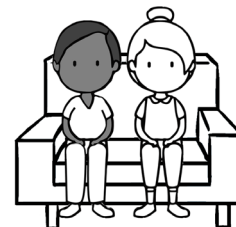


SOFAA-C-brief | SURVEY OF FOOD ALLERGY ANXIETY CHILD REPORT



Directions:

Circle the number next to each statement that best describes you for the last week.
PLEASE COMPLETE ALL ITEMS.

Even if there are safe foods for me...

	Never	Almost Never	Sometimes	Often	Almost Always
1. I am scared to eat the food from a NEW restaurant.	0	1	2	3	4
2. I try NOT to be touched by someone, because I am scared this will give me an allergic reaction.	0	1	2	3	4
3. I am scared to eat at parties or the homes of my friends.	0	1	2	3	4
4. I am scared to eat at the regular lunch table at school or camp.	0	1	2	3	4
5. I am scared to eat the food served by my school or camp.	0	1	2	3	4
6. I am too scared to eat food when I am with an adult who is not my parent, like when I am staying with a family member or at a friend's house.	0	1	2	3	4
7. I am afraid of smelling the foods I am allergic to.	0	1	2	3	4
8. I am scared to touch safe foods because of the chance of an allergic reaction.	0	1	2	3	4
9. I am scared that a food I am allergic to will make me very sick if it touches me.	0	1	2	3	4
10. I am scared to sit next to someone who is eating a food that I am allergic to.	0	1	2	3	4
11. I am scared to eat safe foods that have been next to foods I am allergic to.	0	1	2	3	4
12. I check food labels more than I need to because I am scared.	0	1	2	3	4
13. I ask my parents too many times if a food is safe for me to eat.	0	1	2	3	4
14. I try not to touch things like door handles, phones, or clean surfaces because I am afraid of having a food allergy reaction.	0	1	2	3	4