

4. Exercise:

Choose 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

Choose 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. Reactions since diagnosis

What do you think were relevant factors in any reactions that have occurred since you have known 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

6. Action 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.