

## The Fish and Shellfish Allergy Registry

### Introduction, Instructions and Definitions

**INTRODUCTION:** The Food Allergy and Anaphylaxis Network (FAAN) is maintaining a registry of individuals with allergy to seafood. The registry is a research endeavor for the purpose of learning more about these allergies. You (or your child) qualify to participate in this registry if you (or your child) have a seafood allergy. Participation is completely voluntary. If you wish to participate, you will complete the attached forms that ask various questions about the seafood-allergic person's allergies. There are no costs or reimbursements associated with participation in this study. While there is no direct benefit to you/your child as a registrant, the information learned is likely to increase our general knowledge about these allergies and may therefore improve awareness and direct further research for treatment of these allergies. The information that you provide includes identifying information (name, address, etc) and will be maintained for an indefinite period in secure locked files and secure electronic media at the offices of FAAN, where access will only be available to the FAAN investigators. To the extent permissible by law, your (or your child's) identity as a registrant will not be shared with any individual or organization outside of FAAN. You or your child's identity as a participant in this research will be kept confidential in any publication of the study results. Analysis of the results will be performed in collaboration with our colleagues at the Mount Sinai School of Medicine and the University of Georgia Marine Extension Service who will not be provided with any of your (or your child's) personal identifying information. Results of the registry will be published on our website and in our newsletters and will also likely be published in scientific journals. If you have any questions about this Registry, please call **FAAN at 1-800-929-4040** and ask for the lead researcher for the Seafood Registry.

By signing, I indicate that I am age 18 years or older and have read, understood and agree with the above.  \_\_\_\_\_ (sign here).

**Instructions:** All questions in this survey relate to the person (subject) who is allergic to either fresh or saltwater seafood, except for questions A15 through A24, which relate to the person providing the information.

If subject is suspected of having, or has been diagnosed with, **allergy to fish** like cod, salmon, tuna or others, **or to shellfish** like shrimp, lobster, crab, clams or others, please answer all of the following questions as completely and as accurately as possible to help us learn more about these allergies. **If subject has no known or suspected allergy to fish or shellfish, please do not complete the survey.** Answer the questions as they relate to the person in your family with seafood allergy. If more than one person in the family has a known or suspected allergy to fish or shellfish, please complete a separate survey for each individual.

**Do not enter information for more than one subject on each survey form.**

If you need more forms, you may copy this one or call 800-929-4040, or download from the FAAN website ([www.foodallergy.org](http://www.foodallergy.org)). Please type or print legibly, using a pen with blue or black ink.

Upon completion of the survey, please return the **signed**, completed form to:

**The Food Allergy & Anaphylaxis Network**  
**11781 Lee Jackson Highway, Suite #160**  
**Fairfax, VA 22033**

**Definitions:** For the purposes of this survey, we have broadly divided all seafood into two groups, **fish and shellfish**, from both fresh and saltwater. For the purposes of this survey, **fish means all fish with fins.** This may include common fish like cod, salmon, tuna, trout, eel and shark or many others not listed. **Shellfish means all other kinds of seafood.** This very broadly includes **crustaceans** like shrimp, lobster, crabs, etc.; and **mollusks** like abalone, snails, conch, etc. (all gastropods); oysters, clams, mussels, scallops, etc. (all bivalves); and octopus, squid (calamari), cuttlefish, etc. (all cephalopods). If you don't see the kind of seafood to which you are allergic among the seafood listed, or are unsure how to categorize the type of seafood, simply **write it in** under "**Others**" in question **B1.** For purposes of this survey, please **do not include** any allergies to **aquatic or non-aquatic mammals, birds, amphibians, reptiles and plants.**

## The Fish and Shellfish Allergy Registry

### Section A – Subject Information

A1.  Check here if we may contact you to get further information about, or to clarify your responses.

A2.  Check here if you would be interested in receiving information about research programs, scientific advancements, clinical and educational programs, and fund-raising initiatives regarding food allergy or anaphylaxis.

#### Subject's Information

A3. Name	A4. Subject's Date of Birth Month ___ Day ___ Year ___	A5. Today's Date Month ___ Day ___ Year ___
A6. Street Address	A7. City	A8. State                      A9. Zip Code
A10. Telephone #	A11. Fax #	A12. e-mail address
A13. Gender <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	A14.1 Ethnic Origin (check only one): <input type="checkbox"/> a. Hispanic <input type="checkbox"/> b. Non-Hispanic	
	A14.2 Race (check all that apply) <input type="checkbox"/> a. American Indian/Alaskan native <input type="checkbox"/> b. Asian <input type="checkbox"/> c. Native Hawaiian or other pacific islander <input type="checkbox"/> d. Black or African-American <input type="checkbox"/> e. White or Caucasian	

*If you are not the subject and are responding for someone else, please provide the following information. If you are the subject, please go to Section B on the next page.*

#### Respondent Information (if not subject)

A15. Name	A16. Relationship to subject: <input type="checkbox"/> a. Parent <input type="checkbox"/> b. Legal Guardian <input type="checkbox"/> c. Spouse <input type="checkbox"/> d. Other (Explain)	
A17. <input type="checkbox"/> If respondent address, telephone # and other contact information is the same as the subject's given above, check here and then skip to Section B. If information is not the same, please provide unique information below.		
A18. Street Address	A19. City	A20. State                      A21. Zip Code
A22. Telephone #	A23. Fax #	A24. e-mail address

## The Fish and Shellfish Allergy Registry

### Section B – Subject History

**B1. For each fish or shellfish listed below, please check the boxes that best describe the subject's experience with that seafood item. Please add any unlisted fish or shellfish the subject has knowingly eaten, reacted to, or allergy tested positive to.**

#### FISH

1	Tuna	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
2	Pollock	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
3	Cod	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
4	Salmon	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
5	Anchovy	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
6	Flounder/Sole	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
7	Catfish	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten

#### SHELLFISH

8	Shrimp/Prawn	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
9	Crabs	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
10	Lobster	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
11	Scallops	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
12	Clams	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
13	Oysters	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
14	Mussels	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
15	Squid/Calamari	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten

#### OTHERS – please list here if not listed above

16	Imitation shellfish (Surimi)	<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
17		<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
18		<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
19		<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
20		<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten
21		<input type="checkbox"/> a. Caused a reaction	<input type="checkbox"/> b. Unsure if eaten	<input type="checkbox"/> c. Can eat	<input type="checkbox"/> d. Never eaten

## The Fish and Shellfish Allergy Registry

### Section B – Subject History

**B2. Please check which of these relatives of the subject also has an allergy to fish or shellfish (check all that apply)**

- a. None    b. Mother    c. Father    d. One or more children    e. One or more sisters    g. One or more brothers

**B3. Please indicate which of these diagnoses have been made about the subject:**

- a. Asthma    b. Hives (Welts)    c. Eczema    d. Hay fever/Allergic rhinitis    e. Insect allergy  
f. Anaphylaxis    g. Latex allergy    h. Drug allergy    i. Food allergy

**B4. If you checked food allergy in B3, check all current food allergies that apply**

- a. Milk    b. Eggs    c. Wheat    d. Soy    e. Peanuts    f. Tree Nuts  
g. Other food allergy (please list all not checked above except fish and shellfish)

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**B5. Does the subject have injectable epinephrine (such as EpiPen®) available at all times?** Yes    No

**B6. If not, this is because (check one)**

- a. Never prescribed  
b. Prescribed, but not available at all times

**B7. If prescribed, not always available because (check one)**

- a. Frequently forget it  
b. Don't like to carry it  
c. Don't believe it is really needed  
d. Other (explain) \_\_\_\_\_

**B8. The subject currently avoids the following (check all that apply)**

- a. All fish and shellfish    b. All shellfish    c. All fish    d. Some fish    e. Some shellfish    f. No fish    g. No shellfish

**B9. During breastfeeding of the subject, did mother avoid eating fish?**

- a. Never breastfed    b. Unknown    c. Strictly avoided all of the time    d. Ate fish

**B10. During breast feeding of the subject, did mother avoid eating shellfish?**

- a. Never breastfed    b. Unknown    c. Strictly avoided all of the time    d. Ate shellfish

**B11. Was the onset of fish/shellfish allergy the subject's first food allergy?**  Yes     No     Unsure

**B12. If fish/shellfish allergy was not the subject's first food allergy, what was the first?** \_\_\_\_\_

**B13. Do you ever buy fresh or frozen shellfish?**  Yes     No

**B14. Do you avoid buying fresh or frozen shellfish when the label says it contains sulfites?**  Always     Sometimes     Never

## The Fish and Shellfish Allergy Registry

### Section C – Fish Allergy

***The following questions only apply to allergic reactions to fish with fins, such as tuna, salmon, cod, etc. If the subject does not have fish allergy, please go to Section D - Shellfish Allergy on page 9.***

**C1. Has a physician, who is not an allergist, diagnosed the fish allergy?**  Yes  No  Unsure

**C2. Has an allergist diagnosed the fish allergy?**  Yes  No  Unsure

**C3. Were tests performed to diagnose fish allergy?**  Yes  No  Unsure

**C4. If Yes to C3, which tests were performed? Please check all that apply.**

a. Skin prick test  b. Blood test for IgE (RAST)  c. Food challenge  d. Unsure of test type

e. Other (please list) \_\_\_\_\_

**C5. If Yes to C3, at what age was the subject first tested for fish allergy? \_\_\_\_\_ Years**

**C6. Does the subject now avoid all fish?**  Yes  No

**C7. Can the subject now eat fish to which they used to react (outgrew a fish allergy)?**

Yes  No  Never tried  Unsure

**C8. Please indicate if the subject can eat any type of fish in any of the forms indicated:**

**C9. Smoked fish**  Yes  No  Never tried  Unsure

**C10. Canned fish**  Yes  No  Never tried  Unsure

**C11. Raw fish**  Yes  No  Never tried  Unsure

**C12. Other cooked**  Yes  No  Never tried  Unsure

**C13. If yes to C12, please specify how cooked \_\_\_\_\_**

**C14. Has the subject tested positive to a skin prick or other allergy test to fish, but never had an allergic reaction from exposure/ingestion?**

Yes  No  Unsure

***If you answered Yes to C14, and subject has had no reactions from exposure/ingestion, please go to Section D on page 9.***

## The Fish and Shellfish Allergy Registry

### Section C – Fish Allergy

**C15. At what age did the subject first eat fish?**  Never ate fish  First ate fish at \_\_\_\_\_ Years

**C15.1 Not counting allergy tests, at what age did the first allergic reaction to fish occur?** \_\_\_\_\_ Years

**C16. Was this first reaction on the first known exposure?**  Yes  No  Unsure

**C17. Not counting allergy tests, what is the total number of allergic reactions to fish that the subject has experienced?**

1  2  3  4  5  \_\_\_\_ (fill in number if more than 5).

**C18. How many of these reactions were due to accidental ingestion of fish that was purposely being avoided?**

1  2  3  4  5  \_\_\_\_ (fill in number if more than 5).

**C19. Considering all allergic reactions to fish (except allergy tests), check all locations where a reaction has ever begun and fill in the number of times a reaction occurred in each location:**

a. Home \_\_\_\_\_  b. Pre-school or child care \_\_\_\_\_  c. School \_\_\_\_\_  d. Restaurant \_\_\_\_\_  e. Hospital \_\_\_\_\_  
 f. Doctor's Office \_\_\_\_\_  g. Friend's/Relative's home \_\_\_\_\_  h. Fishing or camp site \_\_\_\_\_  i. At work \_\_\_\_\_  
 j. Other (please list and indicate number of times for each)

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**C20. Considering all allergic reactions to fish (except allergy tests), check all locations where treatment was given and fill in the number of times treatment was given in each location:**

a. No treatment given  b. Home \_\_\_\_\_  c. Pre-school or child care \_\_\_\_\_  d. School \_\_\_\_\_  e. Restaurant \_\_\_\_\_  f. Hospital \_\_\_\_\_  
 g. Doctor's Office \_\_\_\_\_  h. Friend's/Relative's home \_\_\_\_\_  i. Fishing or camp site \_\_\_\_\_  j. At work \_\_\_\_\_  
 k. Other (please list and indicate number of times for each)

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**C21. Considering all allergic reactions to fish (except allergy tests), check all of the routes of exposure that led to reactions and fill in the number of times from each route:**

a. Mouth/eating \_\_\_\_\_  b. Touching \_\_\_\_\_  c. Smelling/breathing \_\_\_\_\_  d. Don't know \_\_\_\_\_  
 e. Other (please explain)

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## The Fish and Shellfish Allergy Registry

### Section C – Fish Allergy

**C22. Considering all allergic reactions to fish (except allergy tests), check all of the symptoms that the subject has ever experienced:**

<input type="checkbox"/> a. Hives or welts	<input type="checkbox"/> b. Redness of skin (where?)				
<input type="checkbox"/> c. Drop in blood pressure	<input type="checkbox"/> d. Passing out	<input type="checkbox"/> e. Red or watery eyes	<input type="checkbox"/> f. Trouble breathing	<input type="checkbox"/> g. Vomiting	<input type="checkbox"/> h. Abdominal pain
<input type="checkbox"/> i. Diarrhea	<input type="checkbox"/> j. Itchy throat	<input type="checkbox"/> k. Nasal congestion	<input type="checkbox"/> l. Throat tightness	<input type="checkbox"/> m. Coughing	<input type="checkbox"/> n. Wheezing
<input type="checkbox"/> o. Swelling (please list places swollen)					
<input type="checkbox"/> p. Other symptoms (please list)					

**C23. Considering all allergic reactions to fish (except allergy tests), check or list all medications ever used to treat a reaction and fill in the number of times for each medication:**

- a. Never had a reaction   
b. None \_\_\_\_\_   
c. Antihistamine (Benadryl, Atarax, Dimetapp, etc.) \_\_\_\_\_  
d. Epinephrine/Adrenaline \_\_\_\_\_   
e. Steroids/Prednisone \_\_\_\_\_   
f. Intravenous fluids \_\_\_\_\_  
g. Asthma medicines (please list and indicate number of times used to treat a reaction)

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h. Other (please list each medication and indicate number of times used to treat a reaction)

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**C23.1. Considering all allergic reactions to fish (except allergy tests), check all sources of where the fish was obtained and fill in the number of times from each source:**

- a. Don't know \_\_\_\_\_   
b. Sports catch \_\_\_\_\_   
c. Restaurant \_\_\_\_\_   
d. Grocery store \_\_\_\_\_   
e. Fish market \_\_\_\_\_  
f. Other (please list) \_\_\_\_\_

## The Fish and Shellfish Allergy Registry

### Section C – Fish Allergy

**Worst Reaction** - The next series of questions concerns the **worst** reaction the subject has ever had to fish.

**C24. At what age did the worst allergic reaction to fish occur?** \_\_\_\_\_ Years

**C24.1 What fish caused the worst reaction?** a. Don't know b. Worst reaction caused by \_\_\_\_\_

**C25. Not counting allergy tests, of the total number of allergic reactions to fish, which one was the worst?**  1st  2nd  3rd  4th  5th  (fill in number if more than 5th) \_\_\_\_\_

**C26. Where did the worst reaction begin?**

- a. Home \_\_\_\_\_ b. Pre-school or child care \_\_\_\_\_ c. School \_\_\_\_\_ d. Restaurant \_\_\_\_\_ e. Hospital \_\_\_\_\_  
f. Doctor's Office \_\_\_\_\_ g. Friend's/Relative's home \_\_\_\_\_ h. Fishing or camp site \_\_\_\_\_ i. At work \_\_\_\_\_  
j. Other (please list and indicate number of times for each)

**C27. Where was treatment given for the worst reaction?**

- a. Home \_\_\_\_\_ b. Pre-school or child care \_\_\_\_\_ c. School \_\_\_\_\_ d. Restaurant \_\_\_\_\_ e. Hospital \_\_\_\_\_  
f. Doctor's Office \_\_\_\_\_ g. Friend's/Relative's home \_\_\_\_\_ h. Fishing or camp site \_\_\_\_\_ i. At work \_\_\_\_\_ j. No treatment given  
k. Other (please list and indicate number of times for each)

**C28. What was the route of exposure that led to this worst reaction?** a. Mouth/eating b. Touching c. Smelling/breathing d. Don't know  
e. Other (please explain)

**C29. Check all of the symptoms that the subject experienced in this worst reaction**

<input type="checkbox"/> a. Hives or welts	<input type="checkbox"/> b. Redness of skin (where?)				
<input type="checkbox"/> c. Drop in blood pressure	<input type="checkbox"/> d. Passing out	<input type="checkbox"/> e. Red or watery eyes	<input type="checkbox"/> f. Trouble breathing	<input type="checkbox"/> g. Vomiting	<input type="checkbox"/> h. Abdominal pain
<input type="checkbox"/> i. Diarrhea	<input type="checkbox"/> j. Itchy throat	<input type="checkbox"/> k. Nasal congestion	<input type="checkbox"/> l. Throat tightness	<input type="checkbox"/> m. Coughing	<input type="checkbox"/> n. Wheezing
<input type="checkbox"/> o. Swelling (please list places swollen)					
<input type="checkbox"/> p. Other (please list)					

**C30. Check or list all medications used to treat this worst reaction:**

- a. None b. Antihistamine (Benadryl, Atarax, Dimetapp, etc.) c. Epinephrine/Adrenaline  
d. Steroids/Prednisone e. Intravenous fluids f. Asthma medicines (please list)

g. Other (please list)

## The Fish and Shellfish Allergy Registry

### Section D – Shellfish Allergy

**The following questions only apply to allergic reactions to shellfish, such as shrimp, crab, lobster, scallops, etc. If subject is not allergic to shellfish, please sign the form and return it to FAAN as indicated.**

**D1. Has a physician, who is not an allergist, diagnosed the shellfish allergy?**  Yes  No  Unsure

**D2. Has an allergist diagnosed the shellfish allergy?**  Yes  No  Unsure

**D3. Were tests performed to diagnose shellfish allergy?**  Yes  No  Unsure

**D4. If Yes to D3, which tests were performed?**

a. Skin prick test b. Blood test for IgE (RAST) c. Food challenge d. Unsure of test type

e. Other (please specify) \_\_\_\_\_

**D5. If Yes to D3, at what age was the subject first tested for shellfish allergy? \_\_\_\_\_ Years**

**D6. Does the subject now avoid all shellfish?** Yes No

**D7. Can the subject now eat shellfish to which they used to react (outgrew a shellfish allergy)?**

Yes No Never tried Unsure

**D8. Please indicate if the subject can eat any type of shellfish in any of the forms indicated:**

**D9. Smoked shellfish** Yes No Never tried Unsure

**D10. Canned shellfish** Yes No Never tried Unsure

**D11. Raw shellfish** Yes No Never tried Unsure

**D12. Other cooked** Yes No Never tried Unsure

**D13. If yes to D12, please specify how cooked \_\_\_\_\_**

**D14. Has the subject tested positive to a skin prick or other allergy test to shellfish, but never had an allergic reaction from exposure/ingestion?**

Yes  No  Unsure

**If you answered Yes to D14, and the subject has had no reactions from exposure/ingestion, we thank you for participating in the study. Please sign the form and return it to FAAN as indicated.**

## The Fish and Shellfish Allergy Registry

### Section D – Shellfish Allergy

D15. At what age did the subject first eat shellfish?  Never ate shellfish  First ate shellfish at \_\_\_\_\_ Years

D15.1 Not counting allergy tests, at what age did the first allergic reaction to shellfish occur? \_\_\_\_\_ Years

D16. Was this first reaction on the first known exposure?  Yes  No  Unsure

D17. Not counting allergy tests, what is the total number of allergic reactions to shellfish that the subject has experienced?

1  2  3  4  5  \_\_\_\_ (fill in number if more than 5).

D18. How many of these reactions were due to accidental ingestion of shellfish that was purposely being avoided?

1  2  3  4  5  \_\_\_\_ (fill in number if more than 5).

D19. Considering all allergic reactions to shellfish (except allergy tests), check all locations where a reaction has ever begun and fill in the number of times a reaction occurred in each location:

a. Home \_\_\_\_\_  b. Pre-school or child care \_\_\_\_\_  c. School \_\_\_\_\_  d. Restaurant \_\_\_\_\_  e. Hospital \_\_\_\_\_  
 f. Doctor's Office \_\_\_\_\_  g. Friend's/Relative's home \_\_\_\_\_  h. Fishing or camp site \_\_\_\_\_  i. At work \_\_\_\_\_  
 j. Other (please list and indicate number of times for each)

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D20. Considering all allergic reactions to shellfish (except allergy tests), check all locations where treatment was given and fill in the number of times treatment was given in each location:

a. No treatment given  b. Home \_\_\_\_\_  c. Pre-school or child care \_\_\_\_\_  d. School \_\_\_\_\_  e. Restaurant \_\_\_\_\_  f. Hospital \_\_\_\_\_  
 g. Doctor's Office \_\_\_\_\_  h. Friend's/Relative's home \_\_\_\_\_  i. Fishing or camp site \_\_\_\_\_  j. At work \_\_\_\_\_  
 k. Other (please list and indicate number of times for each)

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D21. Considering all allergic reactions to shellfish (except allergy tests), check all of the routes of exposure that led to reactions and fill in the number of times from each route:

a. Mouth/eating \_\_\_\_\_  b. Touching \_\_\_\_\_  c. Smelling/breathing \_\_\_\_\_  d. Don't know \_\_\_\_\_  
 e. Other (please explain)

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## The Fish and Shellfish Allergy Registry

### Section D – Shellfish Allergy

**D22. Considering all allergic reactions to shellfish (except allergy tests), check all of the symptoms that the subject has ever experienced:**

<input type="checkbox"/> a. Hives or welts	<input type="checkbox"/> b. Redness of skin (where?)				
<input type="checkbox"/> c. Drop in blood pressure	<input type="checkbox"/> d. Passing out	<input type="checkbox"/> e. Red or watery eyes	<input type="checkbox"/> f. Trouble breathing	<input type="checkbox"/> g. Vomiting	<input type="checkbox"/> h. Abdominal pain
<input type="checkbox"/> i. Diarrhea	<input type="checkbox"/> j. Itchy throat	<input type="checkbox"/> k. Nasal congestion	<input type="checkbox"/> l. Throat tightness	<input type="checkbox"/> m. Coughing	<input type="checkbox"/> n. Wheezing
<input type="checkbox"/> o. Swelling (please list places swollen)					
<input type="checkbox"/> p. Other symptoms (please list)					

**D23. Considering all allergic reactions to shellfish (except allergy tests), check or list all medications ever used to treat a reaction and fill in the number of times for each medication:**

- a. Never had a reaction   
  b. None \_\_\_\_\_   
  c. Antihistamine (Benadryl, Atarax, Dimetapp, etc.) \_\_\_\_\_  
 d. Epinephrine/Adrenaline \_\_\_\_\_   
  e. Steroids/Prednisone \_\_\_\_\_   
  f. Intravenous fluids \_\_\_\_\_  
 g. Asthma medicines (please list and indicate number of times used to treat a reaction)

\_\_\_\_\_

h. Other (please list each medication and indicate number of times used to treat a reaction)

\_\_\_\_\_

**D23.1 Considering all allergic reactions to shellfish (except allergy tests), check all sources of where the shellfish was obtained and fill in the number of times from each source:**

- a. Don't know \_\_\_\_\_   
  b. Sports catch \_\_\_\_\_   
  c. Restaurant \_\_\_\_\_   
  d. Grocery store \_\_\_\_\_   
  e. Fish market \_\_\_\_\_  
 f. Other (please list) \_\_\_\_\_

## The Fish and Shellfish Allergy Registry

### Section D – Shellfish Allergy

**Worst Reaction** - The next series of questions concerns the **worst** reaction the subject has ever had to shellfish.

**D24. At what age did the worst allergic reaction to shellfish occur?** \_\_\_\_\_ Years

**D24.1 What shellfish caused the worst reaction?** a. Don't know b. Worst reaction caused by \_\_\_\_\_

**D25. Not counting allergy tests, of the total number of allergic reactions to shellfish, which one was the worst?**  1st  2nd  3rd  4th  5th  (fill in number if more than 5th) \_\_\_\_\_

**D26. Where did the worst reaction begin?**

- a. Home \_\_\_\_\_ b. Pre-school or child care \_\_\_\_\_ c. School \_\_\_\_\_ d. Restaurant \_\_\_\_\_ e. Hospital \_\_\_\_\_  
f. Doctor's Office \_\_\_\_\_ g. Friend's/Relative's home \_\_\_\_\_ h. Fishing or camp site \_\_\_\_\_ i. At work \_\_\_\_\_  
j. Other (please list and indicate number of times for each)

**D27. Where was treatment given for the worst reaction?**

- a. Home \_\_\_\_\_ b. Pre-school or child care \_\_\_\_\_ c. School \_\_\_\_\_ d. Restaurant \_\_\_\_\_ e. Hospital \_\_\_\_\_  
f. Doctor's Office \_\_\_\_\_ g. Friend's/Relative's home \_\_\_\_\_ h. Fishing or camp site \_\_\_\_\_ i. At work \_\_\_\_\_ j. No treatment given  
k. Other (please list and indicate number of times for each)

**D28. What was the route of exposure that led to this worst reaction?** a. Mouth/eating b. Touching c. Smelling/breathing d. Don't know  
e. Other (please explain)

**D29. Check all of the symptoms that the subject experienced in this worst reaction**

<input type="checkbox"/> a. Hives or welts	<input type="checkbox"/> b. Redness of skin (where?)				
<input type="checkbox"/> c. Drop in blood pressure	<input type="checkbox"/> d. Passing out	<input type="checkbox"/> e. Red or watery eyes	<input type="checkbox"/> f. Trouble breathing	<input type="checkbox"/> g. Vomiting	<input type="checkbox"/> h. Abdominal pain
<input type="checkbox"/> i. Diarrhea	<input type="checkbox"/> j. Itchy throat	<input type="checkbox"/> k. Nasal congestion	<input type="checkbox"/> l. Throat tightness	<input type="checkbox"/> m. Coughing	<input type="checkbox"/> n. Wheezing
<input type="checkbox"/> o. Swelling (please list places swollen)					
<input type="checkbox"/> p. Other (please list)					

**D30. Check or list all medications used to treat this worst reaction:**

- a. None b. Antihistamine (Benadryl, Atarax, Dimetapp, etc.) c. Epinephrine/Adrenaline  
d. Steroids/Prednisone e. Intravenous fluids f. Asthma medicines (please list)  
g. Other (please list)

**D31. Thank you for participating in this study. Please sign the form and return it to FAAN as indicated.**