SUPPL	EMENT – THE QUESTIONNAIRE
1. Gene	eral information: Please complete the following:
_	years
	M F
I have:	□ asthma
	☐ other food allergies
	□ hayfever
2 Reac	☐ eczema tions and Diagnosis
2. Reac	tions and Diagnosis
How lo	ng ago were you diagnosed with Omega-5-gliadin allergy?monthsyears
How lo	ng did you have symptoms before the diagnosis was made?months
How m	any reactions do you think you had before the diagnosis was made?
	any reactions have you had since the diagnosis was made?
	. ,
	rding diet:
	one that best describes what your doctor advised:
	Avoid wheat all the time
	Avoid wheat most of the time
	Avoid wheat about half the time
	Avoid wheat occasionally
	Avoid gluten all the time
	(This means a "coeliac" diet: ie. no wheat, rye, barley, oats)
	Avoid gluten most of the time
	Avoid gluten about half the time
	Avoid gluten occasionally
	No need to avoid any foods
Chassa	and that had describes your distinguity
	one that best describes your diet now: I avoid wheat all the time
	I avoid wheat most of the time
	I avoid wheat about half the time
	I avoid wheat occasionally
	I avoid gluten all the time
	(This means a "coeliac" diet: ie. no wheat, rye, barley, oats)
	I avoid gluten most of the time
	I avoid gluten about half the time
	I avoid gluten occasionally
	I do not avoid any foods
Y/N	Have you ever seen a dietician regarding your Omega-5-gliadin allergy?

<u>4. Exe</u>	ercise:
Choos	se one that best describes what your doctor advised:
	Only exercise on an empty stomach (4 hours without eating)
	Limit exercise after eating wheat or gluten (within 4 hours)
	Exercise at any time
	Avoid all exercise because of the Omega-5-gliadin allergy
	Avoid all exercise for other reasons
Choos	se one that best describes what you do now:
	I only exercise on an empty stomach (4 hours without eating)
	I limit exercise after eating wheat or gluten (within 4 hours)
	I exercise at any time
	I do not do any exercise because of the Omega-5-gliadin allergy
	I do not do any exercise for other reasons
5. Rea	actions since diagnosis
What	do you think were relevant factors in any reactions that have occurred since you have
knowi	n about the diagnosis? You may choose more than one:
	I decided to eat wheat / gluten
	I accidentally ate wheat / gluten
	I had unexpected exercise or exertion
	Travel / restaurant / take-away / unfamiliar situation
	I have another medical reason for these reactions
	I don't know what happened
	I have not had any reactions since the diagnosis
<u>6. Act</u>	tion plan and Severity:
Have	you ever had Anaphylaxis? Y/N
	(This is a severe generalised allergic reaction with dangerous features like collapse, fainting, or serious breathlessness. It may often be treated with Adrenaline injection)
Y/N	Have you been prescribed an Epipen or Anapen?
Y/N	I have a written action plan for my allergy
Y/N	I am a member of the ambulance service

Please make note of any other comments, responses or details regarding this questionnaire.