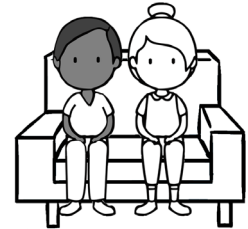


SOFAA-P-brief | SURVEY OF FOOD ALLERGY ANXIETY PARENT REPORT



Directions:

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

Even if there are safe foods available, my child...	Never	Almost Never	Sometimes	Often	Almost Always
1. Avoids eating the food in FAMILIAR restaurants.	0	1	2	3	4
2. Avoids being touched by others because of fears of having an allergic reaction.	0	1	2	3	4
3. Washes their hands too much in order to avoid food allergens.	0	1	2	3	4
4. Visits the nurse too much due to fears of having an allergic reaction to food.	0	1	2	3	4
5. Frequently checks or asks me to check their mouth or body to make sure that they are not having an allergic reaction to food.	0	1	2	3	4
6. Asks me too many times whether a food is safe for them to eat.	0	1	2	3	4
7. Avoids touching everyday objects like doorknobs, phones, or clean surfaces due to fears of having a food allergy reaction.	0	1	2	3	4