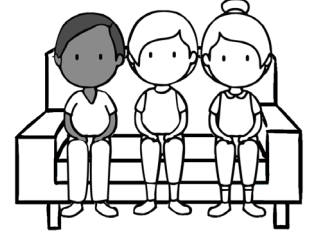


## SOFAA-P-brief | SURVEY OF FOOD ALLERGY ANXIETY PARENT REPORT



Directions:

**FOR THE LAST WEEK ONLY**, circle the number next to each statement that best describes your child.

### 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