of reaction did you have? |
| 8 | How long after food ingestion did the reactions appear? |
| 9 | Did you need medical treatment? |
| 10 | If answer was "yes" for item 9, Where did you receive medical treatment? |
| 11 | Have you had any previous episodes with the same food? |
| 12 | How long ago did the previous reaction take place? |
| 13 | Have you been previously diagnosed a food allergy? |
| 14 | Have you ever been to a specialty appointment by an Allergist doctor? |
| 15 | Do you have any other allergic disease? (personal history of atopy) |
| 16 | Does anybody in your family have an allergic disease? |
| 17 | Would you want to be followed up at a specialty clinic? |