

# Anaphylaxis Preparedness Questionnaire

**Please complete this form by circling the best answer. Your allergist will discuss your answers with you to help determine how prepared you are for anaphylaxis:**

(for the purpose of simplicity, we have used the term "I" or "you" but this could also refer to your child, as appropriate)

1. **I have my emergency Epinephrine Autoinjectors wherever I am**

(a) At all times                      (b) Most of the time                      (c) Rarely                      (d) Never
2. **How many Epinephrine Autoinjectors do you usually have with you for possible emergency use?**

(a) 1                      (b) 2                      (c) more than 2
3. **How confident are you that you would use the Epinephrine Autoinjector if you needed to?**

(a) Very confident                      (b) Somewhat confident                      (c) Not very confident                      (d) Afraid to do so
4. **If I suspected ingesting my food allergen and developed respiratory problems (shortness of breath, chest tightness) I would IMMEDIATELY FIRST:**

(a) Administer an antihistamine by mouth                      (c) Call 9-1-1  
(b) Use the Epinephrine Autoinjector                      (d) Other\_\_\_\_\_
5. **If I ingested my food allergen and quickly developed ONLY hives (welts) all over my body, I would IMMEDIATELY FIRST:**

(a) Administer an antihistamine by mouth                      (c) Call 9-1-1  
(b) Administer the Epinephrine Autoinjector                      (d) Other\_\_\_\_\_
6. **Within 5-10 minutes after using the Epinephrine Autoinjector, if you were getting worse (for example, developing respiratory problems or worsening respiratory problems), what would you do?**

(a) Administer another dose of antihistamine by mouth                      (c) Lie down with feet elevated  
(b) Administer a second Epinephrine Autoinjector                      (d) Other\_\_\_\_\_
7. **After using the epinephrine autoinjector I would:**

(a) Call 9-1-1 because you used the autoinjector  
(b) Call 9-1-1 because you should be observed in the Emergency Department  
(c) Call 9-1-1 only if symptoms do not resolve
8. **How do you make sure that your Epinephrine Autoinjector has not expired?**

\_\_\_\_\_

\_\_\_\_\_
9. **Do you have insurance or other financial barriers to having an epinephrine autoinjector available to your family?**

(a) No                      (b) Yes (specify details)\_\_\_\_\_