

# Your itchy sneezy wheezy care

## What is the survey about?

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

## Who is the questionnaire for?

**Section 1** is to be answered **by the child** with the allergy or symptoms, and **Section 2** is to be completed by their **parent or carer**.

## 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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# SECTION 1

This section is for the **CHILD** to complete

Please remember that these questions are about your allergies.

If you are not sure how to answer a question, please ask your parent or carer for help



## ABOUT YOUR ALLERGY

1. What condition do you have? (Tick more than one if you need to)

- 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 have you had any allergic symptoms? Please ask your parent or carer if you are not sure

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



## YOUR MOST RECENT ALLERGY CARE

Thinking about your most recent allergy care (such as at the doctors / in hospital / by ambulance staff)...

3. **Who** was the most recent person you saw about your allergy? (Tick **ONE** only). If you saw more than one person, please select the **MAIN** person that you saw. Please ask your parent or carer if you are not sure

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

4. Did this person talk to you in a way that you could understand?

- 1  Yes, definitely
- 2  Yes, sort of
- 3  No



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

- 1  I did not have any questions
- 2  I did not have a chance to ask
- 3  Yes, definitely
- 4  Yes, sort of
- 5  No

## Still thinking about this **most recent** person you saw for your allergy...

6. Overall, how well do you think you were looked after **by this person**?

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



## MANAGING YOUR CONDITION

### Treatment & Medication

7. Do you **use any medication** for your condition (such as medicines, tablets, creams, inhalers and/or injectors)? **Please ask your parent or carer if you are not sure**

- 1  Yes → **Go to Question 8**
- 2  No → **Go to Question 11**

8. Do you have enough information about **when** you should use your medicines or creams (for example at what time of day and how often)?

- 1  Yes, definitely
- 2  Yes, sort of
- 3  No



9. Do you know **how** to use your medicines or creams (for example how to put on your cream or take your tablets or use your injector)?

- 1  Yes, definitely
- 2  Yes, sort of
- 3  No



10. Have health professionals told you about the **side effects** of the medicines or creams to watch for? **Please ask your parent or carer if you are not sure**

- 1  Yes, definitely
- 2  Yes, sort of
- 3  No
- 4  This is not needed

11. Have you ever been given any **emergency treatment** (such as an injection, oxygen or medicine) by healthcare staff?

- 1  Yes → **Go to Question 12**
- 2  No → **Go to Question 13**
- 3  Don't know / Can't remember → **Go to Question 13**

12. 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



13. Do you carry an injector for your condition (e.g. EpiPen / Anapen / Jext)? **Please ask your parent or carer if you are not sure**

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

### Ongoing Care



14. How do you feel about how often you have an allergy review or check-up (for example an appointment with your 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  I have only been seen once
- 5  Not sure



15. Do you know enough about the things that make your allergy worse (such as food, dust, pets)?

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

16. Do you **have a say** in how your condition is looked after?

- 1  I do not want or need to
- 2  Yes, definitely
- 3  Yes, sort of
- 4  No, but I would like to



17. Do you have information about **support groups** for your condition (such as Allergy UK, Asthma UK; Anaphylaxis Campaign; National Eczema Society)? **Please ask your parent or carer if you are not sure**

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

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

- 1  Yes, definitely
- 2  Yes, sort of
- 3  No



19. Overall, how well do you think your condition is looked after by healthcare staff (doctors and nurses)? **Please tick ONE only based on your overall allergy care.**

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



## AND FINALLY...

20. Who was the **main person** who answered the questions in this section of the questionnaire?

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

21. Are you a boy or a girl?

- 1  Boy
- 2  Girl



22. How old are you?

\_\_\_\_\_ years old

## ANYTHING ELSE TO SAY?

Is there anything that you think is **really good** about your allergy care?



Is there anything about your allergy care that **could be better** or anything else that you need?



Please now hand this survey to your PARENT OR CARER so they can answer the questions in Section 2.

## SECTION 2 (PARENTS)

This section is for your PARENT or CARER to complete

Please encourage your child to help answer these questions if they are able

### INITIAL RECOGNITION

23. 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

24. 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)...

25. **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):

26. 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

27. 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

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

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

# 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)

29. 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 30  
2  No → Go to Question 32  
3  Don't know → Go to Question 32

30. 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

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

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

## Ongoing Care

32. 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

33. 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

34. 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

## AND FINALLY...

35. 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

## ANY OTHER COMMENTS?

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!**



# 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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