# VENOM ALLERGY AND ANAPHYLAXIS QUESTIONNAIRE

**FOR RESTAURANT STAFF**

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## General Information

- **Age:** _ _ _
- **Gender:**
  - [ ] Female
  - [ ] Male

## Work Experience

- **Duration of working in food industry:** _ _ / year(s)
- **Is working in food industry a family business from an older generation?**
  - [ ] Yes
  - [ ] No

## Education

- **Education status:**
  - [ ] N/A
  - [ ] Self-educated
  - [ ] Primary school
  - [ ] High school
  - [ ] Undergraduate

## Training

- **Have you ever trained for food industry?**
  - [ ] No
  - [ ] Yes, from ________________

## Awareness of Anaphylaxis

- **Have you ever heard the term of anaphylaxis or allergic shock?**
  - [ ] No
  - [ ] Yes, from ________________

- **Is there any life-saving medication in the treatment of anaphylaxis or allergic shock?**
  - [ ] No
  - [ ] Yes, which is ________________

## Knowledge of Epinephrine

- **Do you know about epinephrine auto-injector?**
  - [ ] No
  - [ ] Yes

**If yes, do you know how to use it?**
  - [ ] No
  - [ ] Yes, I learned it from ________________

## Use of Life-Saving Drugs

- **Have you ever used life-saving drugs in anaphylaxis or allergic shock?**
  - [ ] No
  - [ ] Yes, where did you need it? ________________

## Signs of Anaphylaxis

- **What are the signs of anaphylaxis or allergic shock (Select all that apply)?**
  - [ ] I do not know
  - [ ] Fainting, loss of consciousness
  - [ ] Low blood pressure
  - [ ] Nausea, vomiting, diarrhea
  - [ ] Runny nose, watery eyes, sneezing
  - [ ] Skin rash, hives, flushing
  - [ ] Face and/or body swelling
  - [ ] Shortness of breath, difficulty breathing, cough

## Family History

- **Does a family member have an allergic disease?**
  - [ ] No
  - [ ] Yes, the details:
    - [ ] Asthma
    - [ ] Allergic rhinitis/hay fever
    - [ ] Food allergy
    - [ ] Atopic dermatitis/eczema
    - [ ] Drug allergy
    - [ ] Anaphylaxis or allergic shock
    - [ ] Other

## Bee Stings

- **Have you ever had bee stings before?**
  - [ ] No
  - [ ] Yes, how many times?
    - [ ] 1-5
    - [ ] 5-10
    - [ ] 11-20
    - [ ] over 21

**If yes, did you do anything to treat it?**
  - [ ] Pain-killer
  - [ ] Allergy medicine
  - [ ] Other

## Type of Bee

- **What type of bee stung you?**
  - [ ] Honeybee
  - [ ] Wasp
  - [ ] Others ________________

## Adverse Effects

- **Was there any undesirable effects after bee-sting?**
  - [ ] No
  - [ ] Yes, Who was he/she?
    - [ ] me
    - [ ] a family member
    - [ ] a relative

**What was it?**
  - [ ] Anaphylaxis or allergic shock
  - [ ] Large wheals, swelling and itching
  - [ ] Small wheals, swelling and itching