

Your Child's Allergy and Symptoms

What is the survey about?

This survey is about the care that you and your child have received for your child's allergy and symptoms, including asthma / rhinitis, hayfever, eczema, food allergy and anaphylaxis.

Who is the questionnaire for?

The questions have been designed to be answered **by the parent/carer** of the child with the allergy and symptoms.

Filling out the questionnaire

For each question please tick clearly inside one box using a black or blue pen. For some questions you will be instructed that you may tick more than one box. Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

For some questions you will see a [→ Go to Question](#) instruction next to a response. Where you see this, please follow the instructions and skip to that question.

It is up to you whether you want to take part in this survey – you do not have to.

All answers are confidential - **nobody will know who said what!**

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ABOUT YOUR CHILD'S ALLERGY

1. What condition does your child have? (Tick ALL that apply):

- 1 Asthma (wheezing, chest coughs)
- 2 Hayfever or Rhinitis (itchy runny nose or eyes, sneezing)
- 3 Eczema (itchy / red skin)
- 4 Food Allergy (vomiting, tummy ache)
- 5 Other (please write in box):

6 Don't know / Can't remember

2. How long has your child had any allergic symptoms?

- 1 For less than one year
- 2 For over one year
- 3 Since they were a small baby
- 4 Don't know / Can't remember

INITIAL RECOGNITION

3. How many times did you see a health professional about your child's *first* allergy symptoms before they were given a firm diagnosis?

- 1 My child has not yet received a firm diagnosis
- 2 Once
- 3 Between 2 and 3 times
- 4 Between 4 and 6 times
- 5 7 times or more
- 6 Don't know / Can't remember

4. From when you first saw a health professional about your child's condition, **how long** did you wait for tests to be carried out (to confirm what causes their condition or makes it worse)?

- 1 They were done straight away
- 2 Less than 1 month
- 3 Between 1 month and 3 months
- 4 Between 3 months and 6 months
- 5 More than 6 months
- 6 They are still waiting to have tests
- 7 Don't know / Can't remember

RECENT ALLERGY CARE

Thinking about your child's most recent healthcare for their allergy (e.g. GP visit / hospital care / ambulance)...

5. **Who** was the most recent person your child saw about their allergy? (**Tick ONE only**). If they saw more than one person, please select the **MAIN** person that they saw

- 1 Specialist allergy staff (e.g. clinic staff/ specialist hospital doctor)
- 2 GP / family doctor / practice nurse
- 3 Emergency hospital staff (ambulance staff/ paramedics; A&E staff)
- 4 Urgent care centre staff (e.g. doctor, nurse)
- 5 General paediatrician (*not* an allergy specialist)
- 6 Dietitian
- 7 Other (please write in box):

6. Did this healthcare professional talk to you in a way that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Still thinking about this **most recent** healthcare professional your child saw for their allergy...

7. Were you given a chance to discuss your child's treatment (including medication options and avoidance advice)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

8. Did you feel that this healthcare professional knew enough about your child's **allergic condition**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 They did not know what the allergy was

9. Did this person **answer your questions** in a way you could understand?

- 1 I did not have any questions
- 2 I did not have an opportunity to ask
- 3 Yes, definitely
- 4 Yes, to some extent
- 5 No

10. Did you have **confidence and trust** in this member of staff?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

11. Overall, how well do you think your child was looked after **by this person**?

- 1 Very well
- 2 Quite well
- 3 Not very well
- 4 Not at all well

MANAGING YOUR CHILD'S CONDITION

Personal Management Plans

A personal management plan is a **written** plan agreed between yourself/ your child and a doctor or nurse to help manage their allergic condition(s)

12. Do you and your child have a **personal management plan** for their condition? Please read the description in the box above if you are not sure what this is

- 1 Yes → [Go to Question 13](#)
- 2 No → [Go to Question 15](#)
- 3 Don't know → [Go to Question 15](#)

13. Does your child's **school or nursery know about** their personal management plan?

- 1 Yes
- 2 No
- 3 Don't know
- 4 This is not necessary / my child does not go to school or nursery

14. Do you and your child **follow** their personal management plan?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Treatment & Medication

15. Does your child use **any prescribed medications** for their condition (such as medicines, tablets, creams, inhalers and/or injectors)?

- 1 Yes → [Go to Question 16](#)
- 2 No → [Go to Question 19](#)

16. Do you have enough information about **when** your child should use their medication(s)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

17. Do you know **how** to use the medication(s)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

18. Have health professionals told you about the **medication side effects** (including complications of long-term use) to watch for?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 This is not necessary

19. Has your child ever been given any **emergency treatment** (e.g. injection, oxygen or medicine) by healthcare staff?

- 1 Yes → **Go to Question 20**
- 2 No → **Go to Question 21**
- 3 Don't know / Can't remember → **Go to Question 21**

20. Did staff give you enough information **about this emergency treatment**?

- 1 Yes
- 2 No, but I would have liked this
- 3 No, but I did not need this
- 4 Can't remember

21. Does your child carry an injector for their condition (e.g. EpiPen / Anapen / Jext)?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

Ongoing Care

22. How do you feel about how often your child has an allergy review or check-up (e.g. an appointment with their GP or at an allergy clinic)?

- 1 I would like more check-ups
- 2 It is about right
- 3 I would like fewer check-ups
- 4 They have only been seen once
- 5 Not sure

23. Do you know enough about what allergens and irritants your child should avoid (e.g. food, dust, pets)?

- 1 I know enough
- 2 I know some but not enough
- 3 I do not know enough

24. Do health professionals (e.g. doctors and nurses) **communicate with your child's school or nursery** about their condition?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know
- 5 This is not necessary / they do not go to school or nursery

25. Do health professionals **communicate with each other** about your child's condition?

- 1 Yes, all or most of them do
- 2 Some of them do
- 3 No, very few or none of them do
- 4 We only see one health professional
- 5 Don't know

26. Are you **involved in decisions** about your child's allergy care and treatment?

- 1 I do not want or need to be
- 2 Yes, definitely
- 3 Yes, to some extent
- 4 No, but I would like to be

27. Do you have the **phone number** of a doctor or nurse who you can contact about your child's condition?

- 1 Yes, during working hours only
- 2 Yes, out of hours only
- 3 Yes, at any time
- 4 No, I do not have a phone number

28. Do you have information about **support groups** for your child's condition (e.g. Allergy UK, Asthma UK; Anaphylaxis Campaign; National Eczema Society)?

- 1 Yes, enough information
- 2 Some but not enough information
- 3 None, but we would like this
- 4 We do not want or need this

29. Overall, do you have **enough information** about your child's allergic condition(s)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

30. Overall, how well do you think your child's condition is looked after by healthcare staff?

Please tick **ONE** only based on your child's overall allergy care.

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well

AND FINALLY...

31. Who was the **main person** who answered the questions on this questionnaire?

- 1 The **young person** who has the allergy
- 2 The **parent or carer** of the child
- 3 **Both** parent and child together

32. Is your child a boy or a girl?

- 1 Boy
- 2 Girl

33. How old is your child?

_____ years old

34. To which of these ethnic groups would you say your child belongs? (**Tick ONE only**)

- 1 White (e.g. British, Irish, European)
- 2 Mixed (e.g. White and Asian)
- 3 Asian / Asian British (e.g. Indian)
- 4 Black / Black British
- 5 Chinese
- 6 Any Other Ethnic Group

ANYTHING ELSE TO SAY?

If there is anything else you would like to say about your child's allergy care, please do so here.

Is there anything **particularly good** about your child's allergy care?

Is there anything about your child's allergy care that **could be improved**, or anything else that you need?

Thanks very much for your help!

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