

Oral immunotherapy clinic (OITC)

Questionnaire on quality of life for pharmacoeconomic purposes (no.2)

The following questionnaires concern the impact of food allergies on your life and your child's life. They were specifically developed for children affected by food allergies.

As part of your application to the OIT clinic at CHU Sainte-Justine, we are asking you to **fill these questionnaires to the best of your knowledge**. It is important to **answer every question**. Please note that questionnaire **FAQLQ – CF must be filled by the child**.

Your answers to these questionnaires WON'T BE used to determine your eligibility nor your prioritisation at the clinic. They will be used only to measure the clinic performance and the impact of the treatment on patients and families' quality of life, in order to better estimate needs to be met. Therefore, it is important that your answers reflect accurately your situation.

Child's identification:

Name: _____

First name: _____

Date of birth: _____

Health insurance card: _____

Expiration date : _____



FAQLQ-CF

Food Allergy Quality of Life Questionnaire – Child Form (8-12 years)



To cite this questionnaire:

Flokstra-de Blok BMJ, DunnGalvin A, Vlieg-Boerstra BJ, Oude Elberink JNG, Duiverman EJ, Hourihane JO, Dubois AEJ. Development and validation of a self-administered Food Allergy Quality of Life Questionnaire for children. Clin Exp Allergy 2009 Jan;39(1):127-137.

The questions are about the influence of your food allergy on your quality of life. It is important that you fill in the answers yourself. You may ask your parents for help, but they are not allowed to tell you which answer to give. Answer every question by putting an 'x' in the proper box. You may choose from the following answers.



not



barely



a little bit



fairly



quite



very



extremely

How troublesome do you find it, because of your food allergy, that you ...



1 must always watch what you eat?

☐
☐
☐
☐
☐
☐
☐

2 can eat fewer things?

☐
☐
☐
☐
☐
☐
☐

3 are limited in buying things you like?

☐
☐
☐
☐
☐
☐
☐

4 have to read labels?

☐
☐
☐
☐
☐
☐
☐

5 have to refuse food when you do things with others?

☐
☐
☐
☐
☐
☐
☐

6 can less easily stay for a meal with someone?

☐
☐
☐
☐
☐
☐
☐

7 can taste or try fewer things when eating out?

☐
☐
☐
☐
☐
☐
☐

8 have to tell beforehand about what you are not allowed to eat when eating out?

☐
☐
☐
☐
☐
☐
☐

9 have to check yourself whether you can eat something when eating out?

☐
☐
☐
☐
☐
☐
☐

10 hesitate eating certain foods when you don't know if it is safe?

☐
☐
☐
☐
☐
☐
☐

11 must watch out when touching certain foods?

☐
☐
☐
☐
☐
☐
☐

12 don't get anything when someone is giving treats at school?

☐
☐
☐
☐
☐
☐
☐



not



barely



a little bit



fairly



quite



very



extremely

How **troublesome** is it, because of your food allergy, ...



- 13 that the ingredients of a food change?
- 14 that the label states: "May contain (traces of)...."?
- 15 that you have to explain to people around you that you have a food allergy?
- 16 that people around you forget that you have a food allergy?
- 17 that others can eat the food you are allergic to when you do things with other people?
- 18 that you don't know how things taste which you can't eat?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How **frightened** are you because of your food allergy ...



- 19 of an allergic reaction?
- 20 of eating the wrong food by accident?
- 21 to eat something you have never eaten before?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions:



- 22 How **concerned** are you that you will never get rid of your food allergy?
- 23 How **disappointed** are you when people don't take your food allergy into account?
- 24 How **disappointed** do you feel because you have a food allergy?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following four questions are about the chance that you think you have of something happening to you because of your food allergy. Choose one of the answers. This is followed by two more questions about your food allergy. Answer every question by putting an 'x' in the box next to the proper answer.

0	1	2	3	4	5	6
never	very small	small	fair	big	very big	always
(0% chance)	chance	chance	chance	chance	chance	(100% chance)

How big do you think the chance is that you ...	0	1	2	3	4	5	6
1 will accidentally eat something to which you are allergic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 will have a severe reaction if you accidentally eat something to which you are allergic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 will die if you accidentally eat something to which you are allergic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 can <u>not</u> do the right things for your allergic reaction should you accidentally eat something to which you are allergic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How many foods are you unable to eat because of your food allergy?

- ☐ almost none
- ☐ very few
- ☐ a few
- ☐ some
- ☐ many
- ☐ very many
- ☐ almost all

6. Everyone does things with other people, such as;
 - playing with friends,
 - going to a birthday party,
 - visiting,
 - staying over with someone for a meal or eating out.

How much does your food allergy affect things you do with others?

- ☐ so little I don't actually notice it
- ☐ very little
- ☐ little
- ☐ moderately
- ☐ a good deal
- ☐ a great deal
- ☐ a very great deal



FAQLQ-PF

Food Allergy Quality of Life Questionnaire – Parent Form (0-12 years)

To cite this questionnaire:

DunnGalvin A, Flokstra-de Blok BMJ, Burks AW, Dubois AEJ, Hourihane JO. Food allergy QoL questionnaire for children aged 0-12 years: content, construct, and cross-cultural validity. Clin Exp Allergy 2008 Jun;38(6):977-986.

Food Allergy Quality of Life Questionnaire-Parent Form (FAQoL-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

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.

- 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 & Section B**.
- If your child is aged **7 years and over**, please answer **Section A, Section B & Section C**.

SECTION A

		Not at all Extremely →						
		0	1	2	3	4	5	6
Because of food allergy, my child feels.....								
1	Anxious about food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Different from other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Frustrated by dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Afraid to try unfamiliar foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Concerned that I am worried that he/she will have a reaction to food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all Extremely →						
		0	1	2	3	4	5	6
Because of food allergy, my child.....								
6	Experiences physical distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Experiences emotional distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has a lack of variety in his her diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all Extremely →						
		0	1	2	3	4	5	6
Because of food allergy, my child has been negatively affected by.....								
9	Receiving more attention more attention than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Having to grow up more quickly than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	His/her environment being more restricted than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all Extremely →						
		0	1	2	3	4	5	6
Because of food allergy, my child's social environment is restricted because of limitations on.....								
12	Restaurants we can safely go to as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Holiday destinations we can safely go to as a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all Extremely →						
		0	1	2	3	4	5	6
Because of food allergy, my child's ability to take part has been limited.....								
14	In social activities in other people's houses (<i>sleepovers, parties, playtime</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If your child is aged **0 to 3 years**, please now go to **Section D**.
- If your child is aged **4 to 12 years**, please now answer **Section B**.

SECTION B

Not at all Extremely

Because of food allergy, my child's ability to take part has been limited.....

	0	1	2	3	4	5	6
15 In preschool/school events involving food (<i>class parties/treats/lunchtime</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all Extremely

Because of food allergy, my child feels.....

	0	1	2	3	4	5	6
16 Anxious when going to new places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Concerned that he/she must always be cautious about food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 'Left out' in activities involving food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Upset that family social outings (<i>eating out, celebrations, days out</i>) have been limited by food allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Anxious about accidentally eating an ingredient to which he/she is allergic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Anxious when eating with unfamiliar adults/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Frustrated by social restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all Extremely

Because of food allergy, my child.....

	0	1	2	3	4	5	6
23 Is more anxious in general than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Is more cautious in general than other children of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Is not as confident as other children of his/her age in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Wishes his/her food allergy would go away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If your child is aged **6 years and under**, please now go to **Section D**.
- If your child is aged **7 years and older**, please answer **Section C**.

Not at all Extremely

SECTION C

Because of food allergy, my child feels.....

	0	1	2	3	4	5	6
27 Worried about his/her future(opportunities, relationships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 That many people do not understand the serious nature of food allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Concerned by poor labelling on food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 That food allergy limits his/her life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D.

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

0 = extremely unlikely
1 = very unlikely
2 = somewhat unlikely
3 = likely
4 = quite likely
5 = very likely
6 = extremely likely

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

	Question	6-point Scale						
		0	1	2	3	4	5	6
1accidentally ingesting the food to which they are allergic ?							
2having a severe reaction if food is accidentally ingested ?							
3dying from his/her food allergy following ingestion in the future ?							
4effectively 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 ?							

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

	Question	6-point Scale						
		0	1	2	3	4	5	6
1accidentally ingesting the food to which they are allergic ?							
2having a severe reaction if food is accidentally ingested ?							
3dying from his/her food allergy following ingestion in the future ?							
4effectively 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 ?							

SF-6Dv2

The next section focuses on how different aspects of your health and that of your child affect your quality of life. This is a validated questionnaire used in research to compare various diseases and health conditions. It was modified from its original version to treat you and your child as a single unit.

You must answer every question while choosing the answer that best describes **your health and that of your child** (treated as a whole), including his food allergy and any other current health condition you or your child may have.

Questions :

1. Does your health or that of your child, now limit you or your child in daily physical activities?

Not limited at all in vigorous activities (such as running, lifting heavy objects, participating in strenuous sports) ☐

Limited a little in vigorous activities (such as running, lifting heavy objects, participating in strenuous sports) ☐

Limited a little in moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf) ☐

Limited a lot in moderate activities (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf) ☐

Limited a lot in bathing and dressing yourself ☐

2. During the past 4 weeks, how much of the time have you or your child accomplished less than you would like in your work or other regular daily activities as a result of physical health or of any emotional problems (such as feeling depressed or anxious)?

None of the time ☐

A little of the time ☐

Some of the time ☐

Most of the time ☐

All of the time ☐

3. How much bodily pain have you or your child had during the past 4 weeks?

No pain ☐

Very mild pain ☐

Mild pain ☐

Moderate pain ☐

Severe pain ☐

Very severe pain ☐

4. How much of the time during the past 4 weeks did you or your child feel worn out?

None of the time ☐

A little of the time ☐

Some of the time ☐

Most of the time ☐

All of the time ☐

5. During the past 4 weeks, how much of the time has your physical health or emotional problems or that of your child interfered with social activities (like visiting with friends, relatives, going to restaurants, etc.)?

None of the time ☐

A little of the time ☐

Some of the time ☐

Most of the time ☐

All of the time ☐

6. How much of the time during the past 4 weeks have you or your child felt downhearted and depressed or very nervous?

None of the time ☐

A little of the time ☐

Some of the time ☐

Most of the time ☐

All of the time ☐