

Oral immunotherapy clinic (OITC)

Questionnaire on quality of life for pharmacoeconomic purposes

The following questionnaire concerns the impact of food allergies on your life and your child's life. It was 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 this questionnaire to the best of your knowledge. It is important to answer every question.

Your answers to this questionnaire 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-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 **mcif\YU'h\UbX'h\Uh'cZ' mcif\W\X** (treated as a whole), including his food allergy and any other current health condition you or your child may have.

Questions :

1. 8cYg:mcif\YU'h\cf'h\Uh'cZ'mcif\W\Xz'bc k`la]h'mci'cf' mcif\W\X]b'XU]m'd\mg]WU' UWh]j]h]Yg3

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. Au cours des 4 dernières semaines, combien de fois vous ou votre enfant avez **accomplis moins de choses que vous ne l'auriez voulu** au travail, à l'école ou dans vos autres activités quotidiennes **à cause de votre état de santé physique ou de votre moral ou de ceux de votre enfant** (incluant le fait de se sentir déprimé ou anxieux)?

Jamais

Rarement

Parfois

La plupart du temps

Tout le temps

3. Au cours des 4 dernières semaines, est-ce que vous ou votre enfant avez **éprouvé des douleurs physiques**?

Aucune douleur

Douleurs très légères

Douleurs légères

Douleurs moyennes

Douleurs intenses

Douleurs très intenses

4. Au cours des 4 dernières semaines, combien de fois vous ou votre enfant vous êtes-vous senti épuisé et vidé?

- Jamais
- Rarement
- Parfois
- La plupart du temps
- Tout le temps

5. Au cours des 4 dernières semaines, combien de fois votre état de santé ou celui de votre enfant a-t-il nui à vos activités sociales ou à celles de votre enfant (comme sortir au restaurant, visiter des amis, etc.) ?

- Jamais
- Rarement
- Parfois
- La plupart du temps
- Tout le temps

6. Au cours des 4 dernières semaines, combien de fois vous ou votre enfant vous êtes-vous senti triste et démoralisé ou très nerveux?

- Jamais
- Rarement
- Parfois
- La plupart du temps
- Tout le temps