Food Allergy Quality of Life Questionnaire – Parent Form (0-12 years)
Food Allergy Quality of Life Questionnaire-Parent Form  
(FAQLQ-PF)  
Children aged 0-12 years

Instructions to Parents

- The following are scenarios that parents have told us affect children’s quality of life because of food allergy.

- Please indicate how much of an impact each scenario has on your child’s quality of life by placing a tick or an x in one of the boxes numbered 0-6.

  ![Response Options](image)
  
  0 = not at all  
  1 = a little bit  
  2 = slightly  
  3 = moderately  
  4 = quite a bit  
  5 = very much  
  6 = extremely

All information given is completely confidential.  
This questionnaire will only be identified by a code number.

There are 4 sections to this questionnaire: A, B, C, and D.

- If your child is aged 0 to 3 years, please answer Section A  
- If your child is aged 4 to 6 years, please answer Section A and Section B  
- If your child is aged 7 years and over, please answer Section A, Section B, and Section C.

Section D: For all age groups.
### SECTION A: For all age groups

<table>
<thead>
<tr>
<th>Because of food allergy, my child feels………………</th>
<th>0 1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Worried about food</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>2 Different from other children</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>3 Frustrated by dietary restrictions</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4 Afraid to try unfamiliar foods</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5 Concerned that I am worried that he/she will have a reaction to food</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of food allergy, my child…………………..</th>
<th>0 1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Experiences physical distress</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>7 Experiences emotional distress</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>8 Has a lack of variety in his/her diet</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of food allergy, my child has been negatively affected by…………</th>
<th>0 1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Receiving more attention more attention than other children of his/her age</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>10 Having to grow up more quickly than other children of his/her age</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>11 His/her environment being more restricted than other children of his/her age</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of food allergy, my child’s social environment is restricted because of limitations on………</th>
<th>0 1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Restaurants we can safely go to as a family</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>13 Holiday destinations we can safely go to as a family</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of food allergy, my child’s ability to take part has been limited……….</th>
<th>0 1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 In social activities in other people’s houses (sleepovers, parties, playtime)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
**SECTION B**: For children aged 4 to 12 years.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of food allergy, my child’s ability to take part has been limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In preschool/school events involving food (class parties/treats/lunchtime)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of food allergy, my child feels………...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried when going to unfamiliar places</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned that he/she must always be cautious about food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Left out’ in activities involving food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upset that family social outings have been restricted by the need to plan ahead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned about accidentally eating an ingredient to which he/she is allergic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried when eating with unfamiliar adults/children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustrated by social restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of food allergy, my child……………...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is more worried in general than other children of his/her age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is more cautious in general than other children of his/her age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is not as confident as other children of his/her age in social situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wishes his/her food allergy would go away</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION C**: For children aged 7 to 12 years

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of food allergy, my child feels………...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worried about his/her future(opportunities, relationships)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many people do not understand the serious nature of food allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned by poor labelling on food products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food allergy limits his/her life in general</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for completing the questionnaire. I would be grateful if you would now answer some questions on your child’s food allergy.

SECTION D: For all age groups

**Part 1: My child’s food allergy.**

**Q1. What sex are you?**
- Male [ ]
- Female [ ]

**Q2. What sex is your child?**
- Male [ ]
- Female [ ]

**Q3. What age is the child with food allergy?**
- Years _______ Months ________

**Q4. What type of food(s) is your child allergic to?** Tick where applicable.
- Peanut [ ]
- Nut [ ]
- Milk [ ]
- Egg [ ]
- Wheat [ ]
- Soya [ ]
- Sesame [ ]
- Fish [ ]
- Shellfish [ ]
- Fruits [ ]
- Vegetables [ ]
- Other [ ]

Please specify ‘Other’

**Q5. After ingesting which food, did your child have his/her most severe reaction?**

**Q6. Has your child had an anaphylactic reaction?**
- Yes [ ]
- No [ ]

**Q7. If ‘Yes’, how recent was the reaction?** Tick where applicable.
- Very recently [ ]
- 6 to 12 months ago [ ]
- Approximately 1 yr ago [ ]
- Approximately 2yrs ago [ ]
- More than 2 years ago [ ]

**Q8(a). Has your child been issued with an anapen/epipen?**
- Yes [ ]
- No [ ]
Q8(b). Does the provision of an anapen/epipen cause?

(1) Reassurance … For you ☐ For your child ☐

(2) Anxiety … For you ☐ For your child ☐

Q9. Who diagnosed your child with food allergy? Tick where applicable

- G.P. ☐
- Consultant Allergist ☐
- Consultant Paediatrician ☐
- Dermatologist ☐
- Dietician ☐
- Alternative Practitioner ☐

Q10. What Symptoms does your child have? Tick where applicable.

- Itching in the mouth ☐
- Throat tightening ☐
- Urticaria/Hives ☐
- Itching in the throat ☐
- Difficulty swallowing ☐
- Skin swelling ☐
- Itching in the ears ☐
- Hoarseness ☐
- Nausea ☐
- Itching of the lips ☐
- Difficulty breathing ☐
- Abdominal cramps ☐
- Runny nose ☐
- Shortness of breath ☐
- Vomiting ☐
- Stuffy nose ☐
- Wheeze ☐
- Diarrhoea ☐
- Sneeze ☐
- Cough ☐
- Light-headedness ☐
- Itchy eyes ☐
- Itching of the skin ☐
- Palpitations ☐
- Tears ☐
- Redness of the skin ☐
- Inability to stand ☐
- Red eyes ☐
- Increase eczema ☐
- Loss of consciousness ☐

Q11. How often does your child meet another child with food allergy?

- Never ☐
- Rarely ☐
- Sometimes ☐
- Often ☐
**SECTION E: For all age groups**

**Part 2: You and your child’s worries about food safety**

Please answer the following questions with reference to the 6-point scale on the right.

**Q1. What chance do you think your child has of ….?**

<table>
<thead>
<tr>
<th>Question</th>
<th>6-point Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ……accidentally ingesting the food to which they are allergic?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>2 ……having a severe reaction if food is accidentally ingested?</td>
<td></td>
</tr>
<tr>
<td>3 ……dying from his/her food allergy following ingestion in the future?</td>
<td></td>
</tr>
<tr>
<td>4 ……effectively treating him/herself, or receiving effective treatment from others (including Epipen administration), if he/she accidentally ingests a food to which he/she is allergic?</td>
<td></td>
</tr>
</tbody>
</table>

**Q2. What chance does your child think he/she has of ….?**

<table>
<thead>
<tr>
<th>Question</th>
<th>6-point Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ……accidentally ingesting the food to which they are allergic?</td>
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</tr>
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<tr>
<td>4 ……effectively treating him/herself, or receiving effective treatment from others (including Epipen administration), if he/she accidentally ingests a food to which he/she is allergic?</td>
<td></td>
</tr>
</tbody>
</table>

**Q3. How many foods does your child have to avoid?**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>3-6</td>
<td>7-10</td>
<td>10+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part 3: Your concerns as a parent

Q1. How would you describe …

(A) Your general health?  
(B) Your child’s general health?

Excellent  
Very Good  
Good  
Fairly Good  
Not So Good  
Poor  
Very Poor

Q2. Because of food allergy, how much worry/concern does each of the following cause you?

(A) your child’s physical health  
(B) your child’s emotional well-being

None at all  
A little bit  
Some  
Quite a bit  
A lot

Q3. What level of stress does your child’s food allergy cause …

(A) You?  
(B) Your Partner?  
(C) Your Family?

None at all  
A little bit  
Some  
Quite a bit  
A lot

Q4. How much has food allergy limited the type of activities…..

(A) you can do as a family?  
(B) your child can take part in?

None at all  
A little bit  
Some  
Quite a bit  
A lot

Thank you for taking the time to complete this questionnaire. Your participation is most appreciated.