INTRODUCTION

FOOD ALLERGY ASSESSMENT

Family and Food Matters

Food Allergy Survey

Name:_____ Date:_____

1. Do you have any food allergies? ❑No ❑Yes ❑Not Sure

If yes, please check the foods that have caused an allergic reaction:

- ❑ Peanuts
- ❑ Fish/shellfish
- ❑ Eggs
- ❑ Peanut or nut butter
- ❑ Soy products
- ❑ Milk
- ❑ Peanut or nut oils
- ❑ Tree nuts (walnuts, almonds, pecans, etc.)
- ❑ Other, please explain: _____

2. For you to have a reaction to the problem food(s), what has to happen? *(Check all that apply)*

❑Eat the food(s) ❑Touch the food(s) ❑Smell the food(s)

❑Other, please explain: _____

3. Do you have any dietary restrictions? ❑No ❑Yes ❑ Not Sure

If yes or not sure, please explain: _____

4. Do you have any dietary aversions? ❑No ❑Yes ❑ Not Sure

If yes or not sure, please explain: _____

5. Is there any other information you think we should know that would affect your participation in the recipe demonstration?

If yes, please explain: _____